

Date In	18/9/19 13:21	Job description	Date & Time Completed	Done by
Ref No	NAI CTZ 190164751h4	SAS e-filing		
Veh No	SJF 2784 H	E-mail (within 2hrs, AIC 2hrs)		
DEFA	18/9/19 08:30.	I-Motor Claim Form		
(H) TP / Repairing Only		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		I-Photo Uploaded		
TP Insurer:		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SGF 2628L	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$		Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	(INC Hotline: 6748 6016)	Date of Completion:	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Injury: _____

Date/Time	Actions

MA1907040	Invoice Information Checklist	Am (S)	Am (S)
Client's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	18/09/2019 13:21
Date Of Accident	18/09/2019 08:30
Exact Location Of Accident	YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF2784H
Insured/Policyholder	
Name Of Registered Owner	HAU TIAN CHON
NRIC No	S6972238E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90211131
Alternative Phone No	OFFICE-90211131

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3023571901
Cover Note Number	-

Driver

Name of Driver	HAU ZHI WEI
NRIC No	S9372533F
Date Of Birth	17/11/1993
Occupation	INDOOR
Date Of Driving Pass	30/12/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91081448
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 234A SUMANG LANE #12-287
Postcode	821234
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SGF2628L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHAILA ANAND
NRIC/Passport Number	S1706708G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

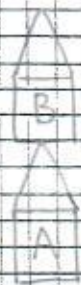

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

A: SF2784H

B: SGF2628L




Yio Chu Kang Rd.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time I was traveling along
Yio Chu Kang Road. I was traveling straight when suddenly vehicle B
jam brake and leading me collide onto vehicle B rear portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident : 18/09/2019 Accident Time: 0830 (24-HR-Format)
 Accident Place : Yio Chu Kang Road
 Vehicle No. (Car Plate No.) : SJF2784H Make/Model: HONDA
 Insurance Company : CHINA TAIPING Policy No: DMPCSN3023571901
 Owner or Company Name /IC No. : HAU TIAN CHUN 96972238E
 Owner or Company Contact No. : 9021 1131 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : HAU ZHI WEI 94372533F
 DRIVER'S Date Of Birth : 17/11/1993 DRIVER'S License Pass Date 30/12/2013
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : BLK 234A SUMANG LANE #12-287 S(821234)
 DRIVER'S Contact No./ Alt No. : 1) 9108 1448 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : xdetox32@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>SGF2628L</u>	Vehicle No: _____
Vehicle Make/Model: <u>BMW</u>	Vehicle Make/Model: _____
Name Driver: <u>Shaila Anand</u>	Name Driver: _____
IC No. Driver/Contact: <u>91706708 G</u>	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

COPY 1

THE SCHEDULE

Agency	AN0055A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	DMPCSN3023571901
Account	AN0055A	Issued on	15/04/2019 in SINGAPORE	Replacing Policy no.	DMPCSN3023571800
Client	3224182	Acceptance Date	12/04/2019		

Period of Insurance from 26/05/2019 to 25/05/2020 , both dates inclusive

Insured's Name	HAU TIAN CHON
Address	BLK 109 ANG MO KIO AVENUE 4 #09-02 KERUN BARU HEIGHTS SINGAPORE 560109

S6972238E

Business/Occupn... CONTRACTOR

Financial interest KENSO LEASING PTE LTD AS HP OWNER

Premium	Base Annual Premium	\$S1,462.00	
	Less 5% Loyalty Discount	\$S73.10-	
	Less 20% Autosafe Scheme	\$S277.78-	
	No Claim Discount 10.00%	\$S111.11-	
	Total Annual Premium	\$S1,000.01	Premium Due \$S1,000.01
			Premium GST \$S70.00
			Total Due \$S1,070.01

 * WEF 02.01.2019, THERE WILL BE NO REFUND FOR CANCELLATION IF THERE *
 * IS A WINDSCREEN CLAIM DURING THE POLICY PERIOD. *

Risk No. 001	MOTOR PRIVATE CAR
	ORIGINAL REGISTRATION DATE: 26-05-2008
1. Registration	SJF2784H Make/Model .. HONDA CIVIC 1.8
Type of Cover	Comprehensive No. of seats 5 Body Type SALOON
Engine No. ..	R18A13035456 Capacity cc's 1799 Yr of Manuf/Regn 2008/2008
Chassis No...	JHMF016308S216041
	Certificate Ref. MX1F
Sum Insured..	Market value at the time of loss
Named Drivers Ex Sect. I	\$S750.00
Additional Ex Other than Named Drivers:	
Ex Sect. I - Age <= 25	\$S3,000.00
Ex Sect. I - Age >= 26	\$S500.00
* Age as at date of accident	
EX ON WINDSCREEN	\$S100.00
Named Drivers THE INSURED	

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W (unltd).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.