

NATIONAL Assessment Centre Services. (ver 1 Jan 2005)

Date In: 12/10/2008 16:07	Job description	Date & Time Completed	Done by
Ref No: 19A/CTI 190180417	SAS e-filing		
Veh No: SML 1533E	E-mail P (to Jula 3hrs, AIC 2hrs)		
D.O.A: 12/10/2008 09:50	I-Motor Claims Form		
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SCF 3999A	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 repolar.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time:	Location:

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claim against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TE (NI): TP (N) on INC against INC \$20	
	9) NI 2: Idea 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	12/10/2019 16:07
Date Of Accident	12/10/2019 09:50
Exact Location Of Accident	KIM KEAT ROAD INFRONT OF NO:17 (REGAL COURT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML1533E
Insured/Policyholder	
Name Of Registered Owner	NESTSD PTE LTD
Co Reg No	201724532D
Email Address	ANGELINEACQS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96269110
Alternative Phone No	OFFICE-96269110

Vehicle Particulars

Manufacturer	BMW
Model	523i
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	THIRD PARTY
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	DMPCSN3065501900
Cover Note Number	

Driver

Name of Driver	CHUA GEOK SUN
NRIC No	S8836389B
Date Of Birth	29/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	03/12/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96269110
Fax Number	
Contact Number	OTHERS-96269110
EMail Address	ANGELINEACQS@HOTMAIL.COM

Address	BLK 99 WHAMPOA DRIVE #02-168
Postcode	320099
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
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

PLEASE REFER TO SKETCH PLAN

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	SLF3999A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN


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. 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:

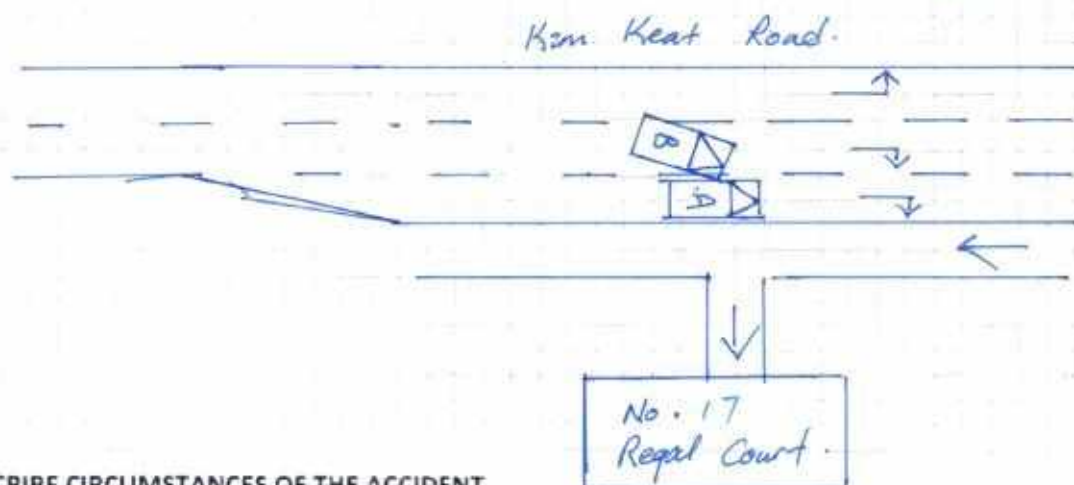

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

(A) SML 1533E

(B) SLF 3999A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/10/19 at @ 0950 hrs, I was travelling in my vehicle (SML 1533E) along Kim Keat Road towards Balestier Road on the right lane of 3 lanes. Somewhere in front of No. 17 Kim Keat Road, a car (SLF 3999A) on the centre lane, suddenly make a sharp turn into my path and wanted to turn into Regal Court. As a result, the said vehicle collided onto the left side of my vehicle.

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.:

Vehicle No.	SML 1533 E Model / Make Bmw 523i.	
Date of Accident	12 / 10 / 19.	
Time of Accident	0950 HRS	
Location of Accident	Kim Keat Road Infront of No. 17 (Regal Court)	
Exact purpose use during accident	Private Use	
Name of Owner	Nestled Ate Ltd.	
Telephone No.	H/P: 9626 9110 Home:	Office:
NRIC	201724532 D.	
Address	24, Sin Ming Lane #06-100, Mediview Gty (S) 573970.	
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY	
Insurance Company	China Taiping	
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft	
Policy No.	DMPCSN 3065501900	
Name of Driver	As Above If No, CHUA GEOK SUN.	
NRIC	S 8836389B. Any Passengers: 01 (M)	
Date of birth	29 / 09 / 1988.	
Occupation	<u>Outdoor</u> / Indoor	
Driving License Pass Date	03 / 12 / 2014.	
Gender	Male / <u>Female</u>	
Contact No.	H/P: 9626 9110 Home:	Office:
Address	BLK 99 Whampoa Drive #02-108 (S) 320099.	
Driver have any own vehicle	No, If yes, Reg No.	
Relationship	Employee, If no, state Self-employed.	
Weather condition	<u>Clear</u> Raining Other	
Road Surface	<u>Dry</u> Wet Other	
Any Injuries	<u>No</u> , If Yes, Who?	
Name And Contact No.		
Name And Contact No.		
Police Report	<u>No</u> , If Yes, Where?	
Vehicle B No.	SLF 3999 A. Any Passengers: Not sure.	
Name of Driver	Contact No.:	
Vehicle C No.	Any Passengers:	
Vehicle D No.	Any Passengers:	
Vehicle E no.	Any Passengers:	
Vehicle F No.	Any Passengers:	
Vehicle G No.	Any Passengers:	
Witness Name	N. A. Witness Contact:	
Accident Portion	Left Side	
Camera Recorder	Yes / <u>No</u>	
Email Address	angelene.acqs@hotmail.com.	
PARTICULAR WORKSHOP	Tornas	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	Zi Teng	
FAX NO	6741 0510	
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg	

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSN3065501900	Engine No : 04377386N52B25AF Chassis No: WBAFP32080C257956
1. Index Mark and Registration Number of Vehicle	2ML1533E	
2. Name of Policy Holder	M/S NESTED PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30 AUGUST 2019	NAMED DRIVERS EX SECT. 1.....S\$1,000.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. 1 - AGE <= 25.....S\$3,000.00 EX SECT. 1 - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN.....S\$100.00
4. Date of Expiry of Insurance	29 AUGUST 2020	
5. Persons or Classes of Persons entitled to drive *		

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : RICARDO CARS PTE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse For **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.**



Countersigned By:

Authorised Officer

Authorised Signatory