

NATIONAL Assessment Centre Services.

(ver 1 Jan'03)

NWA 819136638

Date In: 15/10/2009 17:03	Job description	Date & Time Completed	Done by
Ref No: NWA 819136638	SAS e-filing		
Veh No: SKV 2350E	E-mail (4 days, A/C 2 hrs)		
D.O.A: 14/10/2009 19:50	I-Motor Claim Form		
OID: 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/Whse		

Preferred Wkup / INC Assign Wkup / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SMP 5627X 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 ()

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

() 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 of Incident: ()

Location: ()

Witness: ()

NWA 81902779X

Driver/Owner:	1) AL: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (210)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claim against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (N in INC) against INC \$20	
	9) NI2: Idas Mobile \$30	
	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	15/10/2019 12:03
Date Of Accident	14/10/2019 19:50
Exact Location Of Accident	BLK 420 CLEMENTI WEST STREET 2 CARPARK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV2350E
Insured/Policyholder	
Name Of Registered Owner	YEO SEE PENG
NRIC No	S1644498G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97826880
Alternative Phone No	OFFICE-97826880

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 SEDAN (R18)
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	DMPCSN3065741900
Cover Note Number	

Driver

Name of Driver	YEO SEE PENG
NRIC No	S1644498G
Date Of Birth	24/04/1964
Occupation	INDOOR
Date Of Driving Pass	12/09/1991
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97826880
Fax Number	
Contact Number	OFFICE-97826880
Email Address	NOEMAIL

Address	56 BUKIT BATOK EAST AVENUE 5 #03-02
Postcode	659804
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	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?	YES
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	SMP5627X
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)	

DETAILS OF INJURED PERSON 1

Name	YEO SEE PENG
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Approximate Age	
Injuries Sustain	BODY PAIN
Injured person in which vehicle?	SKV2350E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I STOPPED BEFORE THE BARRIER, DUE TO WAITING BARRIER TO OPEN. OUT OF SUDDEN, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT VEHICLE (B) DROVE FROM THE REAR AND COLLIDED DIRECTLY ONTO THE REAR PORTION OF MY VEHICLE. I MENTIONED THAT MY VEHICLE DUE TO THE STRONG IMPACT PUSH FORWARD HIT ONTO THE ROAD KERB AND BARRIER.

A - SKV 2350 E

B - SMP 5627 X

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:
NRC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 14 OCT 2019		TIME: 19:50HRS		(hh:mm) 24 hrs Format
LOCATION: BLOCK 724 CLEMENTI WEST STREET 2 CARPARK EXIT				
VEHICLE NUMBER: SKV 2350 E				
INSURED NAME: YEO SEE PENG				
NRIC / FIN: S1644498 G		CONTACT: 9782 6880		
MAKE: MERCEDES MODEL: E200 Sedan (R18)				
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY: CHINA TAIPIING				
TYPE OF POLICY: (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT				
POLICY NUMBER: DMPCSN 3065741900				
NAME DRIVER:				
(<input checked="" type="checkbox"/>) SAME AS INSURED				
NRIC / FIN:		CONTACT:		
DATE OF BIRTH: 24 APR 1964				
DRIVING PASS DATE: 12 SEP 1991				
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR				
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE				
EMAIL ADDRESS: yeo see @ gmail . com () NO EMAIL				
ADDRESS OF DRIVER: 56 BUKIT BATOK EAST AVE 5 #03-02 S(659804)				
Number Of Passenger Include Driver: DRIVER ONLY				
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO				
If No, Relationship Of The Driver With The Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others				
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO				
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO				
If YES, Injured details: YEO SEE PENG (M) BODY				
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO				
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO				
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party		Name / NRIC		Contact
Veh B	SMP 5627 X			() / Not Sure ()
Veh C				() / Not Sure ()
Veh D				() / Not Sure ()
Veh E				() / Not Sure ()
Veh F				() / Not Sure ()
Veh G				() / Not Sure ()

ORIGINAL

THE SCHEDULE

Agency	AN0420A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	DMPCSN3065741900
Account	AN0420A	Issued on	30/08/2019 in SINGAPORE		
Client	3250320	Acceptance Date	30/08/2019		

Period of Insurance from 04/09/2019 to 03/09/2020, both dates inclusive

Insured's Name	YEO SEE PENG
Address	56 BUKIT BATOK EAST AVENUE 5 #03-02 REGENT HEIGHTS CONDOMINIUM SINGAPORE 659804

Business/Occupn...	DIRECTOR
Financial interest	DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC

Premium	Base Annual Premium	\$52,139.45	
	Less 20% Autosafe Scheme	\$8427.89-	
	No Claim Discount 50.00%	\$855.78-	
	Incentive Discount 10%	\$85.58-	
	Total Annual Premium	\$5770.20	Premium Due \$5770.20
			Premium GST \$53.91
			Total Due \$5824.11

Risk No. 001	MOTOR PRIVATE CAR		
	ORIGINAL REGISTRATION DATE:	04-09-2015	
1. Registration	SKV2350E	Make/Model	MERCEDES BENZ E200
Type of Cover	Comprehensive	No. of seats	5
Engine No.	27492030426405	Capacity cc's	1991
Chassis No.	WDD2120342B195065		Yr of Manuf/Regn 2015/2015
			Certificate Ref. MX1E

Sum Insured. Market value at the time of loss	
Named Drivers Ex Sect. I	\$5750.00
Additional Ex Other than Named Drivers:	
Ex Sect. I - Age <= 25	\$53,000.00
Ex Sect. I - Age >= 26	\$5500.00
* Age as at date of accident	
EX ON WINDSCREEN	\$5100.00
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.

Subject otherwise to the terms, conditions and exceptions of this policy.

One Time Waiver of Excess Clause - Own Damage Claim (Insured and Named Drivers only)

Notwithstanding anything contained to the contrary, we will waive up to the first \$51,000.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year

Continued on page 2

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Singapore NRIC
Owner ID:	498G

Vehicle Details

Vehicle No.:	SKV2350E
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Oct 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E200 SEDAN (R18)
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	27492030426405
Chassis No.:	WDD2120342B195065
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$47,421.00
Original Registration Date:	04 Sep 2015
First Registration Date:	04 Sep 2015
Transfer Count:	0
Actual ARF Paid:	\$58,390.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Sep 2025
PARF Rebate Amount:	\$43,792.00

Intended COE Rebate Details

COE Expiry Date:	03 Sep 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$60,789.00
COE Rebate Amount:	\$35,510.00
Total Rebate Amount:	\$79,302.00

The information contained herein is correct as at 15 Oct 2019

OK