

# NATIONAL Assessment Centre Services

(Part 1 of 2)

MMA 119143153.

Date In: 29/10/19 17:19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI C7719019090/h4	E-mail (within 2hrs, AIC 2hrs)		
Yeh No: SKC 5596T	I-Motor Claim Form		
28/10/19 15:00	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurance	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Yeh No: Unknown 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%; F: 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 No: 6789/6016)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( ) Action: ( )

NA1908085

Customer Particulars:	Invoice Description Checklist:	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30):	30.00
Contact No:	2) DA: Damage Assessment (\$100): INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claimant status INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NG: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NF: Post Repair Inspection \$25	
	*NG: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: 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	29/10/2019 17:19
Date Of Accident	28/10/2019 15:00
Exact Location Of Accident	PLAZA SINGAPURA CARPARK 6A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC5596T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PHAI KWEE JOO
NRIC No	S1118100G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92371488
Alternative Phone No	OFFICE-92371488

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	DMPCSN3056791902
Cover Note Number	

### Driver

Name of Driver	PHAI KWEE JOO
NRIC No	S1118100G
Date Of Birth	13/03/1955
Occupation	INDOOR
Date Of Driving Pass	10/12/1979
Driving Experience	39 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92371488
Fax Number	
Contact Number	OFFICE-92371488
Email Address	NOEMAIL



Address	BLK 23 HAIG RD #14-23
Postcode	430023
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	COLLIDED INTO PARKED VEHICLE
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

ON THE MENTIONED LOCATION, I REVERSING PARK INTO AN EMPTY LOT, THE CARPARK LOT WAS NARROW, WHILE REVERSING INTO THE LOT, MY VEH LEFT HAND SIDE ACCIDENTALLY GRAZED ONTO A PARKED VEH FRONT RIGHT PORTION.

#### 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	UNKNOWN
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


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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 = SKC 5596T

B = Unknown.

Plaza Singapura Carpark 6A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:



ORIGINAL

## THE SCHEDULE

Agency	AN0006A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	..... DMPCSN3056791902
Account	AN0006A	Issued on	29/08/2019 in SINGAPORE	Replacing Policy no.	DMPCSN3056791801
Client	3213284	Acceptance Date	29/08/2019		

Period of Insurance from 09/09/2019 to 08/09/2020, both dates inclusive

Insured's Name	.....	PHAI KWEE JOO
Address	.....	BLK 23 HAIG ROAD
		#14-23
		HAIG VISTA
		SINGAPORE 430023

Business/Occupn	.....	ADMIN MANAGER
Financial interest	.....	OCBC BANK LTD AS HP OWNER

Premium	Base Annual Premium	.....	S\$1,564.20
	Less 10% Loyalty Discount	.....	S\$156.42-
	Less 20% Autosafe Scheme	.....	S\$281.56-
	No Claim Discount	..... 20.00%	S\$225.24-
	Total Annual Premium	.....	S\$900.98
		Premium Due	S\$900.98
		Premium GST	S\$63.07
		Total Due	S\$964.05

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

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Risk No.	001	MOTOR PRIVATE CAR
	ORIGINAL REGISTRATION DATE:	09-09-2011
1. Registration	SEK5596T	Make/Model .. HYUNDAI ELANTRA 1.6 (A)
Type of Cover	Comprehensive	No. of seats 5
Engine No.	G4FGBU308027	Capacity cc's 1591
Chassis No.	K0GHDH41CMCU251004	Yr of Manuf/Regn 2011/2011
		Certificate Ref. MX1F
Sum Insured	Market value at the time of loss	
Named Drivers Ex Sect. I	.....	S\$500.00
Additional Ex Other than Named Drivers:		
Ex Sect. I - Age <= 25	.....	S\$3,000.00
Ex Sect. I - Age >= 26	.....	S\$500.00
* Age as at date of accident		
EX ON WINDSCREEN	.....	S\$100.00
Named Drivers THE INSURED		PHAI HUN MING

The following clauses and endorsements apply to this policy  
 Subject to Endrs. 2, 25, 57, 72, H & W (united).  
 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.

Continued on page 2