

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MYA 19146120

Date In: 04/11/2009 17:46	Job description	Date & Time Completed	Done by
Ref No: NBA/111901983/4	SAS e-filing		
Veh No: SDM 2617	E-mail (4 days, AIC 2hrs)		
D.O.A: 02/11/2009 23:30	I-Motor Claim Form		
OID: (TP) Reporting 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLG 3617	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 repair.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	Completed	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:	Accident:

Claims Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
And/or Comments:	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Ideal 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 (Nil) : TP (Non INC) against INC	\$20
	9) N12: Ideal 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	04/11/2019 17:46
Date Of Accident	02/11/2019 23:40
Exact Location Of Accident	BEFORE MALAYSIA IMMIGRATION TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM267G
Insured/Policyholder	
Name Of Registered Owner	WONG CHAR PENG
NRIC No	S1691238G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82223238
Alternative Phone No	OTHERS-82223238

Vehicle Particulars

Manufacturer	LEXUS
Model	460LS
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	DMPCSN3047631907
Cover Note Number	

Driver

Name of Driver	WONG CHAR PENG
NRIC No	S1691238G
Date Of Birth	13/11/1965
Occupation	INDOOR
Date Of Driving Pass	19/09/1985
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82223238
Fax Number	
Contact Number	OTHERS-82223238
Email Address	NOEMAIL

Address	31 LORONG CHUAN #17-01
Postcode	556820
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)	4
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE

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	SLG3617Y
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

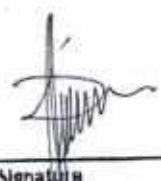
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time. My vehicle was stationary in the jam in front of Malaysia Immigration Booth (Building).

This vehicle SLG 3617Y was moving on my left hand lane, instead of moving along this lane, the vehicle drift into my lane. The driver of this vehicle SLG 3617Y misjudge his vehicle length and continue to cut in and hit my left hand side above the rear wheel.

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 : 02/11/19 Accident Time: 2340 (24-HR-FORMAT)
Accident Place : Before M'sia Immigration towards Singapore
Vehicle Reg. No (Car plate No.) : SDM 267 G
Vehicle Make/Model : Lexus 460 LS
Insurance Company : China Taiping Policy No. _____
Owner or Company Names /IC NO: Wong Char Peng / S169123861
Owner or Company Contact No. : 82223238 Owner's HP _____ Company Tel _____
DRIVER'S Name & IC no. : as owner
DRIVER'S Date of Birth : 13/11/85 DRIVER'S License Pass Date 19/09/85
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 31, Lorong Chuan #17-01 S(556820)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)
Email Address : _____
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins
Number of Passengers (including Driver): 4 — passenger 2 female
Was there any video Captured by car camera: YES \ NO 1 male.
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SLG3617Y
Vehicle Make/Model: _____
Name DRIVER: _____
IC No. DRIVER: _____
DRIVER'S Contact & add: _____

Vehicle Reg No: _____
Vehicle Make/Model: _____
Name DRIVER: _____
IC NO. DRIVER: _____
DRIVER'S Contact & add: _____



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
100, ROBINSON ROAD, SINGAPORE 068911

SOLE

AGENT

SINGAPORE

COMPANY

SIGNATURE ONLY

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 182)
Motor Vehicles (Third Party Risks and Compensation) Regulations (Chapter 182)
Road Transport Act 1987 (Malaysia)
Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 182)

PLM 323196

ORIGINAL

CERTIFICATE No. 0000003247632307

Engine No. 0106014110
Frame No. 01060141100070

1. Motor Vehicle Registration Number of Motor Vehicle 20642670

2. Name of Policy Holder MR. WONG CHIAH HONG

3. Effective Date of the Commencement of the Policy 12 January 1993

Netted Premium for First 12 Months \$12,100.00

Additional for Motor Third Party Risks

for First 12 Months \$12,100.00

for First 12 Months \$12,100.00

for First 12 Months \$12,100.00

for First 12 Months \$12,100.00

4. Expiry Date of the Policy 11 January 1994

5. Persons to Whom the Policy is Issued to cover:

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his 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 to that behalf from driving the Motor Vehicle.

6. Exclusions of Cover:

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, 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.

Whichever is applicable for losses occurring outside Singapore (Comprehensive Total Loss Limit) will be applied.

Cap the Waiver of Excess for the first \$21,000 will apply to the Insured and Named Driver in the event of the Damage Claim at our authorized workshops for each policy year.

WONG CHIAH HONG: 100, ROBINSON ROAD, SINGAPORE 068911

* Limitations rendered operative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 182) and Section 95 of the Road Transport Act 1987 (Malaysia), and not to be construed otherwise.

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 182) and Part IV of the Road Transport Act 1987 (Malaysia).

Signature of Issuer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Authorized Officer

Authorized Signatory