

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 119147793

Date In: 01/19 - 09:07	Job description	Date & Time Completed	Done by
Ref No: 40/61219219802/W	SAS e-filing		
Veh No: JES1702X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/1/19 - 14:55	i-Motor Claim Form		
OD / 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: UBES9705	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: 6788 6616)	Date & Time 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	Actions

<p>HA190889</p> <p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Ref 1:</p> <p>Ref 2 / 3:</p>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			in Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100);	INC (\$80)		
	3) TF: Towing Fee	\$40/\$45		
	4) FT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection	\$75		
	7) N1: Idac DA + SMRT Survey	\$160		
8) NTUC Additional Services:-				
QD*				
*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 (N-in INC) against INC		\$20		
9) N12: Idac 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	08/11/2019 09:07
Date Of Accident	07/11/2019 14:55
Exact Location Of Accident	DELTA RD BEFORE NATHAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS1702X
Insured/Policyholder	
Name Of Registered Owner	MS LAW MUN SEE CLAIRE
NRIC No	S8608677H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98157425
Alternative Phone No	OFFICE-98157425
Vehicle Particulars	
Manufacturer	VOLVO
Model	V40 D2 A/T ABS D/AIRBAG 2WD
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	DMPCSN3021981900
Cover Note Number	

Driver

Name of Driver	LIU YIZONG
NRIC No	S8816283H
Date Of Birth	12/05/1988
Occupation	INDOOR
Date Of Driving Pass	19/04/2007
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92345550
Fax Number	
Contact Number	OFFICE-92345550
Email Address	NOEMAIL

Address	38 JALAN JORAN
Postcode	809100
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	GBE5970S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SELLADURAI SENTHILKUMAR
NRIC/Passport Number	F7748916U
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

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:

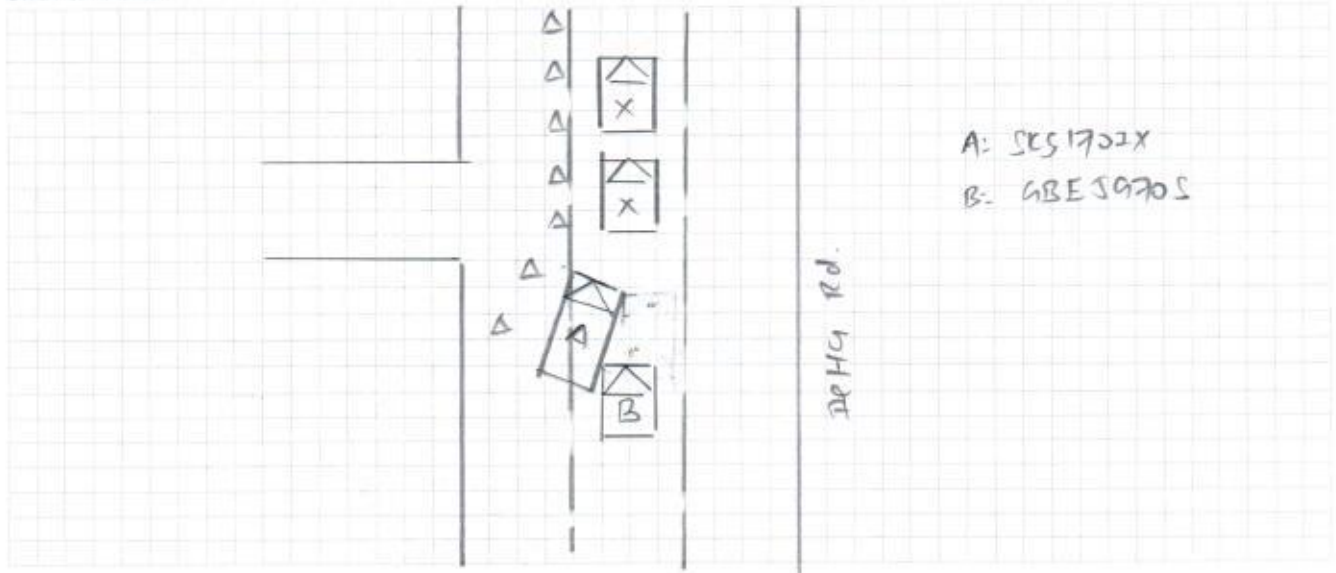
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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

Refer to Interview.

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. AS THERE WAS ROAD WORKS AHEAD AND TRAFFIC JUNCTION WAS RED. THERE WERE FEW VEHICLES STATIONARY IN FRONT. I SIGNAL MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. WHEN MY VEHICLE INCH OUT TO 2ND LANE A QUARTER OUT AND MY VEHICLE WAS STATIONARY AT THAT POINT. WHEN THE TRAFFIC LIGHT TURNS GREEN, VEHICLE B ACCELERATE AND HIT ONTO MY VEHICLE REAR RIGHT PORTION. I WISH TO STATE THAT VEHICLE B DID NOT GIVE WAY TO MY VEHICLE.

ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 11 / 19) (DD/MM/YYYY), TIME: (14 : 55) (HH:MM)

LOCATION: Delta rd before Nathan rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKS1202X
b) INSURANCE COMPANY: TN
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO).
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8608677H CONTACT: 98153425
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: kn yzong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S88162834 CONTACT: 92340550
c) ADDRESS: 36 Jalan Bran (809100)

*d) DATE OF BIRTH: (12 / 5 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19/4/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UBES9705 MODEL:
b) DRIVER'S NAME: seligayagi Senthil Kumar
c) NRIC/FIN/PASSPORT: F72489164 CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email =

fax =

video = X

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.	DMPCSN3021981900	Engine No : D4162T3091344 Chassis No: YV1MV845BF2218691
1. Index Mark and Registration Number of Vehicle	SKS1702X	
2. Name of Policy Holder	MISS LAW MUN SEE CLAIRE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 MARCH 2019	NAMED DRIVERS EX SECT. I.....S\$900.00 IN ADDITION TO NAMED DRIVERS EX: 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
4. Date of Expiry of Insurance	26 MARCH 2020	
5. Persons or Classes of Persons entitled to drive *		
(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 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. : OCBC BANK 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