

NATIONAL Assessment Centre Services.

[Ref: Jax00]

14/11/2019 15:45

Date In: 14/11/2019 16:17

Ref No: NBA/CT1902026314

Veh No: SJU 7342X

D.O.A: 13/11/2019 15:45

OD (TP) Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (to Jax 2hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (within OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Vicar

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SJU 3003T

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:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$10)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (valid 10 Jan 2020)

6) TR: Re-inspection \$75

7) NI: Ideal DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

*NS: Courtesy Car / Tpt Allowance \$5

*NS: Repairs Co-ordination \$10

*NS: Post Repair Inspection \$25

*NS: DV / Collect Excess Coordination \$5

TP (Nil) / TP (Non INC) against INC \$20

*NS: Ideal 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	14/11/2019 16:17
Date Of Accident	13/11/2019 15:45
Exact Location Of Accident	TIONG BAHRU ROAD TOWARDS OUTRAM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ7342X
Insured/Policyholder	
Name Of Registered Owner	CHIA HOCK KIM
NRIC No	S1560994Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98974477
Alternative Phone No	OTHERS-98974477
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	GRANDIS-2.4 SPORT GEAR SUNROOF (A)
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	DMPCSN3051211900
Cover Note Number	

Driver

Name of Driver	CHIA HOCK KIM
NRIC No	S1560994Z
Date Of Birth	13/11/1962
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1982
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98974477
Fax Number	
Contact Number	OTHERS-98974477
Email Address	NOEMAIL

Address	BLK 872A TAMPINES STREET 86 #02-19
Postcode	521872
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?	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)	2
Passenger 1	NAME: : YAP CHOY PENG 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	SJU3003T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90300734
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHIA HOCK KIM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJJ7342X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	YAP CHOY PENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJJ7342X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:



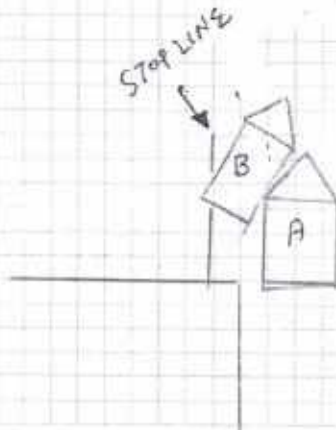
Driver's Signature
(If driver is not the policyholder)
Date & Time:



14/11/2019
Reporting Centre Personnel's Signature
Name: *Resdi*
NRIC/FIN No.:

SKETCH PLAN

TIONG BAHRU ROAD TOWARDS EURLAM ROAD.



(A) SJJ 7342X

(B) SJU 3003 T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 13 NOV 2019 @ 15 45HRS I WAS DRIVING STRAIGHT ALONG TIONG BAHRU ROAD WHEN VEHICLE B DASH OUT WITHOUT STOPPING AT THE STOP LINE TO CHECK FOR VEHICLES. VEHICLE B COLLIDED INTO 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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 13 NOV 2019		TIME: 1545HRS.		(hh:mm) 24 hrs Format	
LOCATION TIONH BAHRU RD TWAS OUTRAM RD.					
VEHICLE NUMBER SJJ 7342X.					
INSURED NAME CHIA HOCK KIM.					
NRIC / FIN 51560994Z		CONTACT: 9897 4477.			
MAKE Mitsubishi		MODEL Grandis 2.4L SPAT: Gear sumof			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes, If No, Pls Select : (/) Third Party () Reporting Only					
INSURANCE COMPANY CHINA TAIPING					
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT					
POLICY NUMBER: Dmp CSN 3051211900					
NAME DRIVER : (/) SAME AS INSURED					
NRIC / FIN		CONTACT:			
DATE OF BIRTH: 01/06/1962					
DRIVING PASS DATE: 13/11/1982					
OCCUPATION: () INDOOR (/) OUTDOOR					
GENDER: (/) MALE () FEMALE					
EMAIL ADDRESS: () NO EMAIL					
ADDRESS OF DRIVER: BLK 872A TAMPINES ST 86 #02-19 S(521872).					
Number Of Passenger Include Driver: 1 DRIVER + 1 PASSENGER					
YAP CHONG PENG S1569469F (F).					
Was driver an employee of the Insured's Company? () YES (/) NO					
If No, Relationship Of The Driver With The Insured					
(/) Owner () Spouse () Friend () Relative () Children () Sibling () Others					
Does The Driver Own Any Other Vehicle? : () YES () NO					
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:					
Insurance Company Of Driver's Own Vehicle					
Weather Conditions: (/) Clear () Raining () Drizzling () Others					
Road Surface : (/) Dry () Wet () Others					
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO					
Was Anybody Injured In The Accident? (/) YES () NO					
If YES, Injured details : DRIVER & PASSENGER					
Convey By Ambulance: () YES (/) NO					
Was There Any Video Capture By Car Camera? () YES (/) NO					
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report					
Police Report Number (if any) NIL					
Details Of 3rd Party		Name / NRIC		No. of Paxs (incl'driver) Contact	
Veh B SJU 3003T.		(Hinc)		() / Not Sure () 9030 0734.	
Veh C				() / Not Sure ()	
Veh D				() / Not Sure ()	
Veh E				() / Not Sure ()	
Veh F				() / Not Sure ()	
Veh G				() / Not Sure ()	

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)

F512
\$1372.08

CERTIFICATE No.	DMPCSH3051211900	Engine No. : 4069XW8353	Chassis No. : JMYLWMA4WSZ001214
1. Index Mark and Registration Number of Vehicle	SUJ7142X		
2. Name of Policy Holder	MR CHIA HOCK KIM		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06 JULY 2019 (12.35 HOURS)	NAMED DRIVERS EX SECT. 1.....\$51,000.00 IN ADDITION TO NAMED DRIVERS EX:	
4. Date of Expiry of Insurance	05 JULY 2020	EX SECT. 1 - AGE <= 25.....\$53,000.00 EX SECT. 1 - AGE >= 26.....\$5500.00 * AGE AS AT DATE OF ACCIDENT	
5. Persons or Classes of Persons entitled to drive *		EX ON WINDSCREEN.....\$5100.00	

(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 RACE-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 \$5500 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. : KINBO LEASING 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

LQ BUSINESS PTE LTD

UEN NO. 201700548N
180B BENCOOLEN STREET
#04-02 THE BENCOOLEN
SINGAPORE 159548

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Designated By Tel: 6331 4126 Fax: 6334 5235

Authorized Officer

Authorized Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 994Z

Vehicle Details

Vehicle No.: SJJ7342X
Vehicle to be Exported: No
Intended Deregistration Date: 30 Nov 2019
Vehicle Make: MITSUBISHI
Vehicle Model: GRANDIS 2.4L SPORTS-GEAR SUNROOF
Primary Colour: White
Manufacturing Year: 2008
Engine No.: 4G69NM8353
Chassis No.: JMYLRNA4W8Z001214
Maximum Power Output: 121.0 kW (162 bhp)
Open Market Value: \$25,513.00
Original Registration Date: 24 Sep 2008
First Registration Date: 24 Sep 2008
Transfer Count: 5
Actual ARF Paid: \$25,513.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 23 Sep 2023
COE Category: E - Open Category
COE Period(Years): 5
PQP Paid: \$16,689.00
COE Rebate Amount: \$12,729.00
Total Rebate Amount: \$12,729.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 14 Nov 2019