

Date In: 14/11/19 15:53	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 CTZ190 20264/64	E-mail (e-mail 3hrs, AIG 3hrs)		
Veh No: SMG 7602B	i-Motor Claim Form		
1-1-1-1: 26/12/19 @ 21:00	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer: <input type="radio"/> Reporting Only	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: Veh No: JLC 9919. 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: ()

Reminders: (INC) (e-mail: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MA1908491	Invoice Description Checklist	Am't (\$)	PAID (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$20		
Writers Comments:	6) TR: Re-Inspection \$75		
	7) NI: Idea DA + SMRT Survey \$160		
	8) NIUC Additional Services:		
	QI*		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NS: Repair Co-ordination \$10		
	*NS: Post Repair Inspection \$25		
	*NS: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) NI2: Idea 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 15:53
Date Of Accident	26/02/2019 21:00
Exact Location Of Accident	ALONG PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG7602B
Insured/Policyholder	
Name Of Registered Owner	MR KAN HENG CHOW
NRIC No	S2511274A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96202337
Alternative Phone No	OFFICE-96202337

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	DMPCSN3011561900
Cover Note Number	

Driver

Name of Driver	MR KAN HENG CHOW
NRIC No	S2511274A
Date Of Birth	08/01/1960
Occupation	INDOOR
Date Of Driving Pass	27/11/2001
Driving Experience	17 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96202337
Fax Number	
Contact Number	OFFICE-96202337
Email Address	NOEMAIL

Address	BLK 161 TAMPINES ST 12 #02-231
Postcode	521161
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JLC9919 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190226/2203

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JLC9919
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)

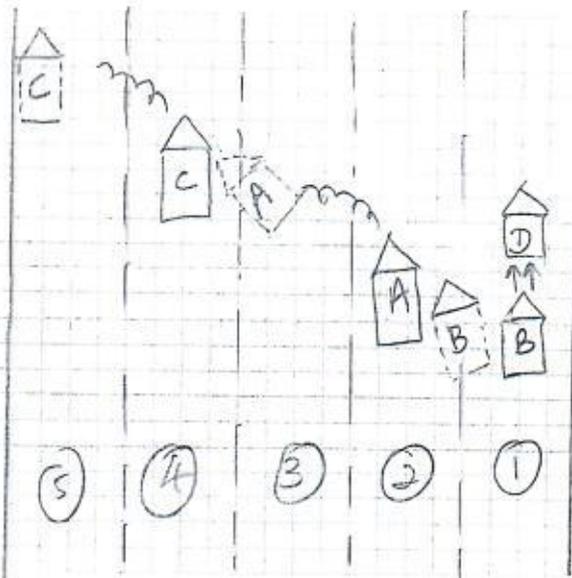
DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJU4153L
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 MR KAN HENG CHOW
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMG7602B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN



- A - SMG 7602B
- B - JLC 9919
- C - SJU 4153L
- D - SJV 766P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police Report T/20190226/2203

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
POLICE FORCE**



T/20190226/2203

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190226/2203

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2019 23:57	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KAN HENG CHOW		Address: APT BLK 161 TAMPINES STREET 12 #02-231 SINGAPORE 521161	
ID Type / ID No.: NRIC NO / S2511274A		Contact No.: Home/Office: Mobile: 96202337	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 59	Date of Birth: 08/01/1960	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Company director		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/02/2019 21:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY PIE(CHANGI) 9KM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JLC9919	Car					0
SJU4153L	Car	HONDA	ACCORD 2.0 A	Grey		0
SMG7602B	Car	NISSAN	SYLPHY 1.6 CVT	Brown		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190226/2203

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190226/2203

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG7602B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30115619 00	13/02/2019	12/02/2020

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS DRIVING OF (SMG7602B) AT THE SAID LOCATION. THERE WAS 4TH LANE. I WAS AT THE
2ND LANE. WHILE I WAS DRIVING, A VEHICLE OF (JLC9919) COLLIDED WITH A VEHICLE ON THE
1ST LANE AND HE LOSE CONTROL OF HIS VEHICLE AND THEN COLLIDED ONTO MY RIGHT SIDE
DRIVER SEAT. BECAUSE OF THE IMPACT MY VEHICLE SWERVE ON MY LEFT AND COLLIDED
ONTO THE VEHICLE OF (SJU4153L) AT THE 4TH LANE. THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20190226/2203

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190226/2203

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / MUHAMMAD HAZIQ BIN SAIFUDDIN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178

Signature Of Informant:
Date/Time: 26/02/2019 23:57
Classification Of Case:
Signature:

Authentication Stamp
NP168

Date of Accident : 26/2/19 Accident Time: 21:00 (24-HR-Format)
 Accident Place : Along PIE towards Changi
 Vehicle No. (Car Plate No.) : SMG 760-B Make/Model: Nissan Sylphy
 Insurance Company : China Taiping Policy No: DMP/CSN3011561900
 Owner or Company Name /IC No. : Kan Hong Chan / 52511274A
 Owner or Company Contact No. : _____ Owner's Hp 96202337 Company Tel _____
 DRIVER'S Name / IC No. : as above
 DRIVER'S Date Of Birth : 8/1/1980 DRIVER'S License Pass Date 27/11/201
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : BK 161 Tampines St 12 #02-231
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) 5521161
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): Driver
 Was there any video Captured by car camera: YES \ NO with Police
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle No: <u>JLC 9919</u>	Vehicle No: <u>SJU 4153L</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



中国太平
CHINA TAIPING
CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

MX1P
M 2H
AN3156A
COMPREHENSIVE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

\$1281.33

m.226

CERTIFICATE No	DMP02N3011541000	Engine No : RR169349130 Chassis No: MNTBBAB1720033773
1. Index Mark and Registration Number of Vehicle	EMG7502B	
2. Name of Policy Holder	MR KAN HEWE CHOW	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	13 FEBRUARY 2019 (17:13 HOURS)	NAMED DRIVERS EX SECT. I S\$500.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	12 FEBRUARY 2020	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
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 TUTION DRIVING TEST RACING PACE-MARKING, 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\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORIZED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS BY 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.

LQ BUSINESS PTE LTD

UEN NO. 201709645N
180B BENCOCLEN STREET,
#04-02, THE BENCOCLEN
SINGAPORE 189048

Tel: 6333-1136 Fax: 6334-5236

Countersigned By:

Authorized Officer

Authorized Signatory