

MMIA 119157494-01

Preferred Wksp / INC Assign Wksp / GW: (

TP Particulars: Vch No: SLA 79644 CRX1135K 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: YBS () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of supplier.

() Total Loss Case : to e-mail Insurer **URGENTLY**.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Central Intelligence Agency, Washington, D.C. 20505

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

Injury:

[illegible]

WA 1908971

Claimant's Particulars		1) AIR: Accident Reporting (\$350)	
Driver/Owner:		2) DA: Damage Assessment (\$100):	INC (\$40)
Contact No:		3) TP: Towing Fee	\$40/\$43
Damaged Portion:		4) PT: Follow-Through Survey	\$120
		5) PT: Follow-Through Survey (Re-survey)	\$30
		For claimant's adjuster ONLY (w/c 10 Jan 2003)	
		6) TR: Re-inspection	\$75
		7) NI: Idas DA + SMRT Survey	\$160
		8) NTUC Additional Services:-	
		ON:	
		*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 (55% INC) against INC	\$20
		9) N12: Idas Mobile	\$0
QC Checked by (Engr-In-Charge):		Invoice dated	Fee Charged
		Invoice dated	Fee Charged
Auditors' Comments:			
Sat 11			
2/3			

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	29/11/2019 11:35
Date Of Accident	28/11/2019 17:00
Exact Location Of Accident	LENGKOK BAHRU CIRCLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD4510S
Insured/Policyholder	
Name Of Registered Owner	WONG YEE KANG
NRIC No	S7408739F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98262881
Alternative Phone No	OFFICE-98262881

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	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	DMPCSN3057871900
Cover Note Number	

Driver

Name of Driver	WONG YEE KANG
NRIC No	S7408739F
Date Of Birth	24/03/1974
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2002
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98262881
Fax Number	
Contact Number	OFFICE-98262881
Email Address	NOEMAIL

Address	BLK 19 MARSILING LANE #03-291
Postcode	730019
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 - MAJOR/MINOR RD
Weather Conditions	AFTER RAINED
Road Surface	WET

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)	2
Passenger 1	NAME: : CHARLES GENDER: : MALE

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	SLA7964A
Vehicle Make/Model/Colour	QX1135K
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

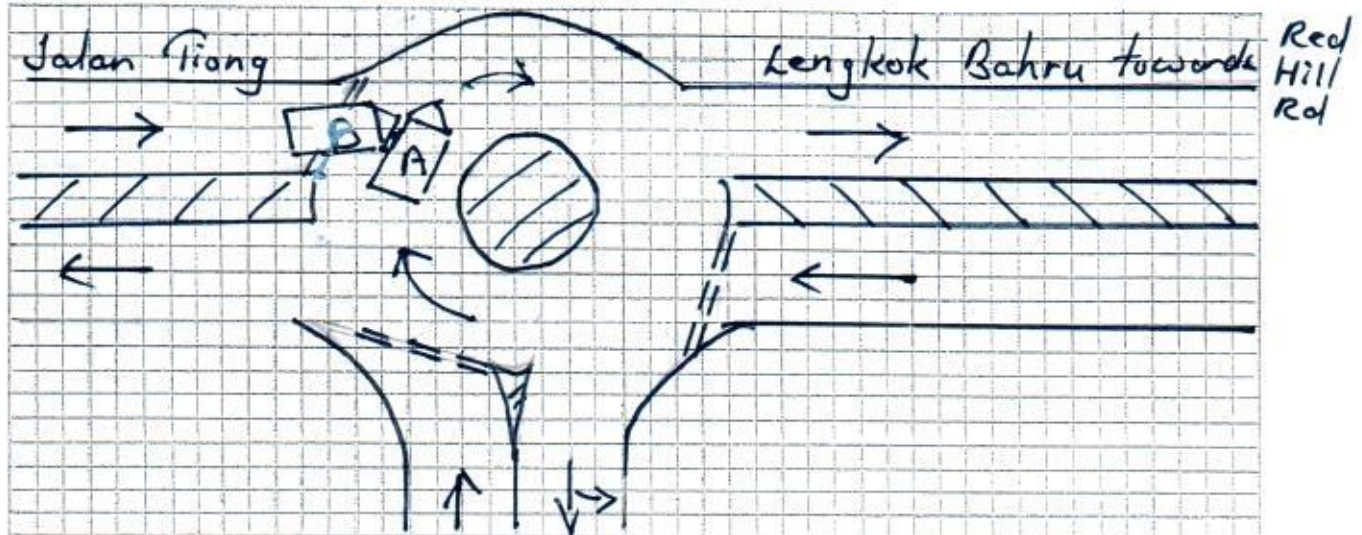
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/11/2019 at about 1700 hrs at Lengkok Bahru Circle. I was travelling on the above mentioned circle towards Red Hill Road and suddenly a vehicle (B) entering into the circle from Jalan Tiong without giving way and without stopping for my on coming vehicle hence collided onto my left Front Portion of my vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SKD 4510 S

(B) SLA 7964 A

(QX1135K)

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119157494 Vehicle Registration No: SKD4510S

Name (as shown in NRIC) : WONG YEE KANG NRIC/FIN/Passport No : S7408739F

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 98262881

Email Address : _____

Date of Accident : 28/11/2019 Time of Accident : 17:00

Place of Accident : LENGKOK BAHRU CIRCLE

Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND CAR MODEL TO ELANTRA

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 28/11/2019		Time: 1700hrs		(hh:mm) 24 hr format
Location <u>Lengkok Bahru Circle</u>				
Vehicle Number <u>SKD 45105</u>				
Insured Name <u>Wong Yee Kang</u>				
NRIC / FIN <u>S7408739F</u>		Contact Number <u>9826 2881</u>		
Make <u>Hyundai</u>		Model <u>Avante 1.6</u>		
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company <u>Thina Taiping</u>				
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number <u>DMP CSN 3057871900</u>				
Name of Driver <u>Wong Yee Kang</u>				(<input checked="" type="checkbox"/>) Same as Insured
NRIC / FIN <u>S7408739F</u>		Contact Number <u>9826 2881</u>		
Date of Birth <u>24/03/1974</u>				
Driving Pass Date <u>14/03/2002</u>				
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor				
Gender (<input checked="" type="checkbox"/>) Male () Female				
Email Address (<input checked="" type="checkbox"/>) NO EMAIL				
Address of Driver <u>Blk 19 Marsiling lane #03-291 S(730019)</u>				
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No				
If No, Relationship of the Driver with the Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others <u>After raining & wet</u>				
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party		Name / Nric		Contact
Veh B	<u>SLA 7964A</u>	<u>(QX 1135K)</u>		
Veh C				
Veh D				
Veh E				
Veh F				

2 person including driver - one male
Charles

ORIGINAL

THE SCHEDULE

Agency	AN0216A	Class of Policy	MOTOR PRIVATE CAR	Policy Number DMPCSN3057871900
Account	AN0216A	Issued on 30/07/2019 in SINGAPORE		
Client	3248904	Acceptance Date	30/07/2019		

Period of insurance from 1143 hours on 30/07/2019 to 2400 hours on 29/07/2020

Insured's Name...	WONG YEE KANG
Address.	BLK 19 MARSILING LANE
	#03-291
	SINGAPORE 730019

Business/Occupn...	DIRECTOR
Financial interest	TOKYO CENTURY LEASING (S) PTE LTD

Premium	Base Annual Premium	S\$1,498.00		
	Less 20% Autosafe Scheme	S\$299.60-		
	No Claim Discount	10.00%		
	Total Annual Premium	S\$1,198.40-		
			Premium Due	S\$1,078.56
			Premium GST	S\$75.50
			Total Due	S\$1,154.06

Risk No. 001	MOTOR PRIVATE CAR			
	ORIGINAL REGISTRATION DATE:	01-12-2011		
1. Registration	SKD45108	Make/Model ..	HYUNDAI ELANTRA 1.6 (A)	
Type of Cover	Comprehensive	No. of seats	5	Body Type SALOON
Engine No. ...	G4PGBU406447	Capacity cc's	1591	Yr of Manuf/Regn 2011/2011
Chassis No...	KMH4H41CMCU357271			
				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	

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

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.

Subject otherwise to the terms, conditions and exceptions of this policy.

One Time Waiver of Excess Clause - Own Damage Claim (Insured and Named Drivers only) - \$500.00

Notwithstanding anything contained to the contrary, we will waive up to the first S\$500.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year in respect of damage to the motorcar covered under this Policy for repairs carried out by our Authorised Workshops as per Certificate of Insurance Card attached.

Continued on page 2