

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 11915170

Date In: 23/1/19-11:06	Job description	Date & Time Completed	Done by
Ref No: NA/172/19-22437/24	SAS e-filing		
Veh No: 1X1076	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/1/19-14:50	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: 1X1076	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

NA190965	Invoice Preparation Checklist	Ant (\$) In Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments:-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Pat. 1:	TP (N11): TP (N11 INC) against INC \$20		
Pat. 2 / 3:	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	23/12/2019 11:06
Date Of Accident	21/12/2019 14:50
Exact Location Of Accident	AYE (TUAS) BEFORE CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX107G
Insured/Policyholder	
Name Of Registered Owner	MR LEE JIN ZHAO
NRIC No	SXXXX364E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90270034
Alternative Phone No	OFFICE-90270034

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I45 2.0 AT ABS AIRBAG 2WD 4DR
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	DMPCSN3039431900
Cover Note Number	

Driver

Name of Driver	LEE JIN ZHAO
NRIC No	SXXXX364E
Date Of Birth	19/11/1987
Occupation	INDOOR
Date Of Driving Pass	18/05/2007
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90270034
Fax Number	
Contact Number	OFFICE-90270034
Email Address	NOEMAIL

Address	BLK 224C SUMANG LANE #09-99
Postcode	823224
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 - HEAD TO REAR
Weather Conditions	RAINING
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?	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?	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX8547E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH AN PENG
NRIC/Passport Number	
Contact Number	96374658
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LEE JIN ZHAO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJX107G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

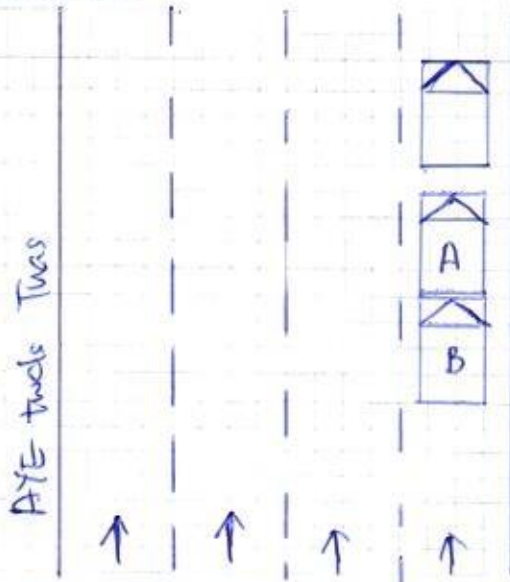


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



Vehicle A: SJX107G
Vehicle B: SKX 8547E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above said date & time, I was driving my vehicle A (SJX107G) traveling along AYE tuds tuas on first lane of a 4-lanes, expressway. Somewhere before Clementi Road exit, vehicle ahead slowed and stopped. As such, I applied brake and stopped behind vehicle ahead. Out of sudden, vehicle B (SKX 8547E) came from rear and collided directly onto the rear portion of 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.:

Vehicle No.	SJX 107G		Model / Make	Hyundai i45
Date of Accident	21 / 12 / 2019			
Time of Accident	1452 HRS			
Location of Accident	Along AYE towards Tuas before Clementi Rd Exit			
Exact purpose use during accident	Private use			
Name of Owner	Lee Jin Zhao			
Telephone No.	H/P: 9027 0034	Home:	Office:	
NRIC	S 8740364E			
Address	Blk 224C Sumang Lane #09-99 S(823224)			
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY			
Insurance Company	China Taiping			
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft			
Policy No.	DMPCSN303943A00			
Name of Driver	<u>As Above</u> If No,			
NRIC	Any Passengers: —			
Date of birth	19 / 11 / 1987			
Occupation	Outdoor / <u>Indoor</u>			
Driving License Pass Date	18 / 5 / 2007			
Gender	<u>Male</u> / Female			
Contact No.	H/P:	Home:	Office:	
Address				
Driver have any own vehicle	<u>No</u> <u>Yes</u> Reg No. SKJ 8913E			
Relationship	Employee, If no, state <u>Owner</u>			
Weather condition	Clear <u>Raining</u> Other			
Road Surface	Dry <u>Wet</u> Other			
Any Injuries	No, <u>If Yes</u> Who?			
Name And Contact No.	Lee Jin Zhao 9027 0034			
Name And Contact No.				
Police Report	<u>No</u> , If Yes, Where?			
Vehicle B No.	SKX 8547E		Any Passengers: —	
Name of Driver	Goh An Peng		Contact No.: 9637 4658	
Vehicle C No.			Any Passengers:	
Vehicle D No.			Any Passengers:	
Vehicle E no.			Any Passengers:	
Vehicle F No.			Any Passengers:	
Vehicle G No.			Any Passengers:	
Witness Name			Witness Contact:	
Accident Portion	Rear portion			
Camera Recorder	<u>Yes</u> / No			
Email Address	leejinzhao@hotmail.com			
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Ting			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

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.	DMPCSN3039431900	Engine No : G4KDA353141
		Chassis No: KMHEC41BMBA103950
1. Index Mark and Registration Number of Vehicle	SJX107G	
2. Name of Policy Holder	MR LEE JIN ZHAO	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28 MAY 2019 (16:57 HOURS)	NAMED DRIVERS EX SECT. I.....S\$750.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	06 MAY 2020	EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT
5. Persons or Classes of Persons entitled to drive *		EX ON WINDSCREEN.....S\$100.00

(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 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\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

* 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