

NATIONAL Assessment Centre Services.

(Print & Jan 2005)

MMA 119169512

Date In: 26/12/19 11:08	Job description	Date & Time Completed	Done by
Ref ID: MA/CTZ19022642/h4	SAS e-illing		
Veh No: SBQ 25258	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/12/19 13:10	I-Motor Claim Form		
OT: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / GW: (

Tel:

Fax:

TP Particulars:

Veh No:

SBK 8899P.

INC ( ) / Non-INC ( )

Tel:

Cover Type: ( )

Owner / Driver: (

Policy No: (

Period: (

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 repaler.

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

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

Reminders:

(INC Hotline: 6700 4616)

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:

NA 2000007

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1.

20/12/19

Invoice Preparation Checklist:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$30)
- 3) TP: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) RT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) NI: Idac 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 (Non INC) against INC \$20
- 9) N12: Idac Mobile \$0

Am't (\$)

Am't (\$)  
Paid/bill

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	26/12/2019 11:08
Date Of Accident	24/12/2019 13:10
Exact Location Of Accident	ESSO ON EAST COAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBQ2525B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR TAN KIAN GUAN
NRIC No	SXXXX994B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97381360
Alternative Phone No	OFFICE-97381360

### Vehicle Particulars

Manufacturer	VOLVO
Model	V60
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	DMPCSN3035421900
Cover Note Number	

### Driver

Name of Driver	MR TAN KIAN GUAN
NRIC No	SXXXX994B
Date Of Birth	09/12/1976
Occupation	INDOOR
Date Of Driving Pass	02/10/1996
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97381360
Fax Number	
Contact Number	OFFICE-97381360
EMail Address	NOEMAIL

Address	78 BAYSHORE RD #21-22
Postcode	469991
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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 Witness 1

Name	GEORGE
Phone Number	98353057
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBK8899P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SELENA HO SU YI
NRIC/Passport Number	
Contact Number	81862462
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

Esso on East Coast Road

Veh A → SBQ2525B

Veh B → SBK8899P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the said location and timing, I parked my vehicle at one of the petrol pump station and went to draw money. When I got back, a witness came to tell me that somebody hit onto my vehicle and that lady was still at the petrol station. I spoke to her and she acknowledged that she have hit onto my vehicle. We exchanged particulars and left.

Witness name : George

Witness contact : 9835 3057

## 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: SBQ2525B

MAKE &amp; MODEL: Volvo V60

DATE OF ACCIDENT	24 / 12 / 2019
TIME OF ACCIDENT	1:10 AM / PM
LOCATION OF ACCIDENT	Esso on East Coast Road
Exact Purpose use during accident	Personal use
NAME OF OWNER	Tan Kian Guan
TELP NO.	9738 1360
NRIC	S7638994B
CLAIM TYPE	OD / Third Party / Reporting Only
INSURANCE CO.	China TaiPing
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMPCSN3035421900
NAME OF DRIVER	As above / If No;
NRIC	S7638994B Any Passenger; 0
DATE OF BIRTH	09 / 12 / 1976
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	02 / 10 / 1996
GENDER	Male / Female
CONTACT NO.	Office: - Home: -
ADDRESS	78 Bayshore Road, #21-22, S'469991
DRIVER OWN ANY VEHICLE	No / Yes (Reg No):
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	Clear / Raining / Others,
ROAD SURFACE	Dry / Wet / Others,
ANY INJURIES	No / Yes (Who?):
CONTACT NO.	9738 1360
POLICE REPORT	No / Yes (Where?):
VEHICLE (B) NO.	SBK8899P Any Passenger 0
NAME	Selena Ho Su Yi
CONTACT NO.	8186 2462
VEHICLE (C) NO.	Any Passenger
VEHICLE (D) NO.	Any Passenger
VEHICLE (E) NO.	Any Passenger
VEHICLE (F) NO.	Any Passenger
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	Lee Brothers Automotive Pte Ltd
ADDRESS	1 Kakit Bukit Ave 6 #02-47
	Autobay@Kaki Bukit Singapore 417883
CONTACT NO.	(O) 6509 5521 (Fax) 6509 5523
EMAIL	sales@leebrothers.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.	DMPCSN3035421900	Engine No : B4154T52516746 Chassis No: YV1FW28L0J2402037
Index Mark and Registration Number of Vehicle	SBQ2525B	
Name of Policy Holder	MR TAN KIAN GUAN	
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	14 JUNE 2019	NAMED DRIVERS EX SECT. I.....S\$500.00 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
Date of Expiry of Insurance	13 JUNE 2020	
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.

### 3. 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. : MAYBANK 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