

NATIONAL Assessment Centre Services: Part 1 Jan 2005 MMA 120007379

| | | | |
|------------------------------|---|-----------------------|---------|
| Date In: 16/11/20 14:28 | Job description | Date & Time Completed | Done by |
| Ref No: MAI CT2 2000*1019164 | SAS e-filing | | |
| Veh No: S3P 6170 A | E-mail (within 2hrs, A/C 2hrs) | | |
| TPA: 13/11/20 18:45 | I-Motor Claim Form | | |
| TP / Rep 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/Whn | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SLR 198 B. 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 repolar.

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

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

Remarks: (INC hotline: 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 |
|-----------|---------|
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|---------------------------------|---|-----------|------------|
| MA 2000 664 | Invoice Preparation Checklist | Am't (\$) | RSABR (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) PT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments: | For claiming against INC Only (w/c 10 Jan 2005) | | |
| | 6) TR: Re-Inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | QD: | | |
| | *N5: Courtesy Car / Tpt Allowance \$3 | | |
| | *N6: Repair Coordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$3 | | |
| | TP (Nil): TP (Non INC) against INC \$20 | | |
| | 9) NI2: Idao 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 | 16/01/2020 14:28 |
| Date Of Accident | 13/01/2020 18:45 |
| Exact Location Of Accident | SIMEI RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJP6170A |
| Insured/Policyholder | |
| Name Of Registered Owner | KO PENG CHON |
| NRIC No | SXXXX388E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93822368 |
| Alternative Phone No | OFFICE-93822368 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | ALLION |
| 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 | REPORTING ONLY |
| 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 | DMPCSN1511491904 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | KO PENG CHON |
| NRIC No | SXXXX388E |
| Date Of Birth | 20/03/1944 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 31/10/1964 |
| Driving Experience | 55 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93822368 |
| Fax Number | |
| Contact Number | OFFICE-93822368 |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------|
| Address | BLK 155 SIMEI RD #10-204 |
| Postcode | 520155 |
| 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? | 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

I WAS TRAVELLING ALONG SIMEI RD ON THE LEFT LANE, WHILE FILTERING INTO RIGHT LANE, MY VEH LEFT REAR ACCIDENTALLY GRAZE ONTO VEH B RIGHT REAR PORTION

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 | SLR198B |
| 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) | |

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

A= SJP 6170A
B= SLR 198B


Simei Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to statement

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.:



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Angson Road #16-00 Springvale Tower Singapore 079008

Tel: 6389 6111 Fax: 6722 1033

Website: www.ctaiping.com

Cc Reg No: 200298594E

ORIGINAL

THE SCHEDULE

| | | | | | |
|---------|---------|-----------------|-------------------------------|----------------------|------------------------|
| Agency | AN0420A | Class of Policy | MOTOR PRIVATE CAR | Policy Number | DMPCSN1511491904 |
| Account | AN0420A | Issued on | 22/03/2019 in SINGAPORE | Replacing Policy no. | DMPCSN1511491803 |
| Client | 3169758 | Acceptance Date | 22/03/2019 | | |

Period of Insurance from 25/03/2019 to 29/03/2020, both dates inclusive

| | |
|--------------------|---|
| Insured's Name.... | KO PENG CHON |
| Address. | BLK 155 SIMEI ROAD #10-204 SINGAPORE 520155 |

| | |
|--------------------|--------------------------------------|
| Business/Occupn... | DIRECTOR |
| Financial interest | SWEE SENG CREDIT PTE LTD AS HP OWNER |

| | | | | |
|---------------|--------------------------------|-------------|-------------|-------------|
| Premium | Base Annual Premium..... | S\$2,811.80 | | |
| | Less 20% Loyalty Discount..... | S\$562.36- | | |
| | Less 20% Autosafe Scheme..... | S\$449.89- | | |
| | No Claim Discount20.00% | S\$359.91- | | |
| | Total Annual Premium | S\$1,439.64 | Premium Due | S\$1,459.37 |
| | | | Premium GST | S\$102.16 |
| | | | Total Due | S\$1,561.53 |

* YOU HAVE A CLAIM RESERVE/PAID ON YOUR PREVIOUS/EXISTING POLICY. WE HAVE *
* ALLOW 20% NO CLAIM DISCOUNT TO YOU DUE TO NO CLAIM DISCOUNT PROTECTOR. *
* PLEASE NOTE THAT WE WILL CONFIRMED OUT YOUR NO CLAIM DISCOUNT AT 0% *
* IF YOU DO NOT RENEW WITH US. *

* WEF 02.01.2019, THERE WILL BE NO REFUND FOR CANCELLATION IF THERE *
* IS A WINDSCREEN CLAIM DURING THE POLICY PERIOD. *

| | | | | | |
|-----------------|-----------------------------------|---------------|---------------------|------------------|-----------|
| Risk No. 001 | MOTOR PRIVATE CAR | | | | |
| | YEAR OF REGISTRATION : 30.03.2009 | | | | |
| 1. Registration | SJP6170A | Make/Model .. | TOYOTA ALLION 1.5 A | | |
| Type of Cover | Comprehensive | No. of seats | 5 | Body Type | SALOON |
| Engine No. .. | 1N2D219674 | Capacity cc's | 1496 | Yr of Manuf/Regn | 2008/2009 |
| Chassis No... | NZT2603033957 | | | | |

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

Continued on page 2