

Date In: 4/2/20 08:51	Job description	Date & Time Completed	Done by
Ref No: NA/CTZ 20001835144	SAS e-filing		
Veh No: GBB 7668S	E-mail (w/1000 Shrs, AIC Shrs)		
IP No: 312/20 08:50	I-Motor Claim Form		
Chk: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD Shrs, TP Shrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
IP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

IP Particulars:

Veh No:

83Q 71L

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 210015420)

Date:

Time:

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:

MA 2001032

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Invoice Preparation Checklist:

Amt (\$)

VAT (\$)

Total (\$)

1) AIR: Accident Reporting (\$30):

30.00

2) DA: Damage Assessment (\$100):

INC (\$10)

3) TP: Towing Fee

\$40/\$45

4) FT: Follow-Through Survey

\$120

5) FT: Follow-Through Survey (Resurvey)

\$30

For claiming against INC Only (w/c 10 Jan 2003)

6) TR: Re-Inspection

\$75

7) NI: Idao DA + SMRT Survey

\$160

8) NTUC Additional Services:

ON:

• N5: Courtesy Car / Tpt Allowance

\$5

• N6: Repair Coordination

\$10

• N7: Post Repair Inspection

\$25

• N8: DV / Collect Excess Coordination

\$5

• N9: TP (Non INC) against INC

\$20

9) N12: Idao Mobile

\$10

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	04/02/2020 08:51
Date Of Accident	03/02/2020 08:50
Exact Location Of Accident	ALONG BISHAN FLYOVER TWDS LORNIE HWY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7668S
Insured/Policyholder	
Name Of Registered Owner	DESIGN CLINIC
Co Reg No	5XXXX984C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82224925

Vehicle Particulars

Manufacturer	FIAT
Model	DABLO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1938811900
Cover Note Number	

Driver

Name of Driver	KEE CHAI LEONG(JI CAILONG)
NRIC No	SXXXX491I
Date Of Birth	26/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	12/06/2004
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82224925
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	73 TAMPINES AVE 1 #04-02 WATERVIEW
Postcode	529780
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - MANAGER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	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?	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	SJQ71L
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	SMH9217L
-----------------------------	----------

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 KEE CHAI LEONG(JI CAILONG)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBG7668S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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.

X

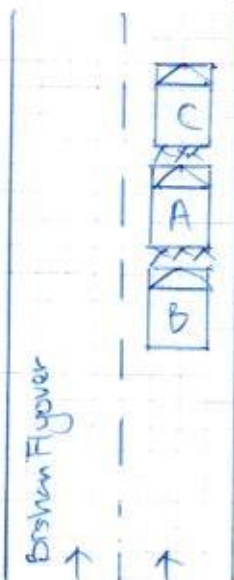


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Veh A: GBG 7668S
Veh B: SJQ 71L
Veh C: SMH 9217L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (GBG 7668S) traveling along Bishan Flyover towards Lorrie Highway on first lane of a 2-lane, road. Somewhere near Singapore Press Holding Building, vehicle C (SMH 9217L) ahead slowed down and stopped. As such, I applied brake and stopped completely behind vehicle C. Out of sudden, vehicle B (SJQ 71L) came from rear and collided directly onto the rear portion of my vehicle. Due to the impact, my vehicle surged forward and collided onto the rear portion of vehicle C. After accident, I alighted and realised I was involved in a 3 car chain accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

2

Policyholder's Signature
Date & Time:



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

[Handwritten Signature]

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

Vehicle No.	9BG 76685	Model / Make	Fiat Doblo
Date of Accident	3/2/2020		
Time of Accident	0850	HRS	
Location of Accident	Along Brasah Flyover towards Lornia Highway		
Exact purpose use during accident	Work		
Name of Owner	Design Clinic		
Telephone No.	H/P : 8222 4925	Home :	Office :
NRIC	5322984C		
Address	140 Paya Lebar Road #02-01 S(409015)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	China Taiping		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMCVSN1938811900		
Name of Driver	As Above If No, Kee Chai Leong		
NRIC	S8111491I	Any Passengers :	
Date of birth	26/4/1981		
Occupation	Outdoor / Indoor		
Driving License Pass Date	12/6/2009		
Gender	Male / Female		
Contact No.	H/P : 8222 4925	Home :	Office :
Address	BLK 73 Tampines Avenue 1 #04-02 Waterview S(529780)		
Driver have any own vehicle	No, If yes, Reg No. SMH 4550H		
Relationship	Employee, If no, state Manager		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	Kee Chai Leong 8222 4925		
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SJQ 71L	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	SMH 9217L	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	Front & rear portion		
Camera Recorder	Yes / (No)		
Email Address	Stankee26@gmail.com		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



中国太平
CHINA TAIPING

MOTOR COMMERCIAL VEHICLE

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

NR0056A

Cov. Type: C

PLM 335466

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1997
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1958 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMCVSH1938811200

Engine No.: 263A50008154282

Chassis No.: 2FA12630006834000

1. Index Mark and Registration
Number of Vehicle

GB076686



2. Name of Policy Holder

DESIGN CLINIC

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

17 October 2013

Excess Sect I S\$400.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

16 October 2020

5. Persons or Classes of Persons entitled to drive

Any person who is driving on the Policyholder's order or with their 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.

B. Limitations as to use:

(1) Use in connection with the Policyholder's business.

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

(3) Use for social, domestic or pleasure purposes.

The Policy does not cover:

(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: GOLDBELL FINANCIAL SERVICES PTE. LTD. AS RP

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188) 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 188) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Authorised Officer

Authorised Signatory