

NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

MAH 2001 1089

Date In: 07/02/2020 11:24	Job description	Date & Time Completed	Done by
Ref No: NBB/CIT 2000 24564	SAS e-filing		
Veh No: SCF 81 D	E-mail (5mins 3hrs, AIC 2hrs)		
D.O.A: 06/02/2020 12:00	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (Withln: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tot:	Fact:
TP Particulars:	Veh No: STM 2596Y	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 ()	

() 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: ()

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

Injury: _____

Date/Time	Activity	By

MAH 2001 302	1) AR: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2003)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	\$3
	*N5: Courtesy Car / Tpl Allowance	\$10
	*N6: Repair Co-ordination	\$25
	*N7: Post Repair Inspection	\$3
	*N8: DV / Collect Excess Coordination	\$20
	TP (N11): TP (N11 INC) against INC	\$0
	9) N12: Idea Mobile	

Fee Charged

Invoice dated

Invoice dated

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	07/02/2020 11:24
Date Of Accident	06/02/2020 12:00
Exact Location Of Accident	ALONG SLE TOWARDS MANDAI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF81D
Insured/Policyholder	
Name Of Registered Owner	CHOY MENG KIAT MICHAEL
NRIC No	SXXXX540I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93691888
Alternative Phone No	OTHERS-93691888
Vehicle Particulars	
Manufacturer	BENTLEY
Model	FLYING SPUR V8-4.0 ABS 4WD S/R (A)
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	DMPCNSNA00014852001
Cover Note Number	

Driver

Name of Driver	CHOY MENG KIAT MICHAEL
NRIC No	SXXXX540I
Date Of Birth	01/07/1970
Occupation	INDOOR
Date Of Driving Pass	18/07/1989
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93691888
Fax Number	
Contact Number	OTHERS-93691888
Email Address	NOEMAIL

Address	BLK 114 RIVERVALE WALK #07-65
Postcode	540114
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	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?	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

PLEASE REFER TO SKETCH PLAN

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	SJM2596Y
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

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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

SLE
Tando
Mandai



(A) SKP 810

(B) SJM 2596Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06-02-2020 at about 12:00hrs, I was travelling along SLE Tando Mandai. The traffic was on moderate moved. Ahead of me, there's a vehicle slow down, I follow suit. All of a sudden, I felt an impact from the rear. Then I realised a vehicle SJM 2596Y had collided onto my rear. That's all.

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 06-Feb-2020

ACCIDENT TIME: 1200

LOCATION: SLE TWDS MANDAI

VEHICLE NUMBER: SKF81D

INSURED NAME: CHOY MENG KIAT MICHAEL

NRIC / FIN: S7022540I

CONTACT: 93691888

MAKE: BENTLEY

MODEL: FLYING SPUR V8 4.0 A/T ABS 4WD S/R

Are you claiming under your own insurance policy for repair to your vehicle?

() Yes, If No, Pls Select: (☒) Third Party () Reporting Only

INSURANCE COMPANY: CHINA TAIPING

TYPE OF POLICY: Comprehensive

POLICY NUMBER: DMPCSNA00014852001

EXPIRY DATE: 05-Feb-2021

NAME DRIVER: CHOY MENG KIAT MICHAEL

NRIC / FIN: S7022540I

CONTACT: 93691888

DATE OF BIRTH: 01-Jul-1970

DRIVING PASS DATE: null

OCCUPATION: Indoor

GENDER: Male

EMAIL ADDRESS:

ADDRESS OF DRIVER: 114 RIVERVALE WALK #07-65 RIVERVALE COURT SINGAPORE 540114

Relationship Of The Driver With The Insured: Employee

Number Of Passenger Include Driver: 1 Driver

NAME	NRIC/FIN/BC	GENDER	INJURED
CHOY MENG KIAT MICHAEL	S7022540I	Male	<input checked="" type="checkbox"/>

INJURY DETAILS: 1 Driver, 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? No Police Report Number: NIL

Details Of 3rd Party	Name	NRIC	Contact	No.of Paxs(Incl' driver)
Veh B SJM2596Y				Not Sure

Motor Private Car

MX1/B

R SN

AN0478A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1965
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNA00014852001

Engine No.: CYC003204

Cha. No.: SCBEN53W1FC044183

1. Index Mark and Registration
Number of Vehicle

SKF81D

2. Name of Policy Holder

CHOY MENG KIAT MICHAEL

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment06/02/2020
(11:36:38)

Named Drivers Ex. Sect. I

S\$15,000.00

Excess Sect. I (Outside Singapore)

S\$30,000.00

EX ON WINDSCREEN

S\$1,000.00

4. Date of Expiry of Insurance

05/02/2021

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

CHOY MENG KIAT MICHAEL

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.

HIRE PURCHASE CO.: ASIA CARZ HOLDING PTE LTD 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.

Issued By:

Lim Lee Choo

Authorised Officer

Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	S401
Vehicle Details	
Vehicle No.:	SKF81D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	06 Feb 2020
Vehicle Make:	BENTLEY
Vehicle Model:	FLYING SPUR V8 4.0 A/T ABS 4WD S/R
Primary Colour:	Purple
Manufacturing Year:	2014
Engine No.:	CYC003204
Chassis No.:	SCBEN53W1FC044183
Maximum Power Output:	373.0 kW (500 bhp)
Open Market Value:	\$192,797.00
Original Registration Date:	02 Feb 2015
First Registration Date:	02 Feb 2015
Transfer Count:	1
Actual ARF Paid:	\$319,035.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Feb 2025
PARF Rebate Amount:	\$223,324.00
Intended COE Rebate Details	
COE Expiry Date:	01 Feb 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$74,389.00
COE Rebate Amount:	\$37,096.00
Total Rebate Amount:	\$260,420.00

The information contained herein is correct as at 06 Feb 2020

OK