

NATIONAL Assessment Centre Services. [ver 1 Jan 2005]

19/02/2020

Date In:	Job description	Date & Time Completed	Done by
19/02/2020 17:33	SAS e-filing		
Ref No: N/A 200/CIT/2000289074	E-mail (Sjaha 8hrs, AIC 2hrs)		
Veh No: 8AM 21M	I-Motor Claim Form		
D.O.A: 19/02/2020 13:00	I-Motor W/O (With/Out OD 2hrs, TP 4hrs)		
OD: TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/WH32		

Preferred Wkep / INC Assgn Wkep / QW: () Toll: () Fax: ()

TP Particulars: Vch No: SK 9292 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Dates: () Times: ()

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 repair.

() 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: _____

Item	Amount	Notes
1) ARI Accident Reporting (\$30)		
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	
6) TR: Re-inspection	\$75	For claiming against INC Only (ver 10 Jan 2005)
7) NI: Idea DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON*		
*NS: Courtesy Car / Tpl Allowance	\$3	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$3	
*TP (NI) / TP (Non INC) against IRG	\$20	
9) NI: Idea Mobile	\$0	

Invoice dated _____ Fee Charged _____

Invoice dated _____ Fee Charged _____

NA2001580

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

Author's Comments: _____

Date: _____

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	19/02/2020 17:33
Date Of Accident	19/02/2020 13:50
Exact Location Of Accident	OLD JURONG RD TURNING LEFT INTO UPP BT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM21M
Insured/Policyholder	
Name Of Registered Owner	PANG HAW SIN (PAN HAOXIN)
NRIC No	SXXXX400Z
Email Address	ALEXISPANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98761050
Alternative Phone No	OTHERS-98761050
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLC 250D
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	DMPCSN30876119000
Cover Note Number	
Driver	
Name of Driver	PANG HAW SIN (PAN HAOXIN)
NRIC No	SXXXX400Z
Date Of Birth	11/02/1978
Occupation	INDOOR
Date Of Driving Pass	14/03/1996
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98761050
Fax Number	
Contact Number	OTHERS-98761050
Email Address	ALEXISPANG@GMAIL.COM

Address	21 CHESTNUT GARDENS
Postcode	679246
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	SLK9229Z
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAM SHAI AI NA
NRIC/Passport Number	SXXXX748D
Contact Number	97279290
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

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.**
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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:

19/02/2020

1615 hrs



GIA/BMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

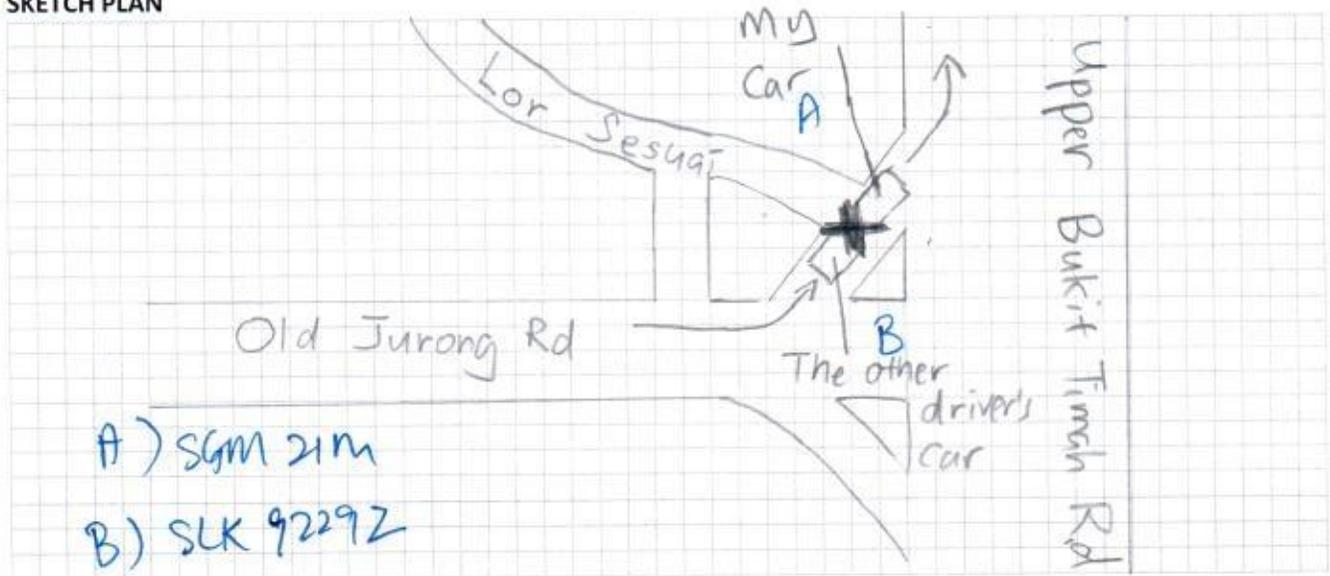
Name:

NRIC/FIN No.:



19/02/2020
Keshav Kumar

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Old Jurong Rd towards Upper Bukit Timah Rd. As I was turning left onto ~~the~~ Upper Bukit Timah Rd (in the direction towards Woodlands), I stopped at the junction to give way to the vehicles travelling on Upper Bukit Timah Road. ~~My stationary vehicle was then hit from the~~
The vehicle behind me crashed into my rear bumper.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

19/02/2020

GIATC Sketch Plan Form V3

1630 hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

19/02/2020

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 19/02/2020 (DD/MM/YYYY), TIME: 13:50 (HH:MM)

LOCATION: Old Jurong Rd turning left into Upper Bt Timah Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGM21M
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMPCSN30876T19000
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mercedes Benz, GLC250D
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Pang Haw' Sin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7805400E CONTACT: 98761050
c) ADDRESS: 21 Chestnut Gardens
Singapore 679246

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

AS Above

- d) NAME: _____ (MALE / FEMALE)
e) NRIC/FIN/PASSPORT: _____ CONTACT: _____
f) ADDRESS: _____

* No of passenger
(including driver)
(2)

Pang Jia Yi Grace

d) DATE OF BIRTH: (11/02/1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14/03/1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLK9229 Z MODEL: Mercedes
b) DRIVER'S NAME: CHAM SHAI AI NA
c) NRIC/FIN/PASSPORT: S7910778D CONTACT: 97279290

* No of passenger
(including driver)
(3)

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
()

Email: ALEXISPANG@GMAIL.COM

VIDEO

It pays to choose

**Budget
Direct
insurance**

Contact us at:

T: +65 6221 2199

F: +65 6725 0853

E: claims@budgetdirect.com.sg

Claim Number
(for official use)

PRIVATE SETTLEMENT FORM

<u>Details of accident</u>		
Date: <u>19/02/20</u>	Time: <u>2pm</u>	Location of accident: <u>Old Jurong Rd</u>
involving motor vehicle registration number: <u>SLK9229Z</u> (Vehicle A) & <u>SGM21M</u> (Vehicle B)		
<u>Contact Details of Parties involved</u>		
Name & NRIC of Driver/Owner of Vehicle A (Party A): <u>Cham Shai Ai Na S7910748D</u>		
Name & NRIC of Driver/Owner of Vehicle B (Party B): <u>Pang Haw Sin S7805400Z</u>		

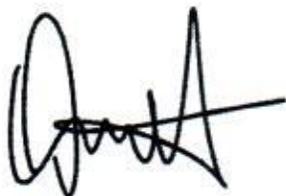
The parties have agreed to settle the above mentioned accident on an amicable basis as follows:

*Please select the option appropriate to your situation and complete any blanks (where applicable).

1. Neither party shall be liable to compensate the other party for any loss or damage (direct or indirect) incurred or to be incurred as a result of the accident.
2. Without any admission of liability, Party A has paid a sum of S\$ 1091.40 which Party B hereby acknowledges receipt thereof in full and full settlement of all damages and costs incurred and/or to be incurred as a result of the accident.
3. Vehicle _____ has been repaired to the satisfaction of Party _____ and has been returned in good working order to Party _____

Each of the parties further confirms that there are no personal injuries or death involved in this accident, and that he/she has not and will not make any police report or claim against his/her own motor insurance or that of the other party's, in relation to this accident.

We understand that the information collected on this private settlement form will be kept and used by Auto & General Insurance (Singapore) Pte. Limited (trading as Budget Direct Insurance) for insurance and claims administration and investigation purposes.



Signed by **Party A**
Contact number: 97279290
Address: 134 Hillview Ave #01-03 S669619
Date: 20/02/20



Signed by **Party B**
Contact number: 98761050
Address: 21 Chestnut Gardens S6792
Date: 20/02/20

Motor Private Car

MX1E

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)

E SN

AN0420A

Cov. Type:C

CERTIFICATE No.	DMPCSN30876119000	Engine No.: 65192134213852	Cha. No.: WDC2539092F300762
1. Index Mark and Registration Number of Vehicle	SGM21M		
2. Name of Policy Holder	PANG HAW SIN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29/12/2019	Named Drivers Ex Sect. I	\$\$1,000.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$\$3,000.00
		Ex Sect. I - Age >= 26	\$\$500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	\$\$100.00
4. Date of Expiry of Insurance	28/12/2020		
5. 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.			
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 \$51,000 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 SINGAPORE LIMITED 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).

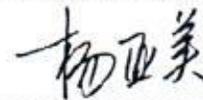
Please see reverse

Issued By:



Lim Lee Choo
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 2000022542 Vehicle Registration No: 8GM 21 M
 Name (as shown in NRIC) : Pong Hwa Sai (Pong Xianxin) NRIC/FIN/Passport No : SXXXXX400Z
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 98761050
 Email Address : _____
 Date of Accident : 19/02/2020 Time of Accident : 13:50
 Place of Accident : OLD JURONG RD TURNING LEFT INTO UPP BT TIMAH RD
 Insurance Company : CHINA TIANHAI

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① change to important only
- ② insure settlement limit.

[Signature]
 Policyholder / Driver's Signature
 Date: 21/02/2020

[Signature]
 Reporting Centre Personnel's Signature
 Name: Rishi Nathar
 NRIC/FIN No.: _____
 Date: _____