

NATIONAL Assessment Centre Services.

[ver 1 Jan 05] **MAHARAJA**

| | | | |
|--------------------------------|--|-----------------------|---------|
| Date In: 21/6/20-16:41 | Job description | Date & Time Completed | Done by |
| Ref No: NA1572222-66574 | SAS e-filing | | |
| Veh No: 84637559 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A : 21/6/20-16:00 | i-Motor Claim Form | | |
| OD : TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: 84637559 | 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 repairer.

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

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

| Remarks: | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars:- | Invoice Preparation Checklist | Amt (\$) In Bill | Amt (\$) Add Bill |
|--------------------------|---|---------------------|----------------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD: | | |
| | *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 (N11) INC against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| | 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 | 24/06/2020 16:41 |
| Date Of Accident | 24/06/2020 11:00 |
| Exact Location Of Accident | JUNC BIOMEDICAL GROVE & BIOPOLIS DR |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGL3755P |
| Insured/Policyholder | |
| Name Of Registered Owner | LEE KING YONG |
| NRIC No | SXXXX814B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-87501489 |
| Alternative Phone No | OFFICE-87501489 |

Vehicle Particulars

| | |
|--|-------------------------|
| Manufacturer | TOYOTA |
| Model | LEXUS IS250 AUTO LUXURY |
| 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 | DMPCSN3064031903 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | TAN KIM HOCK (CHEN JUNFU) |
| NRIC No | SXXXX054H |
| Date Of Birth | 02/04/1981 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/01/2009 |
| Driving Experience | 11 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97778168 |
| Fax Number | |
| Contact Number | OFFICE-97778168 |
| EMail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 146 WOODLANDS STREET 13 #06-913 |
| Postcode | 730146 |
| 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 - CROSS JUNCTION |
| 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? | 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) | 2 |
| Passenger 1 | NAME: : - GENDER: : MALE |

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? | YES |
| Remarks/ Reasons: | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBF5919L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name TAN KIM HOCK (CHEN JUNFU)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGL3755P

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.

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

Sketch plan provide


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time, as traffic light was green
in favor, I proceed to go straight. Vehicle B beat the light
while turn right and hit against to my vehicle front right
portion.

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.:

12:16

Safari

Institute of Molecular and Cell Biology

Genome Institute of Singapore (GIS)

X

See similar places

Genome Institute of Singapore (GIS)

Biopolis St

Yang Old Coffee

Pallakkuoly Hawker Treats Takeaway

KERRY (S) PTI

Little Big Coffee Takeaway

Biomedical Grove

Denka Life Science Research

Curry Nations Takeaway • Delivery

Biomedical Grov

Biopolis Dr

Biopolis Synapse

ences

Singapore Institute of Advanced Medicine

Genome Institute of Singapore (GIS)

4.3 ★★★★★ (3)

Research institute · 25 min

Open · Closes 18:00

24/6/2020
SGL3755P
11:00 AM

HP 97778168
HP 87501489
#11

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 6 / 20) (DD/MM/YYYY), TIME: (11:00) (HH:MM)

LOCATION: Biomedical Grove & Biopolis Dr. June

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV3755P
b) INSURANCE COMPANY: C72
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8104814B CONTACT: 97778168
c) ADDRESS: _____

87501489

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97778168
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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

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

6. WAS ANYBODY INJURED (YES / NO) Driver

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UBF5919L MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(2)
male

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

Email =

fax =

video = ✓

ORIGINAL

THE SCHEDULE

| | | | | | |
|---------|---------|-----------------|-------------------------|----------------------|------------------------|
| Agency | AN0421A | Class of Policy | MOTOR PRIVATE CAR | Policy Number | DMPCSN3064031903 |
| Account | AN0421A | Issued on | 19/08/2019 in SINGAPORE | Replacing Policy no. | DMPCSN3064031802 |
| Client | 3178334 | Acceptance Date | 19/08/2019 | | |

Period of Insurance from 14/09/2019 to 13/09/2020 , both dates inclusive

| | |
|----------------|---|
| Insured's Name | LEE KING YONG |
| Address | BLK 17B CIRCUIT ROAD #12-208 SINGAPORE 372017 |

Business/Occupn... LECTURER
Financial interest HONG LEONG FINANCE LTD AS HP OWNER

| | | | | |
|---------|---------------------------|------------|-------------|------------|
| Premium | Base Annual Premium | \$1,871.00 | | |
| | Less 15% Loyalty Discount | \$280.65- | | |
| | Less 20% Autosafe Scheme | \$318.07- | | |
| | No Claim Discount 10.00% | \$127.23- | | |
| | Total Annual Premium | \$1,145.05 | Premium Due | \$1,145.05 |
| | | | Premium GST | \$80.15 |
| | | | Total Due | \$1,225.20 |

* 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 | | | |
| | ORIGINAL REGISTRATION DATE: | 14-09-2006 | | |
| 1. Registration | SOL3755P | Make/Model | LEXUS IS 250 | |
| Type of Cover | Comprehensive | No. of seats | 5 | Body Type SALOON |
| Engine No. | 4GR0228531 | Capacity cc's | 2500 | Yr of Manuf/Regn 2006/2006 |
| Chassis No. | JTHBK262702021048 | | | |
| | | | | Certificate Ref. MX1E |
| Sum Insured..Market value at the time of loss | | | | |
| Named Drivers Ex Sect. I | | \$1,500.00 | | |
| 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 | | |
| Named Drivers THE INSURED | | | | |

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).
AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorized workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Continued on page 2