

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MAN 008128**

Date In: 24/9/05-15:23	Job description	Date & Time Completed	Done by
Ref No: 19K72200649124	SAS e-filing		
Veh No: SW8846H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/9/05-11:25	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: SW337B	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: (INC hotline: 6788 6616)	Date & Time Completed	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

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		
QC Checked by (Engr-In-Charge):	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: Idao 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 (N-in INC) against INC \$20		
	9) N12: Idao 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	29/09/2020 15:23
Date Of Accident	29/09/2020 11:25
Exact Location Of Accident	BLK 45 LENGKONG BARU CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8846H
Insured/Policyholder	
Name Of Registered Owner	MEI PEIPEI
NRIC No	SXXXX738H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97775505
Alternative Phone No	OFFICE-97775505

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 AVANTGARDE (R17 LED)
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?	YES
If No, Please state action to be taken	
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	DMPCSNW00048072001
Cover Note Number	

Driver

Name of Driver	ISAAC LAI ZHI YAO
NRIC No	SXXXX787I
Date Of Birth	14/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2006
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96386116
Fax Number	
Contact Number	OFFICE-96386116
Email Address	NOEMAIL

Address	BLK 33A WEST COAST PARK #02-41
Postcode	127727
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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

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	SLV3337B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH KA TUAN
NRIC/Passport Number	SXXXX313A
Contact Number	97998323
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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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:

29/9/2020

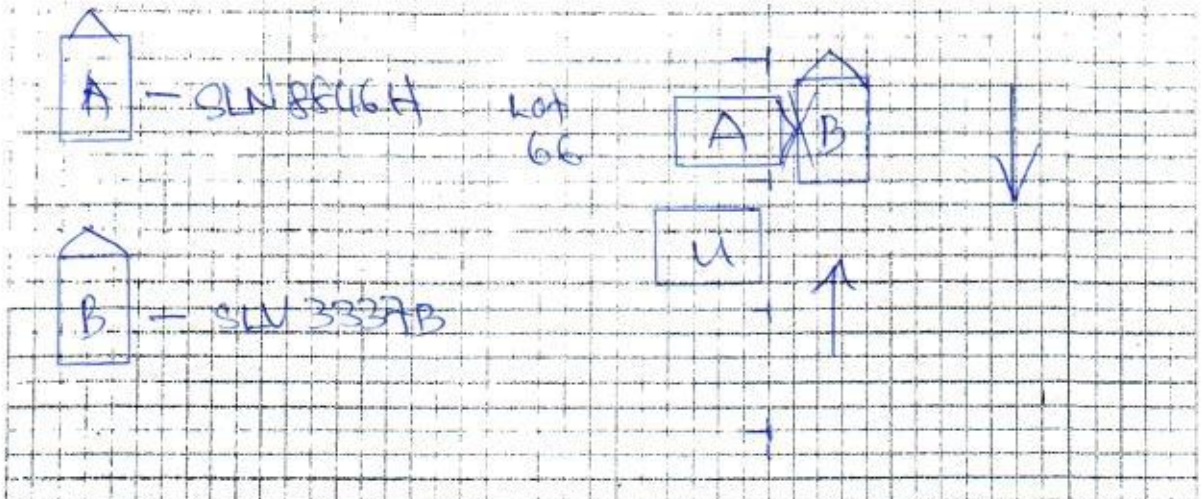
Driver's Signature
(If driver is not the policyholder)
Date & Time:

29/9/2020

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

SKETCH PLAN

Blk 45, Laykat Barn



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/9/2020 @ about 11.25am, I was in my car at Lot 66.

My intention was to move out from the said Lot 66 to other parking lot.

A moment I inched forward, and I collided with vehicle SLV 3337B, that coming from my right in speed.

We exchanged particulars. at his left portion

That's all.

DECLARATION

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

Policyholder's Signature

Date & Time:

29/9/2020

JS/AR - with PH and one V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

29/9/2020

1.45pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

VEHICLE NO: SLN 8846H MAKE & MODEL: Mercedes C180

DATE OF ACCIDENT	<u>29/9/2020</u>	
TIME OF ACCIDENT	<u>11.35</u> (AM/PM)	
LOCATION OF ACCIDENT	<u>BLK 45 LENGKOK BARI (Parking Lot 66)</u>	
Exact Purpose use during accident		
NAME OF OWNER	<u>MEI PEI PEI</u>	
TELP NO	<u>9777 5505</u>	
NRIC	<u>S 885 7738 H</u>	
CLAIM TYPE	<input checked="" type="radio"/> (OD) / THIRD PARTY / Reporting Only	
INSURANCE CO.	<u>CHINA TAIHING INSURANCE (S) PTE LTD</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO.	<u>DMPCSNW 00048072001</u>	
NAME OF DRIVER	<u>As above / If No: ISAAC LAI ZHI YAO</u>	
NRIC	<u>S 8017 7872</u>	Any passengers, <input type="radio"/>
DATE OF BIRTH	<u>14/06/1980</u>	
OCCUPATION	<input checked="" type="radio"/> Outdoor / Indoor	
DATE OF DRIVING PASS	<u>17/04/2006</u>	
GENDER	<input checked="" type="radio"/> Male / Female	
CONTACT NO.	<u>76286116</u>	Office. Home.
ADDRESS	<u>BLK 33A WEST COAST PARK, #02-41, S(129727)</u>	
DRIVER HAVE ANY OWN Vehicle	<u>NO / If yes, Reg No.</u>	
RELATIONSHIP	<u>Employee / If No: SPOUSE</u>	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other.	
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other.	
ANY INJURIES	<input checked="" type="radio"/> No / If yes, Who?	
CONTACT NO.		
POLICE REPORT	<input checked="" type="radio"/> No / If yes, Where?	
VEHICLE B NO.	<u>SLV 2337B</u>	Any Passenger: <u>1 (female)</u>
NAME	<u>GOH KA TAN, IC: S7039313A</u>	
CONTACT NO.	<u>97998323</u>	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
ARTICULAR WORKSHOP	<u>Sme Motor Pte Ltd</u>	
TELP NO	<u>1 Kaki bukit ave 6 #02-15</u>	
CONTACT PERSON	<u>Autobay @ kaki bukit</u>	
AX NO.	<u>Singapore 417883</u>	
	<u>Telp. 67476106 (6 lines)</u>	
	<u>Fax. 67442368</u>	

yihengmotorworkshop@yahoo.com.sg

Motor Private Car

MX1E

R SN

AN0498A

Cov. Type:C

CERTIFICATE OF INSURANCE

 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00048072001

Engine No.: 27491030983615

Cha. No.: WDD2050402R286715

 1. Index Mark and Registration
Number of Vehicle

SLN8846H

2. Name of Policy Holder

MEI PEIPEI

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

23/05/2020

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

4. Date of Expiry of Insurance

22/05/2021

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 S\$1,000 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.: STANDARD CHARTERED BANK(S) 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

 Issued By: NEO & COMPANY INSURANCE AGENCY
 Authorised Officer



Authorised Signatory