

NATIONAL Assessment Centre Services. [Part 1 Jan 03] MMA 12009430

Date In: 15/10/20 17:07	Job description	Date & Time Completed	Done by
Ref No: MA/CTI20011209/64	SAS e-filing		
Veh No: SCE 5515L	E-mail (within 2hrs, ATC 2hrs)		
DELA: 15/10/20 13:50	I-Motor Claim Form		
UD: <input checked="" type="radio"/> 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: SKU 4988H.	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 rep/rep.

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

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

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

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MA2005451

Driver/Owner:	Invoice Preparation Checklist	Amount (\$)	Amount (\$)
Contact No:	1) AR: Accident Reporting (\$30)	30.00	
Damaged Portion:	2) DA: Damage Assessment (\$100)		
QC Checked by (Engr-In-Charge):	3) TP: Towing Fee (\$40/\$45)		
Amplifiers Comments:	4) FT: Follow-Through Survey (\$120)		
Call:	5) PT: Follow-Through Survey (Resurvey) (\$30)		
Call:	6) TR: Re-Inspection (\$75)		
Call:	7) N1: Idac DA + SMRT Survey (\$160)		
Call:	8) NTUC Additional Services:		
Call:	Q11:		
Call:	*N3: Courtesy Car / Tpl Allowance (\$5)		
Call:	*N6: Repair Co-ordination (\$10)		
Call:	*N7: Post Repair Inspection (\$25)		
Call:	*N8: DV / Collect Excess Coordination (\$5)		
Call:	TP (N11): TP (Non INC) against INC (\$20)		
Call:	9) N12: Idac Mobile (\$0)		
Call:	Invoice dated	Fee Charged	
Call:	Invoice dated	Fee Charged	

Stamp/Signature

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	15/10/2020 17:07
Date Of Accident	15/10/2020 13:50
Exact Location Of Accident	HOUANG AVE 7 NEAR BLK 335 (BUS STOP NO 64311)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE5515L
Insured/Policyholder	
Name Of Registered Owner	TAN CHEE GUAN
NRIC No	SXXXX990Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97625128
Alternative Phone No	OFFICE-97625128

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	DMPCSNW00032162000
Cover Note Number	

Driver

Name of Driver	TAN CHEE GUAN
NRIC No	SXXXX990Z
Date Of Birth	02/01/1954
Occupation	INDOOR
Date Of Driving Pass	18/12/1973
Driving Experience	46 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97625128
Fax Number	
Contact Number	OFFICE-97625128
Email Address	NOEMAIL

Address	BLK 614 WOODLANDS AVE 4 #11-495
Postcode	730614
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 - U-TURN
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	SKU4988H
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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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:

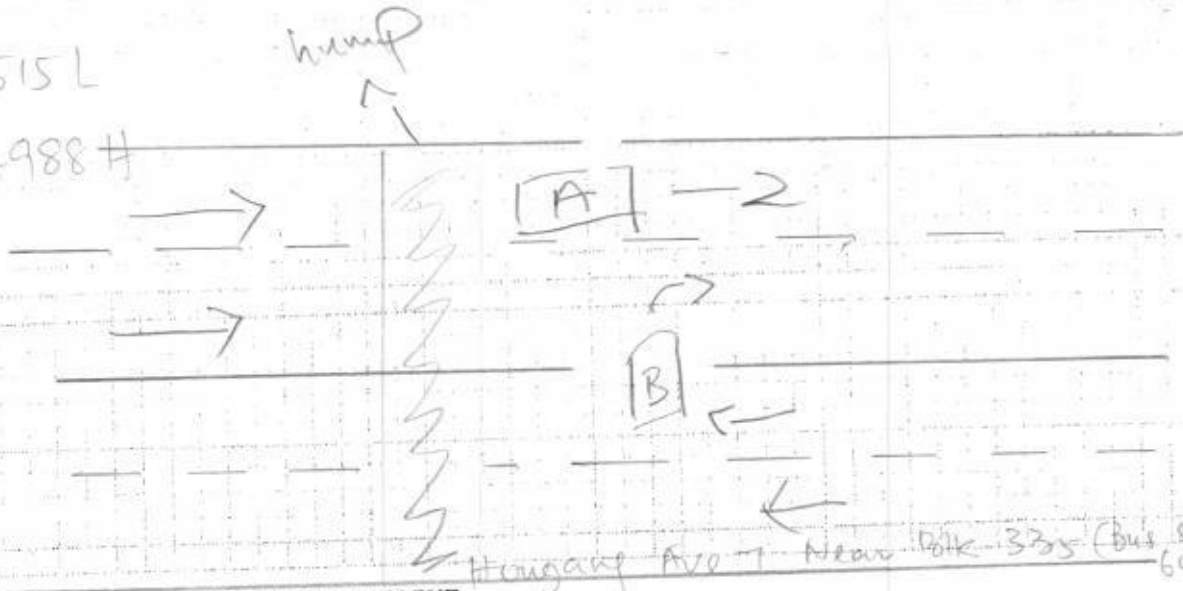
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

15/10/2020
@ 4pm

SKETCH PLAN

A) SCE 5515 L

B) Sku 4988 H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Hongang Ave T near Psk 335, suddenly vehicle B make a U-turn from the opposite direction and hit onto my vehicle front right portion.

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: 15/10/2020
@ 4pm

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

Motor Private Car

MX1F

N SN

AN0472A

Cov. Type:C

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)

CERTIFICATE No.	DMPCSNW00032162000	Engine No.: R16A13005484	Cha. No.: JHMF0452085201790
1. Index Mark and Registration Number of Vehicle	SCE5515L	AUTOSAFE	*****
2. Name of Policy Holder	TAN CHEE GUAN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	24/03/2020 (14.06.13)	Named Drivers Ex Sect. I	\$S500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
		Ex Sect. I - Age >= 26	\$S500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	\$S100.00
4. Date of Expiry of Insurance	18/06/2021		
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 \$S500 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. : HONG LEONG FINANCE 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
CCL INSURANCE AGENCY PTE LTD

BLK 9006 TAMPINES ST.93
#01-158 SINGAPORE 528840
TEL: 6344 9990 FAX: 6342 9088 / 6344 7554

Issued By: CCL INSURANCE AGENCY PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

Authorised Signatory

VEHICLE NO: SCE5515L

MAKE & MODEL: Honda Civic

DATE OF ACCIDENT	15 / 10 / 2020	
TIME OF ACCIDENT	1:50 AM/PM	
LOCATION OF ACCIDENT	Honggang Ave 7 near Blk 335. (Bus Stop no 64311)	
Exact Purpose use during accident		
NAME OF OWNER	Tan Chee Guan	
TELP NO	9762 5128	
NRIC	S 0128990 Z	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
INSURANCE CO.	China Taiping Insurance (Singapore) P/L	
TYPE OF CAVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	dmPCS NW060 32162000	
NAME OF DRIVER	<u>As above</u> / If No:	
NRIC	Any passengers: 0	
DATE OF BIRTH	02 / 01 / 1954	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	18 / 12 / 1973	
GENDER	<u>Male</u> / Female	
CONTAC NO.	Office:	Home:
ADDRESS	Blk 614 Woodlands Ave 4 # 11-495 S 130614	
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other :	
ROAD SURFACE	Dry / Wet / Other :	
ANY INJURIES	<u>No</u> / If yes : Who?	
CONTAC NO.		
POLICE REPORT	No / If yes : Where?	
VEHICLE B NO.	SKU 4988 H	Any Passenger : 01
NAME		
CONTAC NO.		
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	
PARTICULAR WORKSHOP	Triple - T Automobile	
TELP NO	6385 1171	
CONTACT PERSON	Irene Tan	
FAX NO.		
Email	motor @ taiconsulting.sg.com	