

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **MA 2010370**

Date In: 21/1/20 - 15:05	Job description	Date & Time Completed	Done by
Ref No: MA 19722012794/24	SAS e-filing		
Veh No: 5UK593R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/11/20 - 18:05	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: MA 20627	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:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Sat. 1: Sat. 2 / 3:	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	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:-			
QD* *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 (Non 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	20/11/2020 15:05
Date Of Accident	19/11/2020 18:05
Exact Location Of Accident	SHEARES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6593R
Insured/Policyholder	
Name Of Registered Owner	EC WORLD ASSET MANAGEMENT PTE LTD
Co Reg No	2XXXXX015N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96394744
Alternative Phone No	OFFICE-96394744

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5Z G EDITION A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMPCSNW00006332001
Cover Note Number	

Driver

Name of Driver	LEE BOON HWEE, BERNARD (LI WENHUI, BERNARD)
NRIC No	SXXXX770F
Date Of Birth	30/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2000
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96394744
Fax Number	
Contact Number	OFFICE-96394744
Email Address	NOEMAIL

Address	BLK 890A TAMPINES AVENUE 1 #12-309
Postcode	521890
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
Road Surface	WET

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)	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	SLQ7062T
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)	1

DETAILS OF INJURED PERSON 1

Name	LEE BOON HWEE, BERNARD (LI WENHUI, BERNARD)
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLK6593R

YES

NO

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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.



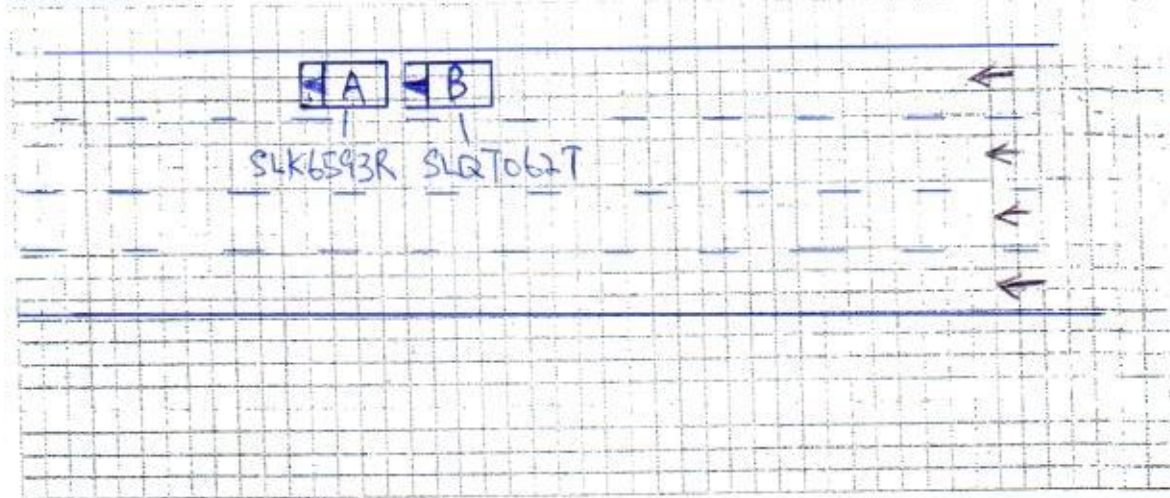
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Shearers Ave on extreme right lane. Front vehicle stopped. I stopped my vehicle as well. Suddenly I felt an impact of my vehicle and realised that vehicle B hit onto my vehicle rear 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.:

VEHICLE NO: SLK6593R

MAKE & MODEL: VELLFIRE

AUTO / MANUAL

DATE OF ACCIDENT

TIME OF ACCIDENT

LOCATION OF ACCIDENT

EXACT PURPOSE USED AT TIME OF ACCIDENT

NAME OF OWNER

TELP NO

NRIC

CLAIM TYPE

FLEET POLICY

INSURANCE CO.

TYPE OF COVERAGE

POLICY NO.

NAME OF DRIVER

NRIC

DATE OF BIRTH

ANY PASSENGER

NAME OF PASSENGER

GENDER OF PASSENGER

OCCUPATION

DATE OF DRIVING PASS

GENDER

CONTACT NO.

EMAIL

ADDRESS

DOES DRIVER OWN OTHER VEHICLES?

RELATIONSHIP

WEATHER CONDITION

ROAD SURFACE

ANY INJURIES

CONTACT NO.

POLICE REPORT

NOTICE OF INTENDED PROSECUTION GIVEN?

VEHICLE B NO.

NAME

CONTACT NO.

VEHICLE C NO.

VEHICLE D NO.

VEHICLE E NO.

VEHICLE F NO.

ANY WITNESS

WITNESS CONTACT NO.

WAS THERE ANY VIDEO CAPTURE?

WAS THERE ANY AUDIO RECORDED?

SCENE ACCIDENT PHOTOS TAKEN?

Have you been approach by unknown person soliciting (s) / offering accident claims assistance?

19 / 11 / 2020

6.05

AM / PM

*C.C.

Sheares Ave

EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

EC WORLD ASSET

MGMT PTE LTD

Mobile: 96394744

201523015N

OD / THIRD PARTY

YES / NO ?

CHINA TAIPING

Comprehensive / Third Party

Third Party Fire & Theft

AS ABOVE / IF NO.

LEE BOON HWEE BERNARD

Lee Boon H

S7808770E

30 / 3 / 1978

YES / NO:

0

MALE / FEMALE

Outdoor / Indoor

20 / 11 / 2000

Male / Female

Mobile: 96394744

Office:

Home:

NO / If yes, Reg No.

INSURER:

Employee / If No.

Clear / Raining / Other

Dry / Wet / Other

No / If yes, Who?

Driver only

No / If yes, Where?

NO/IF YES, WHO?

Any Passenger:

No

Any Passenger:

Any Passenger:

Any Passenger:

Any Passenger:

Any Passenger:

Any Passenger:

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Any Passenger:



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX4F

R SN

AN0634A

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.	DMPCSNW00006332001	Engine No.: 2ARH653930 Chassis No.: AGH300046295
1. Index Mark and Registration Number of Vehicle	SLK6593R	AUTOSAFE *****
2. Name of Policy Holder	EC WORLD ASSET MANAGEMENT PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23/01/2020	Named Drivers Ex Sect. I S\$2,000.00 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	22/01/2021	
5. Persons or Classes of Persons entitled to drive* Any person who is driving on the Policyholder's order or with their 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\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.		
* 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: JETSPRINT AUTO ENTERPRISES
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com