

NATIONAL Assessment Centre Services.

Page 1 of 2

SN/0820C90006

Date In: 18/12/2020 16:33	Job description	Date & Time Completed	Done by
Ref No: N/BA/CT200013496/V	SAS e-filing		
Veh No: SMV 5255D	E-mail (to/for, A/C, etc)		
D.O.A: 15/12/2020 19:25	I-Motor Claims Form		
OD (TP) Reporting Only	I-Motor W/O (With/Out OD, TP, etc)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/With		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: GIBK 7858P	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 ()	
() 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 () ; Invoices: 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: _____

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$100	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$30	
	5) PT: Follow-Through Survey (Resurvey) For claiming against INC Only (max 10 Jan 2021)	
	6) TR: Re-inspection \$75	
	7) NI: 1 day DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	• NI: Courtesy Car / Tpt Allowance \$3	
	• NI: Repair Coordination \$10	
	• NI: Post Repair Inspection \$25	
	• NI: DV / Collect Excess Coordination \$3	
	• TP (NI) / TP (Non INC) against INC \$20	
	• TP (NI) / TP (Non INC) against INC \$30	
	2) NI: 1 day Mobile	
	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 Submission	16/12/2020 16:33 (SGT)
Date of Accident	15/12/2020 19:25 (SGT)
Exact Location of Accident	Buangkok Green, Singapore
Additional Location Information	TOWARDS SENGKANG EAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV5255D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CLARENCE QUEK BOON TECK
NRIC No	SXXXX416I
Email Address	leo_quek@yahoo.com.sg
Mobile Phone No	(Phone) +65-96182522
Alternative Phone No	+65-92296573

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	RAIZA
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00174312000
Cover Note Number	-

DRIVER

Name of Driver	LEONARD QUEK HSIEN LOONG
NRIC No	SXXXX284E

Date Of Driving Pass	20/05/2002
Driving experience	18 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92296573
Alt. Phone Number	-
Email Address	leo_quek@yahoo.com.sg
Address	3LK 728 CLEMENTI WEST STREET 2
Address complement	#03-398
Postcode	120728
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN CHING HWA, WENDY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK7858P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Address _____
Address complement _____
Postcode _____
Insurance Company Name _____
Nature Of Damage _____
Details of property damaged in accident _____
No. Of Passenger (Including Driver) _____

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEONARD QUEK HSIEN LOONG
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SMV5255D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN


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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:

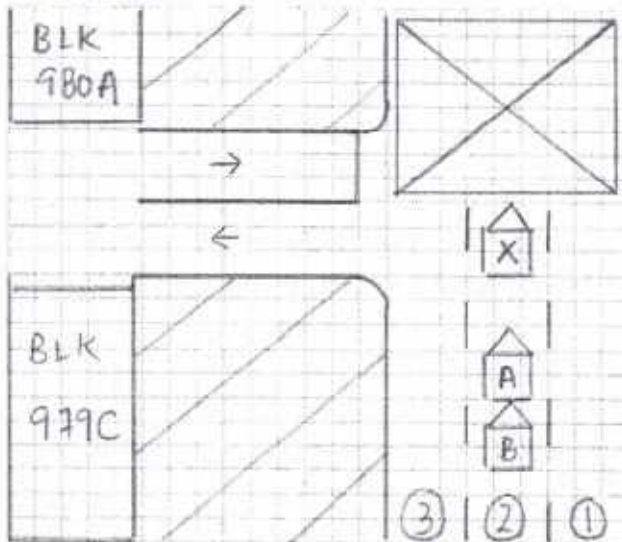
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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: Resa
NRIC/FIN No.: 16/12/2020

SKETCH PLAN



A = SMV 5255 D

B = GBK 7858 P

Buangkok Green towards
Sengkang East Road
(In front of BLK 980A
Buangkok Crescent)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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.:

16/12/2020
Rosa Lim Hui

On 15.12.2020 at about 19:25 hours along Buangkok Green towards Sengkang East Road (In front of BLK 980A Buangkok Crescent). I was stationary on lane 2 and when the front vehicle started to move forward, hence I followed suit. Suddenly I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): SMV 5255D

Vehicle (B): GBK 7858P

A handwritten signature in black ink, appearing to be 'Angie' or similar, with a long horizontal stroke extending to the right.A handwritten signature in black ink, appearing to be 'Angie' or similar, with a long horizontal stroke extending to the right.A handwritten signature in blue ink, appearing to be 'JW', followed by the date '16/12/2020'.

SINGAPORE ACCIDENT STATEMENT

Accident Date: 15/12/2020	Time: 19:25	(hh:mm) 24 hr format
Location Buangkok Green towards Sengkang East Road (In front of BLK 980A Buangkok Crescent		
Vehicle Number SMV 5255D		
Insured Name Clarence Quek Boon Teck		
NRIC/FIN S0139416I	Contact Number 9618 2522	
Make Toyota	Model Raize	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company China Taiping		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number DMPCSNW00174312000		
Name of Driver Leonard Quek Hsien Loong () Same as Insured		
NRIC/FIN S7924284E	Contact Number 9229 6573	
Date of Birth 19/08/1979		
Driving Pass Date 20/05/2002		
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address leo_quek@yahoo.com.sg () NO EMAIL		
Address of Driver BLK 728 Clementi West Street 2 #03-398 Singapore 120728		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
() Owner () Spouse () Friend () Relative (<input checked="" type="checkbox"/>) Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes () No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No		
If yes, injured detail Leonard Quek Hsien Loong - Neck and Back Pain		
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party Name / Nric Contact		
Veh B G13K 7858P		
Veh C -		
Veh D -		
Veh E -		
Veh F -		

Passenger : 1) Tan Ching Hwa, Wendy

Female:

Motor Private Car

MX1F

N SN

AN0644A

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.

DMPCSNW00174312000

Engine No. 1KRK023434

Cha. No. A200A0022063

1. Index Mark and Registration Number of Vehicle

SMV5256D

AUTOSAFE

2. Name of Policy Holder

CLARENCE QUEK BOON TECK

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

20/11/2020
(00:00:00)

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

10/11/2021

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\$500 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

* 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



Issued By: CAR HOUSE ENTERPRISE (S) PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

Authorised Signatory