

NATIONAL Assessment Centre Services. (part 1 of 2)

SA082112003

Date by

Date In: 27/01/2021 15:14

Date & Time Completed

Ref No: 1182112210012954

SAS e-Milling

Veh No: 84H SP 1

E-milling (Scales shrs, AIG 2hrs)

D.O.A. 25/01/2021 21:00

I-Motor Claim Form

OID (TP) Reporting Only

I-Motor W/O (Wills: OD 2hrs, TP 4hrs)

TP Insurer:

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Tnx / Handle Owner/VV1322

Preferred Wkep / INC Assign Wkep / QW: (

Tot: Fax:

TP Participant: Vch No: P/1921C

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

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 Refor of repair.

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

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

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

2) QC Check/ Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

SA082112003

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

SA082112003

Invoice dated

Invoice dated

Fee Charged

Fee Charged

SA082112003

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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	27/01/2021 15:14 (SGT)
Date of Accident	25/01/2021 21:00 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 1, Singapore
Additional Location Information	TOWARDS ANG MO KIO AVE 10 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH50U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SKADING KAREN JOAN
NRIC No	SXXXX778A
Email Address	davina_koh@hotmail.com
Mobile Phone No	(Phone) +65-84992884
Alternative Phone No	+65-84992884

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	DMPCSNW00176472000
Cover Note Number	-

DRIVER

Name of Driver	DAVINA KOH GUEY HOON
NRIC No	SXXXX984B

Date Of Driving Pass	08/06/2018
Driving experience	2 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84992884
Alt. Phone Number	-
Email Address	davina_koh@hotmail.com
Address	BLK 664A PUNGGOL DRIVE #09-202
Address complement	-
Postcode	821664
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 PLAN

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	FY1727C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

- Nature Of Damage -
- Details of property damaged in accident -
- 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:

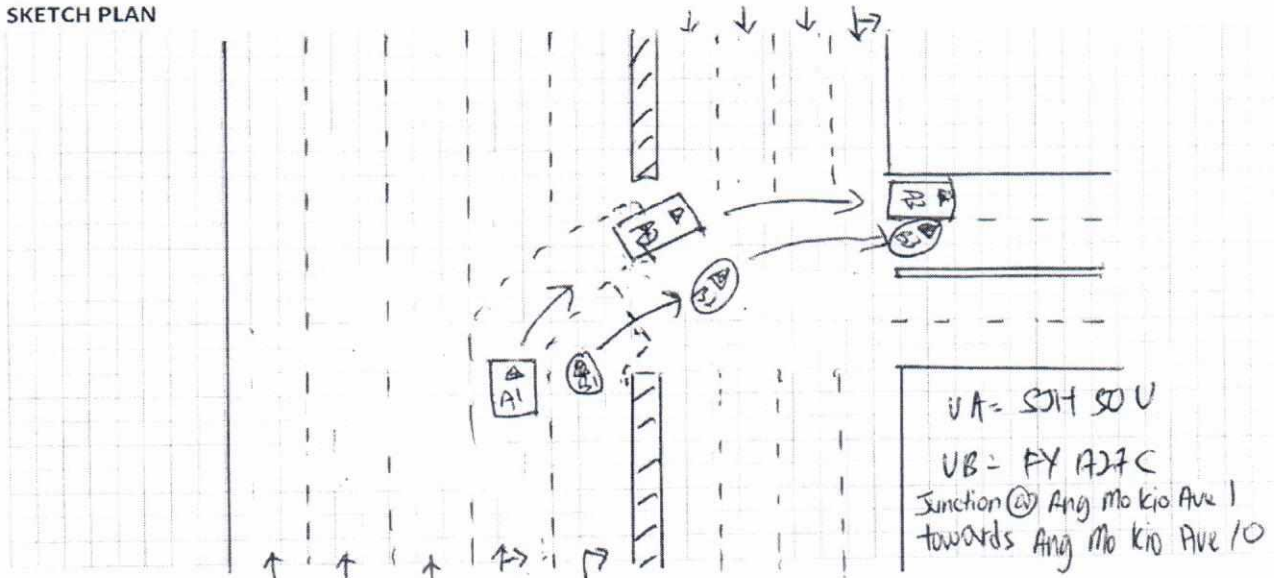
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle "A" was travelling on the stated venue. I have intention to turn right into Ang Mo Kio Ave 10. When the traffic turn into green favour, I follow the road and drove slowly into Ang Mo Kio Ave 10, I ensure that I was in my lane and I felt a sudden impact from my right portion. Hence, I alighted and realised that vehicle "B" cut into my lane and collided against my right portion. I also wish to state that I did signal my intention to turn right.

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.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 25/1/2021 (dd/mm/yy) Time of Accident: 21:00 (24-HR-FORMAT)
Vehicle No.: SJH 500 Vehicle Make & Model: Mercedes Benz CLA180 (CR18 BI)
Exact location of Accident: Junction @ Ang Mo Kio Ave 1 towards Ang Mo Kio Ave 10
Policyholder's Name / IC No.: Skading Karen Jean S7234778A
Driver's Name / IC No.: Davina Koh Guey Hoon S9103984B (As Above) ☐
Driver's Contact No.: 8499 2884 Company Contact No.:
Driver's Address: 27, Portchester Avenue S556309
Insurance Company: China Taiping Email address (if any): davina_koh@hotmail.com

Relationship between Owner & Driver:

or Others specify: Children

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 1

Passenger Name :
Passenger Name :

Gender :
Gender :

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: FY1727C

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



中国太平
CHINA TAIPING

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

Motor Private Car

MX1E

N SN

AN0569A

Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1969
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1958 (Malaysia)

CERTIFICATE No

DMPGSNW00176472090

Engine No: 27091030401259

Chs. No. W001173422N094013

1. Index Mark and Registration
Number of Vehicle

SJH50U

2. Name of Policy Holder

SKADING KAREN JOAN

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

23/12/2020
(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

22/12/2021

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, taxi, 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 Authorized Workshops for each Policy Year.

HIRE PURCHASE CO., HONG LECNG FINANCE LTD.

* 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: SUPREME INSURANCE SERVICES AGENCY

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

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.chinataiping.com