

Date In: 22/02/2021 12:25	Job description	Date & Time Completed	Done by
Ref No: NBA/17921003650/Y	SAS e-illing		
Veh No: SNW 3278X	E-mail (by date time, A/C time)		
D.O.A: 19/03/2021 22:05	I-Motor Claim Form		
OD TP / Reporting Only	I-Motor W/O (with/without OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Participant: () Veh No: **SGT 3310X** 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%; F: 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 () ; Invoice: 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: _____

NH2101965	1) All Accident Reporting (\$30)	INC Fee:
Driver/Owner:	2) DA Denial Assessment (\$100)	\$125.00
Contract No:	3) TP Towing Fee	\$130
Damaged Portion:	4) PT Follow Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT Follow Through Survey (Resurvey)	\$30
	6) Towing (incl. INC Only) (over 10 km 2/10)	\$73
	7) Towing (incl. INC Only) (over 10 km 2/10)	\$160
	8) NTUC Additional Services	
	9) ONE	\$3
	10) Courtesy Car / Tpl Allowance	\$10
	11) Not Repair Coordination	\$23
	12) Post Repair Inspection	\$3
	13) ND/DV / Collat Assess Coordination	\$23
	14) TP (NTUC) (TP (NTUC) (TP (NTUC) (TP (NTUC)	\$3
	15) NTUC Mobile	\$3
	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	22/03/2021 12:25 (SGT)
Date of Accident	19/03/2021 22:05 (SGT)
Exact Location of Accident	Lor 9 Geylang, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW3278X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE SHING ER, ALICE
NRIC No	SXXXX118B
Email Address	xdetox32@gmail.com
Mobile Phone No	(Phone) +65-98558829
Alternative Phone No	+65-82015211

VEHICLE PARTICULARS

Manufacturer	Mini
Model	Cooper
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
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00183672000
Cover Note Number	-

DRIVER

Name of Driver	CHNG KIAN HUI, KENNETH
NRIC No	SXXXX275J

Date Of Birth 19/10/1991
 Occupation Outdoor
 Date Of Driving Pass 19/01/2012
 Driving experience 9 YEARS AND 2 MONTHS
 Gender Male
 Mobile Number (Phone) +65-82015211
 Alt. Phone Number -
 Email Address xdetox32@gmail.com
 Address BLK 196 RIVERVALE DRIVE #09-717
 Address complement -
 Postcode 540196
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Friend
 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 3
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name LEE SHING ER, ALICE
 Gender Female

PASSENGER 2

Name HII LU YING
 Gender Male

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 SGQ3350Y
 Vehicle Manufacturer Suzuki

Vehicle Model	Swift
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-81293444
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	CHNG KIAN HUI, KENNETH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMW3278X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LEE SHING ER, ALICE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMW3278X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	HII LU YING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMW3278X
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 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
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.

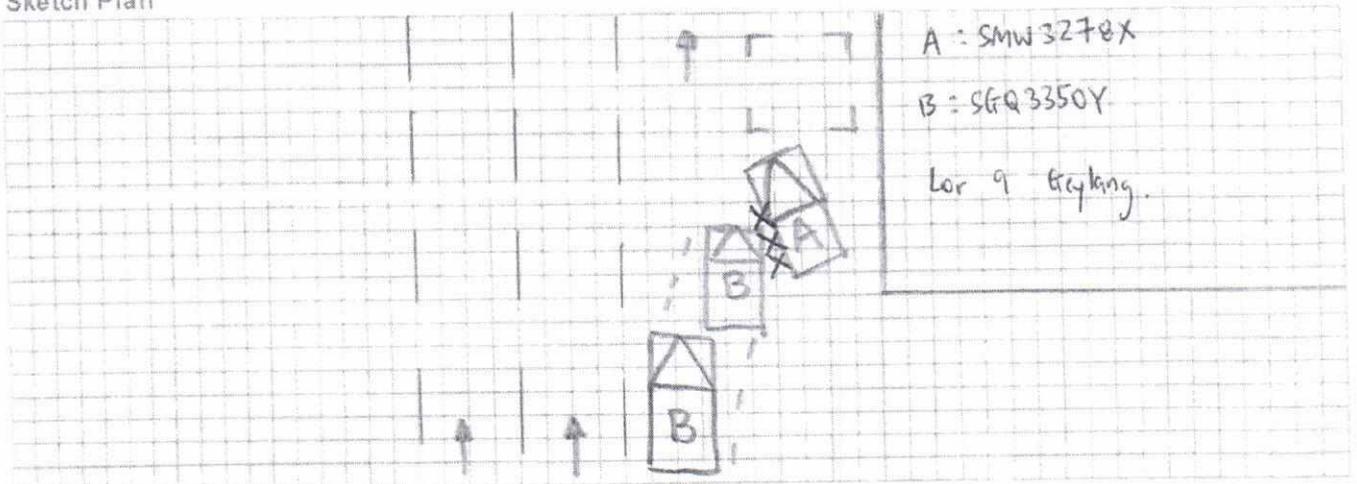
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

aw 22/03/2021

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the above stated date and time, I was about to exit Lor 9
Greyling at the point of time my vehicle was stationary when suddenly
Vehicle B came from my left and collided on to my vehicle left portion.

Declaration

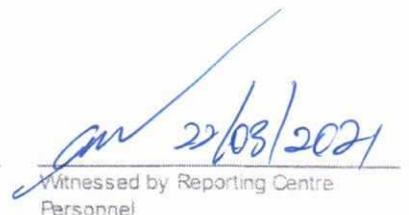
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Date of Accident : 19/03/2021 Accident Time: 2205 (24-HR-Format)

Accident Place : Lor 9 Geylang.

Vehicle No. (Car Plate No.) : SMW 3278 X Make/Model: Mini

Insurance Company : Er China Taiping Policy No: DMPCSNW001 83672000

Owner or Company Name /IC No. : Lee Shing Er Alice S9112118B

Owner or Company Contact No. : 9855 8829 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : Chng Kian Hui, Kenneth S9140275J

DRIVER'S Date Of Birth : 19/10/1991 DRIVER'S License Pass Date 19/01/2012

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Friends.

DRIVER'S Address : Blk 196 Rivervale Drive #09-717 S(540196)

DRIVER'S Contact No./ Alt No. : 8201 5211 _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : xdetox32@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 03

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): Lee Shing Er, Alice. / Hui Lu Ying.

Other Party Driver's Particular (if any)

Vehicle No: <u>SGR 3350Y</u>	Vehicle No: _____
Vehicle Make/Model: <u>Suzuki Swift</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: <u>8129 3444</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Lee Shing Er, Alice - Female.

Hui Lu Ying - Male.

Motor Private Car

MX1/NDF

N SN

AN0712A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1988
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSNW00183672000	Engine No. A698J088N16B16A Chs. No. WHWSU32090T314583
1. Index Mark and Registration Number of Vehicle	SMW3278X	AUTOSAFE *****
2. Name of Policy Holder	LEE SHING ER ALICE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or enactment	03/12/2020 (18.21.52)	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 >= 28 S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	02/12/2021	
5. Persons or Classes of Persons entitled to drive*	Any 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 loss or damage 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 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia); 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: **PLUTUS PRUDENCE PTE. LTD.**
Authorised Office



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

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