

Date In: 19/14/21 09:53	Ref No: MAL 573 2100 4842164	Veh No: EN 11915	D.O.A: 17/14/21 11:42	OD: (TP) Reporting Only	TP Insurer:
Job description	SAS e-filing	E-mail (with 8hrs, AIC 2hrs)	I-Motor Claim Form	I-Motor W/O (with 1hr, OD 2hrs, TP 4hrs)	I-Photo Uploaded
Date & Time Completed					Assessment/Survey Report
Done by:					Asst Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / OW: ()

TP Particulars: Veh No: 5LP 3073 G, INC () / Non-INC ()

Owner / Driver: ()

Policy No: () Period: ()

Conformed by: ()

Insured/Driver Liability: () [Note-Est Status (WO): N: 0-20%; P: 21-79%; R: 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 repaller.

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

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

Date: Time: ()

Remarks: (ING hotline: 6788 6616)

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

2) QC Check / Post Repair Inspection ()

3) Upload Recovery 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: ()

NA2102664

Invoice dated	Fee Charged
1) AR: Accident Reporting (\$30)	INC (\$30)
2) DA: Damage Assessment (\$100)	INC (\$30)
3) TP: Towing Fee	\$40/\$45
4) FT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Recovery)	\$30
6) TR: Re-Inspection	\$75
7) NI: Idea DA + SMART Survey	\$160
8) NTUC Additional Services:	
9) NI2: Idea Mobile	30
IP (NI1): IP (Non-INC) against INC	\$20
*N8: DV / Collect Excess Coordination	\$3
*N7: Post Repair Inspection	\$25
*N6: Repair Co-ordination	\$10
*N5: Courtesy Car / Tpl Allowance	\$5
OT:	

Invoice Preparation Checklist

Amc (S) Add Bill

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.**
- 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.
- 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 19/04/2021 09:57 (SGT)
 Date of Accident 17/04/2021 11:42 (SGT)
 Exact Location of Accident CTE, Singapore
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EN1191S

INSURED/POLICYHOLDER

Is company? No
 Name Of Registered Owner GOH BUAY LUAN ANNIE (WU PEILUAN ANNIE)
 NRIC No SXXXX816B
 Email Address ANNIE.GOHLIM@GMAIL.COM
 Mobile Phone No +65-97343944
 Alternative Phone No +65-97343944

VEHICLE PARTICULARS

Manufacturer Kia
 Model Forte
 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 1600

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
 Type of Coverage Comprehensive
 Fleet Policy No
 Policy Number DMPGCSNW00012202103
 Cover Note Number -

DRIVER

Name of Driver LIM CHOON WAH
 NRIC No SXXXX854F

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour

SLP7077G

DETAILS OF OTHER VEHICLE PROPERTY 1

Date Of Birth		29/09/1971
Occupation		Indoor
Date Of Driving Pass		22/08/2020
Driving experience		8 MONTHS
Gender		Male
Mobile Number		(Phone) +65-94892221
Alt. Phone Number		
Email Address		JASONLIMCW@OUTLOOK.COM
Address		BLK 6 HAIG RD #10-449
Address complement		
Postcode		430006
Is the driver the policyholder?		No
If No, Relationship of the Driver with the Insured		Spouse
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		Chain Collision
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		GOH BUAY LUAN ANNIE (WU PEILUAN ANNIE)
Name		Female
Gender		
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		
REFER TO STATEMENT.		
ATTACHMENT(S)		
Are accident photos available for attachment?		Yes
Was there any video captured by Car Camera?		Yes
Reasons for not uploading a video of the accident		WITH DRIVER
Was there any audio recorded?		No

INJURED PERSONS DETAILS

INJURED 1	INJURED 2
Name of injured person	Name of injured person
LIM CHOON WAH	GOH BUAY LUAN ANNIE (WU PEILUAN ANNIE)
Address	Address
Address Complement	Address Complement
Post Code	Post Code
Approximate Age Years Old	Approximate Age Years Old
Injures Sustained	Injures Sustained
BODY	BODY
EN1191S	EN1191S
Were seat belts worn?	Were seat belts worn?
Yes	Yes
No	No
Was this injured conveyed to hospital by ambulance?	Was this injured conveyed to hospital by ambulance?

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Category	Private car
Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	
Vehicle Registration Number	SMW1437S
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

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 willful 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. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

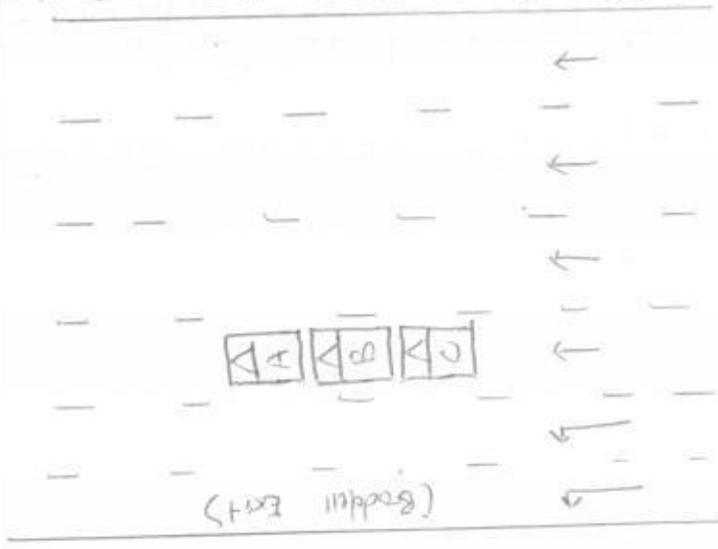
SKETCH PLAN

Policyholder's Signature / Date & Time
 Driver's Signature (if driver is not the policyholder) / Date & Time
 Witnessed by Reporting Centre Personnel

[Signature]

[Signature]

[Signature]



Vehicle A - EV11915
 Vehicle B - SLR 70776
 Vehicle C - Smw 14375

Describe Circumstances of the Accident

On the above stated date & time, I was driving along CTE towards City on the lane H. Somewhere before Braddell EXH, Vehicles in front of me slowed down due to heavy traffic. But I suddenly I felt an impact from the rear. I aligned and received I was involved in a 3 vehicles chain-collision.

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

MX1F
R SN
AN0006A
Cov. Type: C

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

Motor Private Car

Engine No: G4FGFH781085 Chg. No: KNAFZ411MF5460265

DMPCSNMW0012202103 EN1191S

1. Index Mark and Registration Number of Vehicle

2. Name of Policy Holder: GOH BUAY LUAN ANNIE (WU PELUAN ANNIE)

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: 30/01/2021 (00:00:00)

4. Date of Expiry of Insurance: 29/01/2022

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 livery, racing, 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.

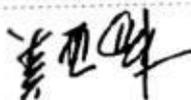
HIRE PURCHASE CO.: MAYBANK AS HP OWNER

* 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.

\$5500.00	Named Drivers Ex Sect. 1
\$3,000.00	Additional Ex Other than Named Drivers:
	Ex Sect. 1 - Age <= 25
\$5500.00	Ex Sect. 1 - Age >= 26
\$100.00	EX ON WINDSCREEN
	* Age as at date of accident

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).

For CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory


Authorised Officer

ALFA CREDIT PTE LTD

Issued By:

VEHICLE NO:	FN11915	MAKE & MODEL: KIA Forte K3	<input checked="" type="radio"/> AUTO / MANUAL
DATE OF ACCIDENT:	17/04/2021	CC: 1.6	
TIME OF ACCIDENT:	1142 HRS		
LOCATION OF ACCIDENT:	CTE TOWARDS City before Braddell Road Exit		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER:			
TEL NO:	H/P: 9734 3944 OFFICE:	HOME:	
NRIC:	S7406816B		
ADDRESS:	APT BLK 6 HAIG ROAD		
EMAIL:	annie.guan@guan.com		
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY:	<input checked="" type="radio"/> YES <input type="radio"/> NO		
INSURANCE COMPANY:	China TAIPIng		
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO:	DMPCSNW00012202103		
NAME OF DRIVER:			
NRIC:	87132854F		
AS ABOVE / IF NO: Lim Cheon Wah	ANY PASSENGER: 1 (Female) Owner		
DATE OF BIRTH:	29/09/1971	LICENCE PASSED DATE: 22/08/2020	
OCCUPATION:	OUTDOOR / INDOOR		
GENDER:	<input checked="" type="radio"/> MALE / FEMALE		
CONTACT NO:	H/P: 9489 2221 OFFICE:	HOME:	
ADDRESS:	APT BLK 6 Haig Road		
EMAIL:	personlinc@outlook.com		
INSURER:	INSURER:		
RELATIONSHIP:	Spouse		
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:		
ROAD SURFACE:	DRY / WET / OTHER:		
ANY INJURIES:	NO / IF YES, WHO?	Driver & Dinner	
NAME & CONTACT:	Kim Cheon Wah		
NAME & CONTACT:	Goh Buay Luan ANNIE		
POLICE REPORT:	<input checked="" type="radio"/> NO / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?		
VEHICLE B REG NO:	SLR 20776	ANY PASSENGERS: N.A	
NAME OF DRIVER:	KHAW WEI SHVEN	CONTACT NO: —	
VEHICLE C REG NO:	SMW 1437 S	ANY PASSENGERS: N.A	
VEHICLE D REG NO:		ANY PASSENGERS:	
VEHICLE E REG NO:		ANY PASSENGERS:	
VEHICLE F REG NO:		ANY PASSENGERS:	
VEHICLE G REG NO:		ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="radio"/> YES / NO		
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="radio"/> YES / NO		
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / NO		
ACCIDENT PORTION:	rear portion	YES / NO	
Have you been approached by unknown person soliciting (s) / offering accident claims assistance?			
<input checked="" type="radio"/> YES / NO			
WORKSHOP PARTICULAR:			
CONTACT NO:	68420051 / 67440510		
CONTACT PERSON:	Jun Ming		
AX NO:	67410510		
WORKSHOP EMAIL:	sales@n51.com.sg		