

04/01/2021 15:46 NBA/CT22000096/Y SLM 1350 Y 31/12/2021 16:51	<input type="checkbox"/> Description <input type="checkbox"/> Save filing <input type="checkbox"/> E-mail sent to Insurer <input type="checkbox"/> Motor Claim Form <input type="checkbox"/> Motor W/O (Note: Est. Status) <input type="checkbox"/> Photo Uploaded <input type="checkbox"/> Assessment/Survey Report <input type="checkbox"/> Ass't Report by Email/Hand to Owner/Whse
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Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:	Veh No: SML4037B	INC ()	Non-INC ()
Owner / Driver ()		Tel ()	
Policy No ()	Period ()	Cover Type ()	
Confirmed by ()	Date: ()	Time: ()	
Insured/Driver Liability ()	[Note: Est. Status (W/O) N: 0-20%, P: 21-70%, F: 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 later or repair
 () 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

N/A 2200035 Claimant's Particulars :- Driver/Owner: Contact No. Damaged Portion: QC Checked by (Driver-In-Charge): Auditors' Comments :- Cat 1: Cat 2:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$40) 2) DA: Damage Assessment (\$100) INC (\$30) 3) TF: Towing Fee \$40 \$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$120 Entitlement earned (2nd Day) (1st Jan 2021) 6) FR: Re-inspection \$180 7) S1: 1st DA + SMRT Survey \$180 8) NT: Additional Services CMC *N5: Courtesy Car / Transport Allowance *N6: Repair Coordination *N7: Post Repair Inspection *N8: DV / Collect Excess Coordination *N9: 1st Day 1st Day *N10: 1st Day 1st Day *N11: 1st Day 1st Day *N12: 1st Day 1st Day *N13: 1st Day 1st Day *N14: 1st Day 1st Day *N15: 1st Day 1st Day *N16: 1st Day 1st Day *N17: 1st Day 1st Day *N18: 1st Day 1st Day *N19: 1st Day 1st Day *N20: 1st Day 1st Day *N21: 1st Day 1st Day *N22: 1st Day 1st Day *N23: 1st Day 1st Day *N24: 1st Day 1st Day *N25: 1st Day 1st Day *N26: 1st Day 1st Day *N27: 1st Day 1st Day *N28: 1st Day 1st Day *N29: 1st Day 1st Day *N30: 1st Day 1st Day *N31: 1st Day 1st Day *N32: 1st Day 1st Day *N33: 1st Day 1st Day *N34: 1st Day 1st Day *N35: 1st Day 1st Day *N36: 1st Day 1st Day *N37: 1st Day 1st Day *N38: 1st Day 1st Day *N39: 1st Day 1st Day *N40: 1st Day 1st Day *N41: 1st Day 1st Day *N42: 1st Day 1st Day *N43: 1st Day 1st Day *N44: 1st Day 1st Day *N45: 1st Day 1st Day *N46: 1st Day 1st Day *N47: 1st Day 1st Day *N48: 1st Day 1st Day *N49: 1st Day 1st Day *N50: 1st Day 1st Day *N51: 1st Day 1st Day *N52: 1st Day 1st Day *N53: 1st Day 1st Day *N54: 1st Day 1st Day *N55: 1st Day 1st Day *N56: 1st Day 1st Day *N57: 1st Day 1st Day *N58: 1st Day 1st Day *N59: 1st Day 1st Day *N60: 1st Day 1st Day *N61: 1st Day 1st Day *N62: 1st Day 1st Day *N63: 1st Day 1st Day *N64: 1st Day 1st Day *N65: 1st Day 1st Day *N66: 1st Day 1st Day *N67: 1st Day 1st Day *N68: 1st Day 1st Day *N69: 1st Day 1st Day *N70: 1st Day 1st Day *N71: 1st Day 1st Day *N72: 1st Day 1st Day *N73: 1st Day 1st Day *N74: 1st Day 1st Day *N75: 1st Day 1st Day *N76: 1st Day 1st Day *N77: 1st Day 1st Day *N78: 1st Day 1st Day *N79: 1st Day 1st Day *N80: 1st Day 1st Day *N81: 1st Day 1st Day *N82: 1st Day 1st Day *N83: 1st Day 1st Day *N84: 1st Day 1st Day *N85: 1st Day 1st Day *N86: 1st Day 1st Day *N87: 1st Day 1st Day *N88: 1st Day 1st Day *N89: 1st Day 1st Day *N90: 1st Day 1st Day *N91: 1st Day 1st Day *N92: 1st Day 1st Day *N93: 1st Day 1st Day *N94: 1st Day 1st Day *N95: 1st Day 1st Day *N96: 1st Day 1st Day *N97: 1st Day 1st Day *N98: 1st Day 1st Day *N99: 1st Day 1st Day *N100: 1st Day 1st Day
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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	04/01/2022 15:46 (SGT)
Date of Accident	31/12/2021 16:51 (SGT)
Exact Location of Accident	Pasir Ris Street 51, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1350Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN XUE WEI
NRIC No	SXXXX549D
Email Address	des.universalkitchensolutions@gmail.com
Mobile Phone No	(Phone) +65-81191868
Alternative Phone No	+65-81191868

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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	2497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMPCSNW00096772100
Cover Note Number	-

DRIVER

Name of Driver	TAN XUE WEI
NRIC No	SXXXX549D



Date Of Birth	29/03/1988
Occupation	Outdoor
Date Of Driving Pass	14/12/2007
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-81191868
Alt. Phone Number	+65-81191868
Email Address	des.universalkitchensolutions@gmail.com
Address	BLK 130 SIMEI STREET 1 #09-230
Address complement	-
Postcode	520130
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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 vehicle 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	KELTH TAN
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML4037B
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN XUE WEI
Gender	Male
Phone No	(Phone) +65-81191868
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLM1350Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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;

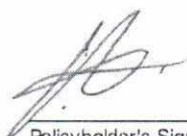
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

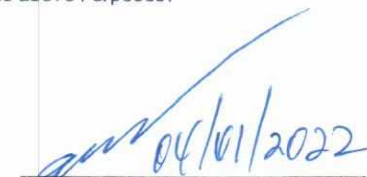
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.



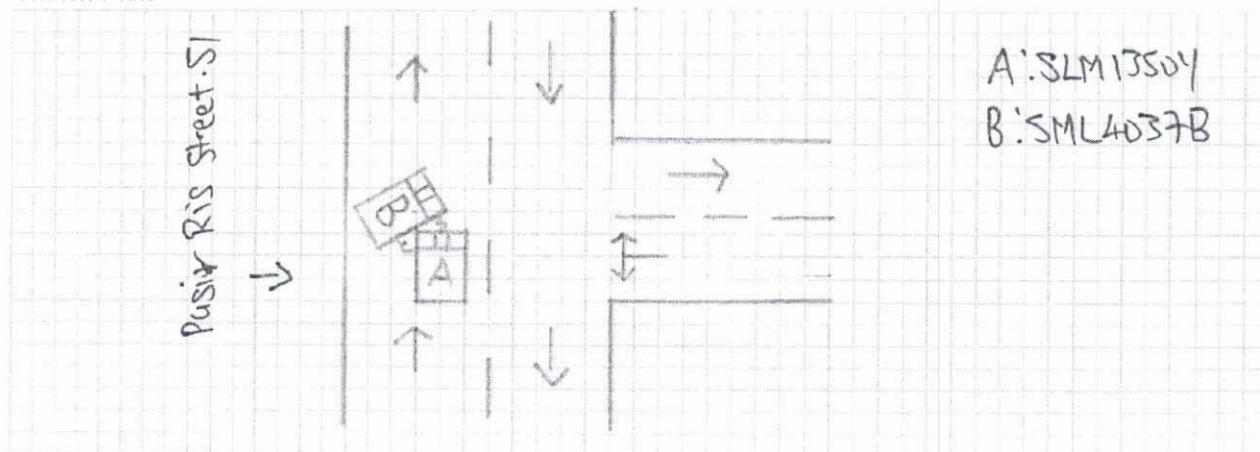
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


I was travelling along Persir Rias Street 51, suddenly vehicle B try turning right without signaling. And vehicle B collided onto my front left portion of my vehicle.

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

 04/01/2021
Witnessed by Reporting Centre Personnel



Date of Accident : 31/12/2021 Accident Time: 1651 (24-HR-FORMAT)
Accident Place : Pagar Pis St. 51
Vehicle Reg. No (Car plate No.) : SLM13504 Vehicle Make/Model: BMW 523I
Insurance Company : China Taiping Policy No. DMPLSNW0096772100
Name of Registered Owner : Company / Individual Tan Xue Wei
ID of Registered Owner : Co Reg No: 1 Owner's NRIC No: S8810549D
: Co Contact No: 1 Owner's Contact No: 8119 1868
DRIVER'S Name : 1 DRIVER'S NRIC No: 1
DRIVER'S Date of Birth : 14/3/1988 DRIVER'S License Pass Date 14/12/2027
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Self
DRIVER'S Address : 130 Simei Street 1 #09-230
DRIVER'S Contact No./ Alt No. : 1) 1 2) 1
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : des.universalkitchenolutions@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): 2 Name & Gender: Kelth Tan (M)
Was the accident reported to the police? YES \ NO
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 injuries, if yes (name of the injured person) Tan Xue Wei

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SML4037B</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



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

MX1

E SN

AN0595A

Cov. Type:F

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.

DMPCSNW00096772100

Engine No.: 05437387N52B25AF

Cha. No.: WBAFP32000C543865

1. Index Mark and Registration
Number of Vehicle

SLM1350Y

2. Name of Policy Holder

TAN XUE WEI

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

12/05/2021
(11:43:20)

4. Date of Expiry of Insurance

27/06/2022

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 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.

HIRE PURCHASE CO.: HONG LEONG 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 reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Zhong YueQiang
Authorised Officer

杨亚美
Authorised Signatory