

ATTENTION: Assessment Centre Services **SM0822YF0003**

Date: 14/04/2022 17:01	Vehicle Description: SMV 50042
Ref: NB08/C922003476/Y	How Loss Completed: 17/04/2022 12:13
Assessor: TP	Assessment/Survey Report
TP Insured	Ass't Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SJF 2248 P	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 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer or repairer

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

Drive-In () / Towel-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

Claimant's Particulars :-	Invoice Preparation Checklist	Am1 (\$)	Am1 (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	1st Bill	Ad3 Bill
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Int 1:	For Claiming against INC Only (wef 10 Jan 2005)		
Int 2 / 3:	6) TR: Re-inspection \$15		
	7) N1: Inc DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q12		
	*15: Courtesy Car / Tpt Allowance \$5		
	*16: Repair Coordination \$15		
	*17: Post Repair Inspection \$25		
	*18: DV / Collect Excess Coordination \$5		
	LP C11: Tpt & Inc against INC \$10		
	9) N12: Rm 12/12		
	Inc not dated	Inc Charges	
	Inc not dated	Inc Charges	

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	14/04/2022 17:01 (SGT)
Date of Accident	12/04/2022 12:13 (SGT)
Exact Location of Accident	502 Ang Mo Kio Ave 5, Block 502, Singapore 560502
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV5004L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	QUEK CHIN SIONG, VINCENT (GUO JUNXIONG, VINCENT)
NRIC No	SXXXX344A
Email Address	vin1984@hotmail.com
Mobile Phone No	(Phone) +65-94550317
Alternative Phone No	+65-94550317

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216i
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	1499

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00021972201
Cover Note Number	-

DRIVER

Name of Driver	QUEK CHIN SIONG, VINCENT (GUO JUNXIONG, VINCENT)
NRIC No	SXXXX344A

Date Of Birth	09/01/1984
Occupation	Indoor
Date Of Driving Pass	04/03/2004
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94550317
Alt. Phone Number	+65-94550317
Email Address	vin1984@hotmail.com
Address	BLK 502 ANG MO KIO AVENUE 5 #09-3740
Address complement	-
Postcode	530502
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	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	SJF2248P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-

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

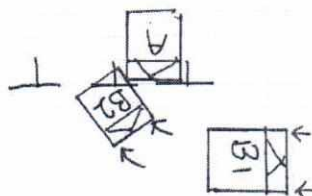
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

18/04/2022

Sketch Plan

Blk 502 Ang Mo Kio
Ave 5 Carpark



Vehicle A: SUV5004L

Vehicle B: SJF 2248P

On the stated date & time, I, Vehicle A (SMV5004L) was parked at the stated location. On 13/04/2022, I was informed by my neighbour that Vehicle B (STF2248P) had collided onto the front right hand portion of my vehicle causing damages.

We declare the foregoing particulars are true in every respect.

Chuk

Mike

Witnessed by Reporting Centre
Personnel

(JWG)

12
Date of Accident: 13/04/2022 Accident Time: 1213 (24-HR-FORMAT)
Accident Place: BLK 502 Ang Mo Kio Ave 5 Carpark
Vehicle Reg. No (Car plate No.): SMV5004L Vehicle Make/Model: BMW 216i
Insurance Company: China Taiping Policy No.: _____
Name of Registered Owner: Company / Individual Quek Chin Siong, Vincent
ID of Registered Owner: Co Reg No: _____ Owner's NRIC No: 88400344A
Co Contact No: _____ Owner's Contact No: 9455 0317
DRIVER'S Name: Quek Chin Siong Vincent DRIVER'S NRIC No: 88400344A
DRIVER'S Date of Birth: 09/01/1984 DRIVER'S License Pass Date: 04/03/2004
Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address: BLK 502 Ang Mo Kio Ave 5 #09-3740 S(560502)
DRIVER'S Contact No./ Alt No.: 1) 9455 0317 2) _____
DRIVER'S Occupation: INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address: Vin1984@hotmail.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): 0 Passenger Name: _____ Gender: M/F
Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: _____
Injured Name: _____
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SJF 2248 P</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: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	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: _____



Motor Private Car

MX1E

R SN

AN0367A

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.

DMPCSNW00021972201

Engine No.: 39529993B38A15A

Cha. No.: WBA2D920X05E91209

1. Index Mark and Registration
Number of Vehicle

SMV5004L

AUTOSAFE
=====

2. Name of Policy Holder

QUEK CHIN SIONG, VINCENT (GUO JUNXIONG, VINCENT)

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

07/02/2022
(00:00:00)

Named Drivers Ex Sect. I \$5500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$3,000.00

Ex Sect. I - Age >= 26 \$5500.00

* Age as at date of accident

EX ON WINDSCREEN . \$100.00

4. Date of Expiry of Insurance

06/02/2023

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\$1,000 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.: DBS BANK 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: HUI HUA CREDIT PTE LTD
Authorised Officer

Authorised Signatory