

ADDITIONAL Assessment Centre Services: (wef 1 Jan'08) **SNUG226L0002**

Date In: 21/06/2022 12:06	Job description	Date & Time Completed	Done by
Ref No: 4381/CT 20058744	SAS e-filing		
Veh No: SGU 8288R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2006/2022 20:20	1-Motor Claim Form		
DD: TP / Reporting Only	1-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: **SGD 7539E** INC () / Non-INC ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: () Date: () Time: ()

Confirmed by: ()

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 of repairer.

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

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

Remarks: (INC hotline: 6788 6616)

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000]: ()

Injury: ()

Date/Time	Actions

NA2201706

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

C Checked by (Engi-In-Charge): ()

Auditors Comments: ()

1.1: ()

1.2/3: ()

Invoice Preparation Checklist		Bill	Ass Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100);	INC (\$80)		
3) TF: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
Forclaiming against INC Only (wef 10 Jan 2008)			
6) TR: Re-inspection	\$75		
7) NI: Idno DA + SMRT Survey	\$160		
8) NIUC Additional Services:			
ON:			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11) : TP (Pwn INC) against INC	\$20		
9) NI2: Idno Mobile	\$0		
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	21/06/2022 12:06 (SGT)
Date of Accident	20/06/2022 20:30 (SGT)
Exact Location of Accident	Pasir Panjang Rd, Singapore
Additional Location Information	PUBLIC CARPARK P0106
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU8288R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOK CHEW FAH
NRIC No	SXXXX835D
Email Address	kok.chew.fah@gmail.com
Mobile Phone No	(Phone) +65-97775222
Alternative Phone No	+65-97775222

VEHICLE PARTICULARS

Manufacturer	BMW
Model	530i
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	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00027122200
Cover Note Number	-

DRIVER

Name of Driver	KOK CHEW FAH
NRIC No	SXXXX835D

Date Of Birth	15/09/1970
Occupation	Indoor
Date Of Driving Pass	22/08/1994
Driving experience	27 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97775222
Alt. Phone Number	+65-97775222
Email Address	kok.chew.fah@gmail.com
Address	91 WEST COAST VALE#12-06
Address complement	-
Postcode	126755
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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SND7539E
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AKAHARI ISAO
Contact Number	(Phone) +65-90127683
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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

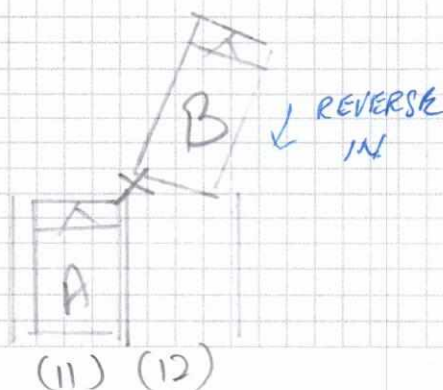
Witnessed by Reporting Centre Personnel

Sketch Plan

PASIR PAIGONG ROAD (PUBLIC CARPARK P1060)

A) SGU 8288 R

B) SNO 7539 E



Describe Circumstances of the Accident

ON 20/06/2022 AT ABOUT 20:10HRS PARK MY CAR AT
LOT 11 PUBLIC CAR PARK ROBO AT POIR PONTJAN ROAD WHEN I
CAME BACK AT 20:30HRS I SAW 2 JAPANESE MALE STANDING BESIDE
MY CAR & HE TOLD ME THAT HE RAN OVER & BUMP INTO MY
CAR VIDEO ATTACHED.

Declaration


We declare the foregoing particulars are true in every respect.



21/6/2022

Policyholder's Signature / Date &
Time

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



21/06/2022

Witnessed by Reporting Centre
Personnel

8351/640604

ACCIDENT STATEMENT

ACCIDENT DATE: 20/06/2022 (DD/MM/YYYY), TIME: 20:30 (HH:MM)

LOCATION: Public Car Park P016 West Coast, Pasir Panjang Road

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: 5G48288R
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMPGSHW000271220

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: BMW 530i

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: Private

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

j) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: KOIC CHEN FAH (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 57072835D

c) ADDRESS: 91 West Coast Vale 12-06 126755

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

d) NAME: As Above (MALE / FEMALE)

e) ADDRESS: CONTACT:

* (DATE OF BIRTH: 15/05/1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22/08/1994

4. IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: (Owner)

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

8. IF YES, PLEASE STATE WHICH POLICE STATION:

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHD 7539E

b) DRIVER'S NAME: Akhmal Isaq

c) NRIC/FIN/PASSPORT: 21-603588-559900

d) CONTACT: 50127683

e) MODEL: Toyota Camry

f) CONTACT:

g) DRIVER'S NAME:

h) VEHICLE NUMBER:

i) NRIC/FIN/PASSPORT:

j) CONTACT:

k) MODEL:

l) CONTACT:

email =
VINDO

Motor Private Car

MX1E

N SN

AN0509A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMPCSNW00027122200

Engine No.: 18209996B48B20B

Cha. No.: WBAJA52030WC07460

1. Index Mark and Registration
Number of Vehicle

SGU8288R

2. Name of Policy Holder

KOK CHEW FAH

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment08/02/2022
(00:00:00)

Named Drivers Ex Sect. I

S\$750.00

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

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. : UNITED OVERSEAS BANK LIMITED

* 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: NITA PTE LTD
Authorised Officer

Authorised Signatory