

Date In: 7/28/2022 12:15	Job description	Date & Time Completed	Done by
Ref No: NB/C1220087054	SAS e-filing		
Veh No: SCP 1280C	E-mail (within 3hrs, A/C 2hrs)		
D.O.A : 19/08/2022 07:10	I-Motor Claim Form		
OD : TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Asslgn Wk'sp / QW: (

TP Particulars: Yeh No: 44/Kidune motorcycle INC () / Non-INC ()

Owner / Driver: (

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: _____ Confidential & Strictly NO refer of repairer.

() Walk-In Customer : Customer's information strictly Confidential & strictly NO POSTAL MAIL

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

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

Remarks:	INC hotline: 6788 5616	Date: 11/11/2011	Time: 11:11
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1) Apply for Transport Allowance () / Courtesy Car ()			
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No.	Description	Unit	Qty	Rate	Amount	Total
2)	QC Check / Post Repair Inspection .					

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

Injury: _____



Date/Time	Actions

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11/23/2016

1) AR: Accident Report	(\$0)	
2) DA: Damage Assessment	(\$100);	TRC (\$80)

3) TF: Towing Fee	\$120
4) ET: Follow-Through Survey	

river/Owner:	
5) PT: Follow-Through Survey (Resurvey)	\$30
[illegible] [illegible] DDT Only (wef 10 Jan 2005)	

Contract No:	For claiming assistance under Chapter 35, Title 38, U.S.C.	\$75
	6) TR: Re-inspection	

7) NI : Idio DA + SMRT Survey	\$160
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8) NIOCA Additional Services	
Only	

C. Checked by (Engr-In-Charge):	*MS: Courtesy Car / Tpt Allowance	\$5
	*MS: Public Co-ordination	\$10

*N7: Post Repair Inspection	\$25
	\$5

Auditors' Comments:	*N8: DV / Collect Excess Coordination	\$0
	TP(N11) : TP (N10 INC) against INC	\$20

9) NIZ: lead Mobile	30
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Invoice dated	Fee charged	
Invoice dated	Fee charged	

1. 2. 3. Invoice 1000

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 Actual 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	22/08/2022 12:15 (SGT)
Reported by	Both
Date of Accident	19/08/2022 07:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	SLIP ROAD TOWARDS KIM KEAT LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP1240C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEUNG YIU KWONG VINCENT
NRIC No	SXXXX627I
Email Address	vincel712@gmail.com
Mobile Phone No	(Phone) +65-93885180
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Infiniti
Model	Q50
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00170732200

DRIVER

Name of Driver	LEUNG YIU KWONG VINCENT
NRIC No	SXXXX627I
Date Of Birth	12/07/1965
Occupation	Indoor

Date Of Driving Pass	07/09/1995
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93885180
Alt. Phone Number	-
Email Address	vincel712@gmail.com
Address	102 EDGEDALE PLAINS #09-48
Address complement	-
Postcode	828691
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 - Head to Rear
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

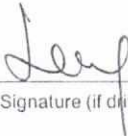
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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

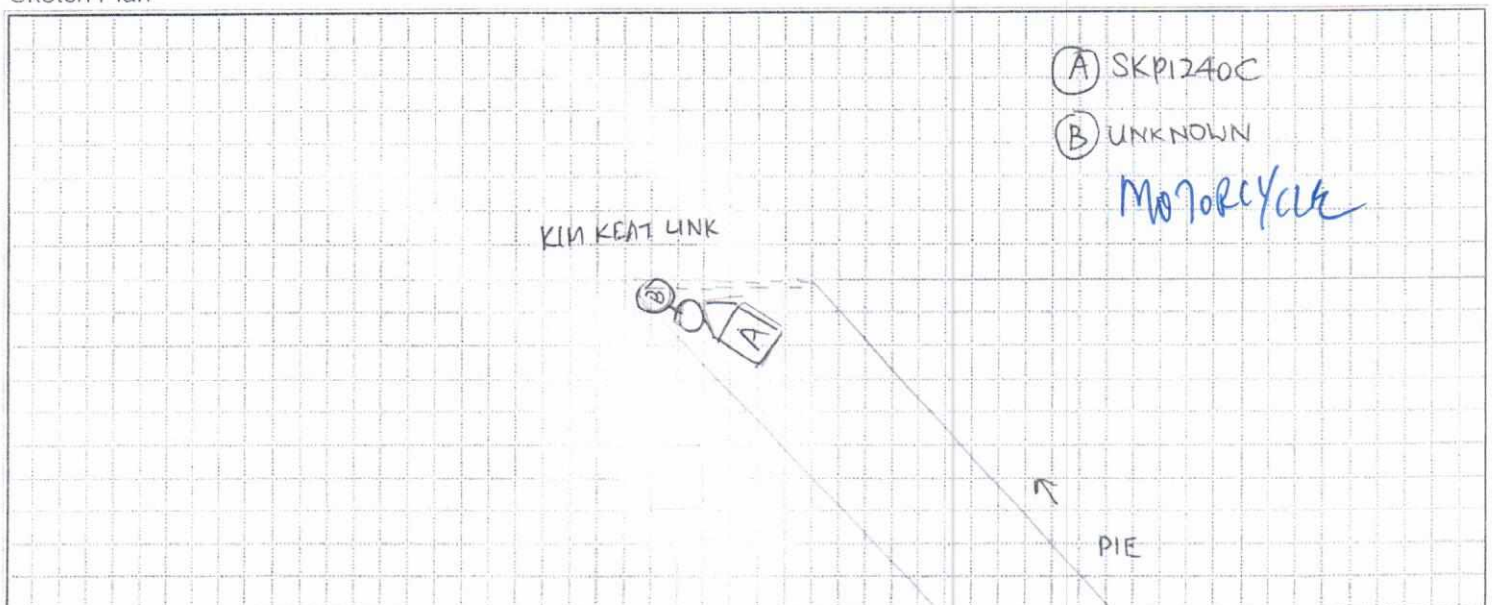
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

 22/08/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I WAS TRAVELLING ALONG PIE TOWARDS TOA PAYOH.

AT THE SLIP ROAD OF KIM KEAT LINK, A MOTORCYCLE

WAS IN FRONT OF ME. AS TRAFFIC ON THE MAIN

ROAD WAS CLEARED, I ~~WAS~~ MOVED FORWARD TO ENTER

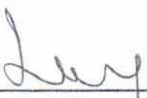
THE MAIN ROAD WHEN I COLLIDED ONTO THE MOTORCYCLE.

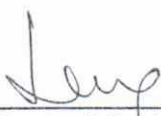
I GAVE HIM MY PARTICULARS BUT FORGOT TO TAKE DOWN

HIS VEHICLE NUMBER.

Declaration

I/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
(Name as in NRIC/ID card)

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 19 / 08 / 2022 (dd/mm/yy) Time of Accident: 07 : 10 (24-HR-FORMAT)

Vehicle No.: SKP1240C Vehicle Make & Model / Engine (cc): INFINITI Q50 Private Hire: (Y / N)

Exact location of Accident: SLIP ROAD PIE TOWARDS KIM KEAT LINK

Policyholder's Name / IC No.: LEUNG YIU KWONG VINCENT ROC/UEN (Company)

Driver's Name / IC No.: 506226271 (As Above) ☒

Driver's Contact No.: 9388 5180 Company Contact No / Owner Contact No:

Driver's Address: 102 EDGEDALE PLAINS #09-48 SINGAPORE 828691

Owner Email address: VINCEL712@GMAIL.COM Insurance Company: CHINA TAIPING

Driver Email address:

12/07/1965

07/09/1995

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 1

*Passenger Name:

Gender: Male / Female x ()

*Passenger Name:

Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☒ Yes / ☐ No Remarks:

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: UNKNOWN

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company:

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:



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

MX1F

N SN

AN0185A

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. DMPCSNW00170732200

Engine No.: 27493030174944

Cha. No.: JN1BCAV37Z0450055

1. Index Mark and Registration
Number of Vehicle

SKP1240C

AUTOSAFE

2. Name of Policy Holder

LEUNG YIU KWONG VINCENT

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

15/08/2022
(00:00:00)

Named Drivers Ex Sect. I \$S600.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$S3,000.00

Ex Sect. I - Age >= 26 \$S500.00

* Age as at date of accident

EX ON WINDSCREEN \$S350.00

4. Date of Expiry of Insurance

14/08/2023

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 \$S500 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: Lim Lee Choo
Authorised Officer

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

www.sg.cntaiping.com