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|---|---|-----------------------|---------|
| Date In: 19/12/17 11:51 | Job description | Date & Time Completed | Done by |
| Ref No: NAI/CTI 17024021/h4 | SAS e-filing | | |
| Veh No: SJV 5305 D | E-mail (with 24hr ATT Data) | | |
| D/OA: 18/12/17 13:40 | i-Motor Claim Form | | |
| OD <input checked="" type="checkbox"/> Reporting Only | i-Motor W/O (with 24hr ATT Data) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/Weiss | | |

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

TP Particulars: Veh No: **SHC 6381A** INC: () / Non-INC () Tel: ()

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:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of 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 |
|-----------|---------|
| | |
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| Claimant's Particulars :- | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
|---------------------------------|--|-----------|-----------|
| | | In Bill | Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | | |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (\$30) | | 30.00 |
| Damaged Portion: | 3) TF: Towing Fee (\$40) (\$40) | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey (\$10) | | |
| Auditors' Comments :- | 5) FT: Follow-Through Survey-Resurvey (\$20) | | |
| | 6) TR: Re-inspection (\$75) | | |
| | 7) NI: Ideal DA - SMRI Survey (\$140) | | |
| | 8) NTUC Additional Services | | |
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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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report | 19/12/2017 11:51 |
| Date Of Accident | 18/12/2017 13:40 |
| Exact Location Of Accident | BOON LAY WAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJV5305D |
| Insured/Policyholder | |
| Name Of Registered Owner | PANG SIEW LIN |
| NRIC No | S7213631D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97960222 |
| Alternative Phone No | OFFICE-97960222 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | MITSUBISHI |
| Model | LANCER |
| 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 |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMPCSN3081141600 |
| Cover Note Number | - |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | PANG SIEW LIN |
| NRIC No | S7213631D |
| Date Of Birth | 20/04/1972 |
| Occupation | INDOOR |
| Date Of Driving Pass | 04/02/1999 |
| Driving Experience | 18 YEARS AND 10 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-97960222 |
| Fax Number | |
| Contact Number | OFFICE-97960222 |
| EEmail Address | NOEMAIL |

Address BLK 144 PETIR RD #03-244
 Postcode 670144
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

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 this accident? NO
 Was any body injured in the Accident? YES
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC6381A
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

DETAILS OF INJURED PERSON 1

Name PANG SIEW LIN
 Approximate Age

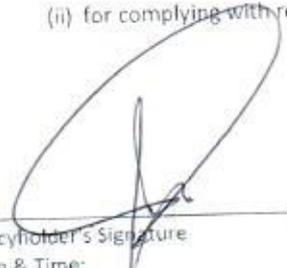
SKETCH PLAN

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

KETCH PLAN

Buon Lay Way



(A) SJV5305D

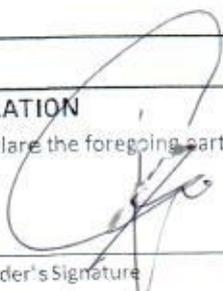
(B) SHC637A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As the traffic light was red, I stopped my vehicle and stationary. Suddenly vehicle B came from behind and hit the rear portion of my vehicle.

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:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident : 18/12/2017 Accident Time: 13:40 (24-HR-Format)
 Accident Place : BOON LAY WAY
 Vehicle Reg. No. (Car Plate No.) : SJV5305D
 Vehicle Make/Model : Mitsubishi Lancer 1.6
 Insurance Company : China Taiping Policy No. DMPCSN308114/600
 Owner or Company Name /IC No. : PANG SIEW LIN / 57213631D
 Owner or Company Contact No. : 97960222 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : AS Owner
 DRIVER'S Date Of Birth : 20/4/1972 DRIVER'S License Pass Date 4/2/1999
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : APT BLK 144 Petir Rd #03-244(S) 670144
 DRIVER'S Contact No./ Alt No. : 1) 97960222 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 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): 1 driver only.

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

Other Party Driver's Particular (if any)

| | |
|--------------------------------------|-------------------------------|
| Vehicle Reg. No: <u>(B) SHC6381A</u> | Vehicle Reg. No: _____ |
| Vehicle Make/Model: <u>KIA</u> | Vehicle Make/Model: _____ |
| Name Driver: _____ | Name Driver: _____ |
| IC No. Driver: _____ | IC No. Driver: _____ |
| Driver's Contact & Add: _____ | Driver's Contact & Add: _____ |

* Injured Person @ Driver: Pang Siew Lin / 57213631D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7213631D



Name

PANG SIEW LIN



Race

CHINESE

Date of Birth

20-04-1972

Sex

F

Country of Birth

SINGAPORE

S7213631D

REPUBLIC OF SINGAPORE DRIVING LICENCE

S7213631D

PANG SIEW LIN



Birth Date: 20 Apr 1972

Valid Date: 30 Jan 2008



A0168343



NRIC No: S7213631D



Blood Group: A+ Date of issue: 15-07-2002

APT BLK 144 PETIR ROAD #03-244
SINGAPORE 670144
NRIC No: S7213631D

Date: 19-06-2007 No: 5702738

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
04 Feb 1999



NP 428A

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. | DMPCSN3081141600 | Engine No :4G18KD3650 Chassis No:JMYSRCS3AAU000295 |
| 1. Index Mark and Registration Number of Vehicle | SJV5305D | |
| 2. Name of Policy Holder | PANG SIEW LIN | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 18 AUGUST 2017 | NAMED DRIVERS EX SECT. IS\$500.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: |
| 4. Date of Expiry of Insurance | 28 JANUARY 2018 | 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 WINDSCREENS\$100.00 |
| 5. Persons or Classes of Persons entitled to drive * | <p>(A) THE POLICYHOLDER.</p> <p>(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.</p> <p>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.</p> | |
| 6. Limitations as to use: * | <p>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.</p> <p>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.</p> | |

HIRE PURCHASE CO. : YES MOTORING & CREDIT PTE 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.



Countersigned By:

Authorised Officer

Authorised Signatory