

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 14/06/2018 17:19 | Job description: | Date & Time Completed | Done by |
| Ref No: NBA/CTI18010912/K4 | SAS e-filing | | |
| Veh No: SLN 7843Y | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 13/06/2018 14:45 | 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 Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SJQ 912K 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 of repairer.

() 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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

At 1:

At 2 / 3:

Invoice Preparation Checklist

| | Amt (\$) 1st Bill | Amt (\$) Add 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) FT: Follow-Through Survey (Resurvey) \$30 | | |
| For claiming against INC Only (wef 10 Jan 2005) | | |
| 6) TR: Re-inspection \$75 | | |
| 7) N1: Idac DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services:- | | |
| OD* | | |
| *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 (Non INC) against INC \$20 | | |
| 9) N12: Idac Mobile \$30 | | |
| 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 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 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 | 14/06/2018 17:19 |
| Date Of Accident | 13/06/2018 14:45 |
| Exact Location Of Accident | PRUNLER @ KAKI BUKIT LEVEL 6 UNIT # 06-43 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------------------|
| Vehicle Registration Number | SLN7843Y |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S KIRALY AUTOMOBILE PRIVATE LIMITED |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90085080 |
| Alternative Phone No | OFFICE-90085080 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | HONDA |
| Model | - |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCSN1736121801 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | NG KENG FEI (WU JING HUI) |
| NRIC No | S8205865F |
| Date Of Birth | 25/02/1982 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/03/2001 |
| Driving Experience | 17 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90085080 |
| Fax Number | |
| Contact Number | OTHERS-90085080 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 167 POH HUAT ROAD WEST #01-17 |
| Postcode | 548895 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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 |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| 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

PLS REFER TO THE 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 | SJQ912K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13 / 06 / 2018 (dd/mm/yy) Time of Accident: 14 : 45 (24-HR-FORMAT)
Vehicle No.: SLN T843Y Vehicle Make & Model: Honda Vezel
Exact location of Accident: Prunter @ Kaki Bukit, unit #06-43
Policyholder's Name / IC No.: Kivaly Automobile Mfg. Ltd. / 2014 36970K
Driver's Name / IC No.: Ng Keng Fei / 5820 5865F (As Above) ☐
Driver's Contact No.: 9008 5080 Company Contact No.: _____
Driver's Address: 167 Poh Huat Rd. West #01-17 S(546695)
Insurance Company: Ching Tai Ping Email address (if any): _____

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?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 0

Passenger Name: _____

Passenger Name: _____

Gender: Male / Female

Gender: Male / Female

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

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: SJQ 912 K 5

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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

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.:

SKETCH PLAN

[Unit #06-43]

Vehicle A: SLN 18437
Vehicle B: SJQ912K

premises @
Kahle Sukit,
Level 6



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A' was parked at the stated venue. When I came back to retrieve my vehicle, I realised that vehicle B' had hit into my stationary vehicle front left portion. I wish to stated that due to the impact, my vehicle A' propelled backwards and hit onto my left leg.

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8205865F



Name
NG KENG FEI
(WU JING HUI)
吴景辉

Race
CHINESE

Date of birth
25-02-1982

Sex
M

Country of birth
SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE

NRIC No. S8205865F



NG KENG FEI
(WU JING HUI)

Birth Date 25 Feb 1982

Valid Until 24 Oct 2011



D02012518J

4853065



NRIC No. S8205865F



Date of issue
27-03-2012

APT BLK 187 POH HUAT ROAD WEST #01-17
SINGAPORE 548895

NRIC No: S8205865F Date: 18/11/2017

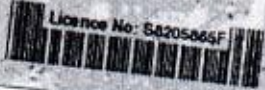
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles \leq 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

EFFECTIVE DATE
07 Feb 2002
04 Jun 2003
28 Mar 2001

NP4284

Licence No: S8205865F





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200205504E

MZ406L/B
R SH B
ANP590A
Cov. Type: C

MOTOR HIRE CAR

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)

ORIGINAL

| | | | |
|---|---------------------------------------|--|------------------------|
| CERTIFICATE No. | | DMKCN1736121801 | Engine No : LEB5917150 |
| | | | Chano: RU31217141 |
| 1. Index Mark and Registration Number of Vehicle | SLN7843V | | |
| 2. Name of Policy Holder | H/S KIRALY AUTOMOBILE PRIVATE LIMITED | | |
| 3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment | 17 May 2018 | EXCESS SECT. I | \$51,000.00 |
| | | EXCESS SECT. I (Outside Singapore)... | \$52,000.00 |
| 4. Date of Expiry of Insurance | 16 May 2019 | EXCESS SECT. II | \$51,000.00 |
| | | EXCESS SECT. II (Outside Singapore)... | \$52,000.00 |
| | | EX GR WINDSCREEN | \$5100.00 |
| 5. Persons or Classes of Persons entitled to drive* | | | |
| As per named Driver(s) stated below. | | | |
| 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. | | | |
| ANY EMPLOYEE OF THE COMPANY OR | | ANY AUTHORISED HIRER/DRIVER ONLY | |
| 6. Limitations as to use** | | | |
| (1) Use for the carriage of passengers or goods in connection with the policyholder's business. | | | |
| (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired. | | | |
| The Policy does not cover | | | |
| (1) Use for racing, pace-making, reliability trial or speed-testing. | | | |
| (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. | | | |

HIRE PURCHASE CO. : SINGAPORE FINANCE LTD AS HP OWNER

*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



Issued By: JCEC WEI CREDIT PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory