

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA/18085363

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 8/2/18-18-26 | Job description | Date & Time Completed | Done by |
| Ref No: NA/C7180 12007/24 | SAS e-filing | | |
| Veh No: 6BDS6605 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A : 29/6/18-1650 | 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: PCS4476 | 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% P: 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 |
|-----------|---------|
| | |
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| | |

| | | | |
|---------------------------------|---|-----------------------|-----------------------|
| NA 1804175 | Invoice Preparation Checklist | Am't (\$) Inc Bill | Am't (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 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:- | | |
| QC Checked by (Engr-In-Charge): | OD* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| Auditors' Comments:- | TP (N11): TP (Non INC) against INC \$20 | | |
| Ref 1: | 9) N12: Idac Mobile 30 | | |
| Ref 2 / 3: | 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 | 02/07/2018 18:26 |
| Date Of Accident | 29/06/2018 16:50 |
| Exact Location Of Accident | PIE (TUAS) AFTER KPE ENTRANCE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | GBD5660S |
| Insured/Policyholder | |
| Name Of Registered Owner | CHIET LOON RENOVATION CONTRACTOR |
| Co Reg No | 32599300M |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-67691137 |

Vehicle Particulars

| | |
|--|-------------------------------------|
| Manufacturer | FIAT |
| Model | DOBLO CARGO MAXI 1.6MJ DIESEL (MTA) |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCVSN3085191702 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | NG PUAY GUAN (HUANG PEIYUAN) |
| NRIC No | S8515048J |
| Date Of Birth | 29/05/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/09/2009 |
| Driving Experience | 8 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91850394 |
| Fax Number | |
| Contact Number | OFFICE-91850394 |
| Email Address | NOEMAIL |

| | |
|---|--------------------|
| Address | 61 ALMOND CRESCENT |
| Postcode | 677815 |
| 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 | CHAIN COLLISION |
| Weather Conditions | RAINING |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 3 |
| Was any body injured in the Accident? | YES |
| 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

REFER TO 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 | PC5447G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | BUS |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHA3862J |
| Vehicle Make/Model/Colour | |

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG PUAY GUAN (HUANG PEIYUAN)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBD5660S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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.

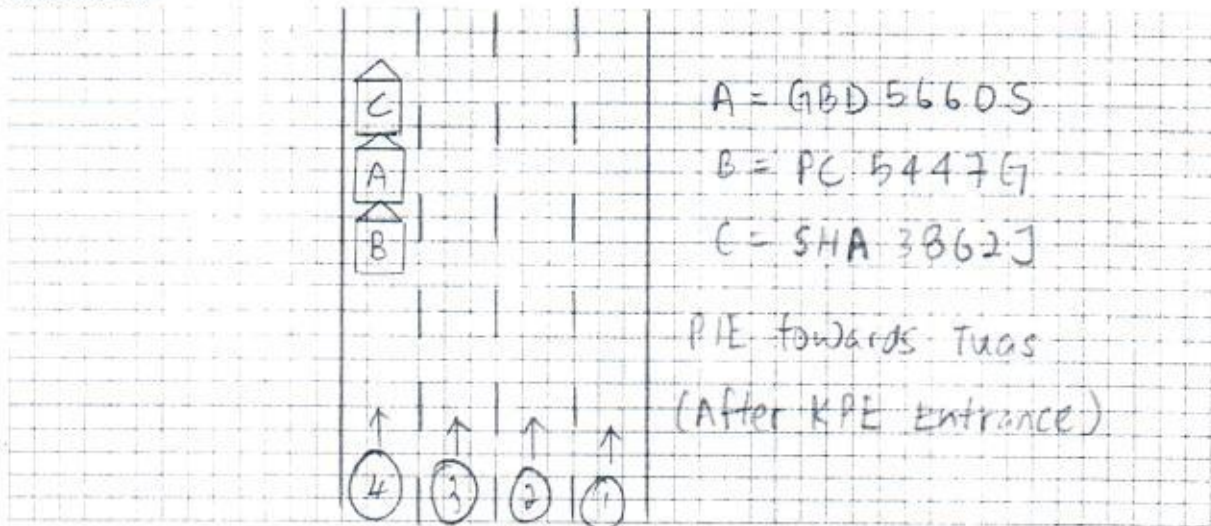


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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.:

[Handwritten signature]

On 29.06.18 at about 16:50hours along PIE towards Tuas (After KPE Entrance). I was travelling straight on the lane 4 and it was heavy traffic, when my front vehicle slowed down and stop hence I follow suit.

Suddenly I heard a loud bang from behind and the impact forced my vehicle (A) to move forward hit onto the rear portion of vehicle (C). When I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle (A). It was a chain collision of total 3 vehicles involved.

Vehicle (A): GBD 5660S

Vehicle (B): PC 5447G

Vehicle (C): SHA 3862J

A handwritten signature in black ink, appearing to be 'J. B. S.', written in a cursive style.

SINGAPORE ACCIDENT STATEMENT

| | | | | | |
|---|--|--------------------------|--|----------------------|--|
| Accident Date: 29/06/2018 | | Time: 16:50 | | (hh:mm) 24 hr format | |
| Location PIE towards Tuas (After KPE Entrance) | | | | | |
| Vehicle Number GAD 5660 S | | | | | |
| Insured Name Chiet Loon Renovation Contractor | | | | | |
| NRIC / FIN 32599300M | | Contact Number 6769 1137 | | | |
| Make Fiat | | Model Doblo | | | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | | |
| () Yes If No, Pls select: (✓) Third Party () Reporting | | | | | |
| Insurance Company China Taiping | | | | | |
| Type of Policy (✓) Comprehensive () Third Party Fire & Theft () TP Only | | | | | |
| Policy Number DMLV SN 3085191202 | | | | | |
| Name of Driver Ng Puay Guan | | | | () Same as Insured | |
| NRIC / FIN 58515048J | | Contact Number 9185 0394 | | | |
| Date of Birth 29/05/1985 | | | | | |
| Driving Pass Date 28/09/2009 | | | | | |
| Occupation () Indoor (✓) Outdoor | | | | | |
| Gender (✓) Male () Female | | | | | |
| Email Address chietloon@hotmail.com | | | | () NO EMAIL | |
| Address of Driver 61 Almond Crescent | | | | | |
| Singapore 677815 | | | | | |
| Was driver an employee of the Insured's Company? (✓) Yes () No | | | | | |
| If No, Relationship of the Driver with the Insured | | | | | |
| () Owner () Spouse () Friend () Relative () Children () Sibling | | | | | |
| Does the Driver Own Any Other Vehicle? () Yes () No | | | | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | | | | |
| Insurance Company of Driver's Own Vehicle | | | | | |
| Weather Conditions () Clear (✓) Raining () Others | | | | | |
| Road Surface () Dry (✓) Wet () Others | | | | | |
| Was any foreign vehicle involved in this accident? () Yes (✓) No | | | | | |
| Was anybody injured in the accident? (✓) Yes () No | | | | | |
| If yes, injured detail Ng Puay Guan Body Pain | | | | | |
| Was there any video captured by Car Camera? () Yes (✓) No | | | | | |
| Was the Accident reported to the Police? () Yes (✓) No If yes attach police report | | | | | |
| DETAILS OF 3 rd party | | Name / Nric | | Contact | |
| Veh B PC 5447G | | | | | |
| Veh C SHA 3862J | | | | | |
| Veh D | | | | | |
| Veh E | | | | | |
| Veh F | | | | | |

Driver Only.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8515048J



Name

NG PUAY GUAN
(HUANG PEIYUAN)

Race

CHINESE

Date of birth

29-05-1985

Sex

M

S8515048J

Country/Piece of birth
SINGAPORE

GBD5660S

driver

5488461



NRIC No. S8515048J



Date of issue

24-06-2015

Address

61 ALMOND CRESCENT
SINGAPORE 677815

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8515048J**
Name: **NG PUAY GUAN**
(HUANG PEIYUAN)

Birth Date: **29 May 1985**
Issue Date: **28 Sep 2009**

001789017J



GBD 56608

driver

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

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

PASS DATE: **28 Sep 2009**

NP 428A

Licence No: **S8515048J**

CERTIFICATE OF INSURANCE

8258



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)

Servicing Agent -
Winston Lim LG / LinYuan Enterprises
HP - 9488 9488 / Work - 6698 2521
Email - winsurance@hotmail.com

| | | |
|--|----------------------------------|---|
| CERTIFICATE No. | DMCVEN3085191702 | Engine No : 263A50007174990 Chassis No: ZFA26300006183426 |
| 1. Index Mark and Registration Number of Vehicle | GBD56605 | |
| 2. Name of Policy Holder | CHIEF LOON RENOVATION CONTRACTOR | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 10 DECEMBER 2017 | EXCESS SECT IS\$450.00 EX ON WINDSCREENS\$100.00 |
| 4. Date of Expiry of Insurance | 9 DECEMBER 2018 | |
| 5. Persons or Classes of Persons entitled to drive * | | |
| <p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR 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>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER.</p> <p>(1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p> | | |
| <p>HIPE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD</p> <p>* Limitations rendered Inoperative by Section 9 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.</p> | | |

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