

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA/18096660

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 13/1/18-18:36 | Job description | Date & Time Completed | Done by |
| Ref No: NA/1728012805/24 | SAS e-filing | | |
| Veh No: YN3212K | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 12/1/18-17:10 | 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 Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: JKW51E | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA 1804432 | Invoice Preparation Checklist | Amt (\$) Est Bill | Amt (\$) 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:- | | |
| | QD* | | |
| | *N5: Courtesy Car / Tpl Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (N11 INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |
| Auditors' Comments:- | | | |
| Dat. 1: | | | |
| Dat. 2 / 3: | | | |

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 | 13/07/2018 18:36 |
| Date Of Accident | 12/07/2018 17:10 |
| Exact Location Of Accident | CORPORATION RD TWDS JURONG PORT RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | YN3312K |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S LIAN LEE HENG TRADING CO |
| Co Reg No | 30924100J |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | ISUZU |
| Model | NQR75UL5A |
| 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 | DMCVSN3033931803 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHIA POEY NGOH |
| NRIC No | S1414996A |
| Date Of Birth | 27/12/1960 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/02/1996 |
| Driving Experience | 22 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98626373 |
| Fax Number | |
| Contact Number | OFFICE-98626373 |
| Email Address | NOEMAIL |

| | |
|---|---------------------|
| Address | 111 PAVILION CIRCLE |
| Postcode | 658543 |
| 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 - CROSS JUNCTION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| 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) | 2 |
| Passenger 1 | NAME: : KOEY JIN LEONG |
| | GENDER: : MALE |

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 | SKW451E |
| 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) | |

DETAILS OF INJURED PERSON 1

| | |
|---|----------------|
| Name | CHIA POEY NGOH |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | YN3312K |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|----------------|
| Name | KOEY JIN LEONG |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | YN3312K |
| 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:

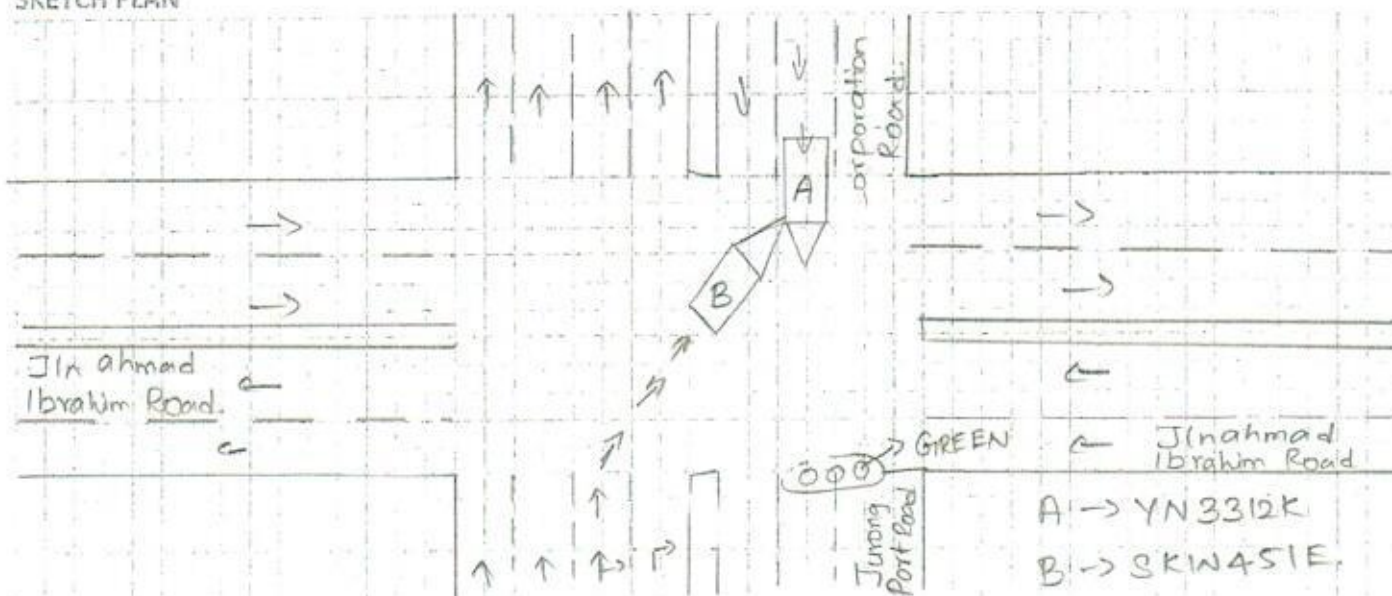
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

On 12/07/2018 at 05:10pm, I was travelling along Corporation road towards Juring port road. I was going straight through the Junction of Corporation road and Juring port road as the light was green in my favour, When vehicle B (SKW451E), suddenly hit into the right side of my vehicle. Caused Serious damaged. Someone injured.

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.:

SINGAPORE ACCIDENT STATEMENT

| | | |
|---|--------------------|-----------------------|
| ACCIDENT DATE: 12/07/2018 | TIME: 17 10 hr | (hh:mm) 24 hrs Format |
| LOCATION Corporation road towards Jurong port road | | |
| VEHICLE NUMBER 4N 3312K | | |
| INSURED NAME LIAN LEE HENG TRADING CO | | |
| NRIC / FIN 30924100J | CONTACT: 9862 6373 | |
| MAKE ISUZU | MODEL NQR750LSA | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | |
| () Yes, If No, Pls Select : (✓) Third Party () Reporting Only | | |
| INSURANCE COMPANY CHINA TAIPING | | |
| TYPE OF POLICY (✓) COMPREHENSIVE () THIRD PARTY () TPFT | | |
| POLICY NUMBER: DMCVSN 3033931803 | | |
| NAME DRIVER: CHIA POEY NGOH () SAME AS INSURED | | |
| NRIC / FIN S1414996A | CONTACT: 9862 6373 | |
| DATE OF BIRTH: 27/12/1960 | | |
| DRIVING PASS DATE: 07/02/1996 | | |
| OCCUPATION: () INDOOR (✓) OUTDOOR | | |
| GENDER: () MALE (✓) FEMALE | | |
| EMAIL ADDRESS: (✓) NO EMAIL | | |
| ADDRESS OF DRIVER: 111 PAVILION CIRCLE SINGAPORE 658543 | | |
| Number Of Passenger Include Driver: #01 DRIVER + 01 PASSENGER (KOEY JIN LEONG) S9079236I | | |
| 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 () Others | | |
| 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 () Drizzling () 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 details : #01 DRIVER (CHIA POEY NGOH) + 01 PASSENGER (KOEY JIN LEONG) | | |
| Convey By Ambulance: () YES (✓) NO | | |
| Was There Any Video Capture By Car Camera? () YES (✓) NO | | |
| Was There Accident Reported To The Police? () YES (✓) NO If Yes Attach Police Report | | |
| Police Report Number (if any) | | |
| Details Of 3rd Party | Name / NRIC | Contact |
| Veh B SKW451E | | |
| Veh C | | |
| Veh D | | |
| Veh E | | |
| Veh F | | |
| Veh G | | |

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1414996A**

Name: **CHIA POEY NGOH**

Birth Date: **27 Dec 1960**

Issue Date: **07 Jul 2003**

1000529455B

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1414996A**

Name: **CHIA POEY NGOH**

Race: **CHINESE**

Date of Birth: **27-12-1960** Sex: **F**

Country of Birth: **SINGAPORE**

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

| Class | Description | PASS DATE |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 01 Sep 1982 |
| Class 4 | Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms | 07 Feb 1996 |

NP 428A

Licence No: **S1414996A**

1906908

NRIC No: **S1414996A**

Blood Group: **O+** Date of issue: **16-04-1994**

111 PAVILION CIRCLE
SINGAPORE 658543

NRIC No: **S1414996A** Date: **08/08/2014**



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ300/CR SN
AND450A
Cov. Type: C
AUTOSAFE

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. | DMCVSN3033931803 | Engine No : 4HK1996566 Chassis No: JAAN1R75LC7101955 |
| 1. Index Mark and Registration Number of Vehicle | YN312K | |
| 2. Name of Policy Holder | M S LI AN LEE HENG TRADING CO | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 6 JUNE 2018 | EXCESS SECT I S\$800.00 EX ON WINDSCREEN S\$100.00 |
| 4. Date of Expiry of Insurance | 5 JUNE 2019 | |
| 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>PROMISED 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 WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p> | |
| <p>HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER</p> <p>* 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.</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