

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MNA18090892

| | | | |
|---------------------------|------------------------------------------|-----------------------|---------|
| Date In: 14/07/2018 14:35 | Job description | Date & Time Completed | Done by |
| Ref No: NA/C1180/2812/Y | SAS e-filing | | |
| Veh No: 8B 8859J | E-mail (within 8hrs, AIC 2hrs) | | |
| DOA: 13/07/2018 22:10 | 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: SKH 6713R | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|-------------------------------------------------|-------------|----------------------|----------------------|
| NA1804424 | Invoice Preparation Checklist | | Amt (\$) 1st 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 | | | |
| QC Checked by (Engr-In-Charge): | 5) FT : Follow-Through Survey (Resurvey) \$30 | | | |
| Auditors' Comments :- | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Cat 1: | 6) TR : Re-inspection \$75 | | | |
| Cat 2 / 3: | 7) N1 : Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | ON* | | | |
| | *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 | 14/07/2018 14:35 |
| Date Of Accident | 13/07/2018 22:10 |
| Exact Location Of Accident | PIE TWDS CHANGI AFTER EUNOS EXIT (EUNOS FLYOVER) |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLB8859J |
| Insured/Policyholder | |
| Name Of Registered Owner | TASK COMM ENGINEERING PTE LTD |
| Co Reg No | 199802643R |
| Email Address | PUAYSIAN86@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96451224 |
| Alternative Phone No | OFFICE-63689066 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | VEZEL |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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 | DMPCSN3038651802 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LIM PUAY SIAN (LIN PEIXIAN) |
| NRIC No | S8633376G |
| Date Of Birth | 31/10/1986 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 08/12/2009 |
| Driving Experience | 8 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96451224 |
| Fax Number | |
| Contact Number | OFFICE-63689066 |
| EMail Address | PUAYSIAN86@GMAIL.COM |

| | |
|-----------------------------------------------------|--------------------------|
| Address | 62 FLORA DRIVE #01-43 |
| Postcode | 506859 |
| 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 | 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: : WONG LI JIA GENDER: : FEMALE |

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 SKETCH PLAN

Attachment(s)

| | |
|-----------------------------------------------|-------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SKH6773R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | 98550746 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

| | |
|-----------------------------------------------------|-----------------------------|
| Name | LIM PUAY SIAN (LIN PEIXIAN) |
| Approximate Age | |
| Injuries Sustain | SLIGHTLY |
| Injured person in which vehicle? | SLB8859J |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|-----------------------------------------------------|-------------|
| Name | WONG LI JIA |
| Approximate Age | |
| Injuries Sustain | SLIGHTLY |
| Injured person in which vehicle? | SLB8859J |
| 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.:

14/07/2018
Roshan Wathani

SKETCH PLAN

(A) SLB 8859 J.
(B) SKH 6773 R.



P16 towards Changi After Jln Euras Exit.
(Euras Flyover).

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/07/18 at @ 2210 hrs, I was travelling in my vehicle (SLB 8859 J) along P16 towards Changi after Jln Euras exit on the extreme right lane. I slow down and stopped due to traffic jammed ahead. Suddenly, a vehicle (SKH 6773 R) from behind collided onto 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.:

| | | | |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------|----------------------------|
| Vehicle No. | SLB 8859 J | Model / Make | HONDA VE213L |
| Date of Accident | 13/07/2018 | | |
| Time of Accident | 2210 | HRS | |
| Location of Accident | PIE towards Changi after Jln Eunos exit (Eunos Flyover) | | |
| Exact purpose use during accident | Commercial | | |
| Name of Owner | Task Comm Engineering Pte Ltd. | | |
| Telephone No. | H/P : | Home : | Office : 6368 9066 |
| NRIC | 199802643 R | | |
| Address | 27, Woodlands Industrial Park E1 #03-10 (S) 757718 | | |
| Claim type | OD | «THIRD PARTY» REPORTING ONLY | |
| Insurance Company | China Taiping | | |
| Type of Coverage | «Comprehensive» | Third Party | Third Party / Fire / Theft |
| Policy No. | DMPCSN 3038651802 | | |
| Name of Driver | As Above If No, LIM PUAY SIAN (LIN PEIXIAN) | | |
| NRIC | 58633376 G | Any Passengers : 2 (1F) (1 M) | |
| Date of birth | 31/10/1986 | | |
| Occupation | «Outdoor» | / | Indoor |
| Driving License Pass Date | 08/12/2009 | | |
| Gender | «Male» / Female | | |
| Contact No. | H/P : 9645 1224 | Home : | Office : |
| Address | 62 FLORA DRIVE | | |
| Driver have any own vehicle | «No», If yes, Reg No. | | |
| Relationship | «Employee» | If no, state | |
| Weather condition | «Clear» | Raining | Other |
| Road Surface | «Dry» | Wet | Other |
| Any Injuries | No, «If Yes, Who?» | | |
| Name And Contact No. | ① Lim Puay Sian (H/P: 9645 1224) | | |
| Name And Contact No. | ② Wong Li Jia (H/P: 8128 1460) | | |
| Police Report | «No», If Yes, Where? | | |
| Vehicle B No. | SKH 6773 R | Any Passengers : | NIL |
| Name of Driver | | Contact No. : | 9855 0746 |
| Vehicle C No. | | Any Passengers : | |
| Vehicle D No. | | Any Passengers : | |
| Vehicle E No. | | Any Passengers : | |
| Vehicle F No. | | Any Passengers : | |
| Vehicle G No. | | Any Passengers : | |
| Witness Name | N.A. | Witness Contact : | |
| Accident Portion | Rear Portion | | |
| Camera Recorder | «Yes» / No | | |
| Email Address | puaysian86@gmail.com | | |
| HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE? | | | |
| | | | Yes / No |
| PARTICULAR WORKSHOP | N-51 | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | Huixin | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | sales@n51.com.sg | | |

Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8633376G**

Name:

LIM PUAY SIAN
(LIN PEIXIAN)

Birth Date: **31 Oct 1986**

Issue Date: **08 Dec 2009**

001810627E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8633376G**

Name

LIM PUAY SIAN
(LIN PEIXIAN)

Race

CHINESE

Date of birth

31-10-1986

Country/Place of birth

SINGAPORE



Sex

M

58633376G

TASKCOM
30/06/18

96451224



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

08 Dec 2009

Licence No: **S8633376G**

NP 428A

5800559

NRIC No. **S8633376G**

Date of issue

15-09-2017

Address

62 FLORA DRIVE
#01-43
SINGAPORE 506859





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.

Co Reg No 200208384E

MX4F
R SN
AN0571A
Cov.Type: C

MOTOR PRIVATE 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. | DMPCSN3038651802 | Engine No :L1584031013 Chano:RU11111010 |
| 1. Index Mark and Registration Number of Vehicle. | SLB8859J | AUTOSAFE ===== |
| 2. Name of Policy Holder | TASK COMM ENGINEERING PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 26 April 2018 | Named Drivers Ex Sect. I S\$500.00 Additional Ex other than Named Drivers: 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 WINDSCREEN S\$100.00 |
| 4. Date of Expiry of Insurance | 25 April 2019 | |
| 5. Persons or Classes of Persons entitled to drive* | | |

Any person who is driving on the Policyholder's order or with their 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 S\$500 will apply to the Insured and Named Drivers in the event

HIRE PURCHASE CO. : MAYBANK 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: M9 AUTOMOBILE PTE. LTD.
Authorised Officer

Authorised Signatory