

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 06/01/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/CFI18018125/13 | SAS e-filing | | |
| Veh No: GBH7066Z | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A : 05/01/18 1015 | 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: (VISION AUTOWORK Tel: Fax:)

| | | |
|---|------------------|-----------------------|
| TP Particulars: | Veh No: SMA6703G | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|-------------|----------------------|----------------------|
| NA1806361 | Invoice Preparation Checklist | | Ant (\$) for Bill | Ant (\$) 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) | | | |
| QC Checked by (Engr-In-Charge): | 6) TR : Re-inspection \$75 | | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | QD* | | | |
| | *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 | | | |
| Lat 1: | 9) N12: Idac Mobile \$0 | | | |
| Lat 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 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. 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 | 06/10/2018 11:49 |
| Date Of Accident | 05/10/2018 10:15 |
| Exact Location Of Accident | CHATSWORTH RD TWDS NATHAN RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | GBH7066Z |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S XIAO BAO TRADING |
| Co Reg No | 53280079J |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-91083819 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCVSN3058551800 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | NG KOK POH(HUANG GUOBAO) |
| NRIC No | S7511217C |
| Date Of Birth | 10/04/1975 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 14/08/2007 |
| Driving Experience | 11 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91083819 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 804B KEAT HONG CLOSE #02-24 |
| Postcode | 682804 |
| 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 | SIDE SWIPE |
| 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) | 2 |
| Passenger 1 | NAME: : TAY HWEE BIN 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

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 | SMA6703G |
| 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) | |

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.

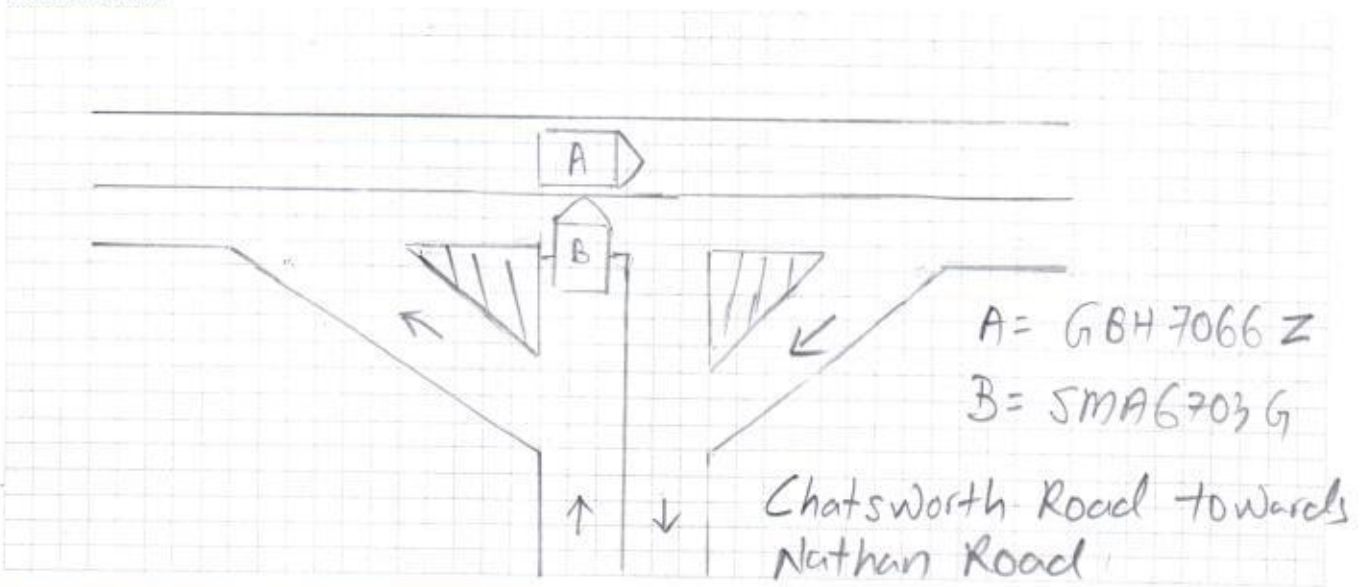


Policyholder's Signature
Date & Time:

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:

Report Centre Personnel's Signature
Name: *ofym 06/10/18*
NRIC/FIN No.:

On 05.10.18 at about 10:15 hours, I was driving along Chatsworth Rd towards Nathan Rd and at the junction. I signal right to Nathan Rd, I checked clear and when I was about to turn right, vehicle SMA6703G from Nathan Rd suddenly turn right and hit the right side of my vehicle. I wish to state that I have one passenger inside the vehicle.

My vehicle : GBH7066Z

3rd party Vehicle : SMA6703G



SINGAPORE ACCIDENT STATEMENT

| | | | | | |
|---|--|-------------------------|---------------------|----------------------|--|
| Accident Date: 05/10/2018 | | Time: 10:15 hrs | | (hh:mm) 24 hr format | |
| Location Chatsworth Road towards Northern Road | | | | | |
| Vehicle Number GBH 7066Z | | | | | |
| Insured Name Xiao Bao Trading | | | | | |
| NRIC / FIN 53280079J | | | Contact Number — | | |
| Make Toyota | | Model Hiace | | | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | | | | |
| Insurance Company China Taiping | | | | | |
| Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only | | | | | |
| Policy Number JMCVSN 3058551800 | | | | | |
| Name of Driver Ng Kof Poh | | | () Same as Insured | | |
| NRIC / FIN S7511217C | | Contact Number 91083819 | | | |
| Date of Birth 10/04/1975 | | | | | |
| Driving Pass Date 14/08/2007 | | | | | |
| Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor | | | | | |
| Gender () Male (<input checked="" type="checkbox"/>) Female | | | | | |
| Email Address — NO e-mail — | | | () NO EMAIL | | |
| Address of Driver B1E 804B Keat Hong Close | | | | | |
| #02-24 S (68 2804) | | | | | |
| Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) 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 (<input checked="" type="checkbox"/>) Clear () Raining () Others | | | | | |
| Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others | | | | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| If yes, injured detail | | | | | |
| Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report | | | | | |
| DETAILS OF 3 rd party | | Name / Nric | | Contact | |
| Veh B | | SMA 67036 | | | |
| Veh C | | | | | |
| Veh D | | | | | |
| Veh E | | | | | |
| Veh F | | | | | |

Passenger 1 = Tay Hwee Bin (Male)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7511217C



Name



NG KOK POH
(HUANG GUOBAO)

黄国宝

Race

CHINESE

Date of Birth

10-04-1975

Sex

M

Country of Birth

SINGAPORE



G13H 7066 Z
driver

A0106066



NRIC No. S7511217C



Blood Group

A+

Date of Issue

19-02-2002


APT BLK 604B KEAT HONG CLOSE #02-24
SINGAPORE 682804

NRIC No. S7511217C


Date: 29/07/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7511217C**
 Name:
NG KOK POH
(HUANG GUOBAO)
 Birth Date: **10 Apr 1975**
 Issue Date: **14 Aug 2007**



001521112G



G13H 7066Z
driver

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

| | | PASS DATE |
|----------|---|-------------|
| C | Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg | 14 Aug 2007 |
| | Class 4 Heavy motor cars and motor tractors $>$ 2500 kg | 24 May 2011 |
| | Class 5 Motor vehicles $>$ 7250 kg not constructed to carry any load | 09 Sep 2011 |

S7511217C

S / No. 9000149476

NP 428A

Licence No: S7511217C



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. DMCVSN3058551800 Engine No : 1GD8315332
Chassis No: GDH2012002212

1. Index Mark and Registration Number of Vehicle GBH7066Z

2. Name of Policy Holder M/S XIAO BAO TRADING

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 30 AUGUST 2018 EX SECT. IS\$500.00
(11:50 HOURS) EX ON WINDSCREENS\$100.00

4. Date of Expiry of Insurance 29 AUGUST 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: *

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.

THE POLICY DOES NOT COVER.

- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : THINK ONE CREDIT PTE 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
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:


Authorised Officer


Authorised Signatory