

ONAL Assessment Centre Services

[wef 1 Jan'08]

NA119000144

| | | | |
|---------------------------|------------------------------------------|-----------------------|---------|
| Date In: 8/1/19-10:24 | Job description | Date & Time Completed | Done by |
| Ref No: NA/CT-19000097/24 | SAS e-filing | | |
| Veh No: 4DE4438U | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 1/1/19-00:45 | 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: 4UB2158E

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

| | | | | |
|---------------------------------|-------------------------------------------------|-------------|----------------------|----------------------|
| NA1900020 | 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 2008) | | | |
| QC Checked by (Engr-In-Charge): | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idao DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | QJ: | | | |
| | *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 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 | 02/01/2019 10:34 |
| Date Of Accident | 01/01/2019 00:45 |
| Exact Location Of Accident | STADIUM DR ROUNDABOUT |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | GBE4438U |
| Insured/Policyholder | |
| Name Of Registered Owner | JOCE MARKETING |
| Co Reg No | 52934812L |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-94504774 |
| Alternative Phone No | OFFICE-94504774 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | HIACE DX 3.0 M |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE 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 | DMCVSN3085841803 |
| Cover Note Number | |
| Driver | |
| Name of Driver | ONG CHIN EIK (WANG ZHENYI) |
| NRIC No | S7412727D |
| Date Of Birth | 01/05/1974 |
| Occupation | INDOOR |
| Date Of Driving Pass | 11/08/1999 |
| Driving Experience | 19 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94504774 |
| Fax Number | |
| Contact Number | OFFICE-94504774 |
| EMail Address | NOEMAIL |

| | |
|-----------------------------------------------------|---------------------------------|
| Address | BLK 7 BOON KENG ROAD #35-140 |
| Postcode | 330007 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---------------------------------------------------------------------------------------------|-------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) 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: : - 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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SLB7158E |
| 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 | ONG CHIN EIK (WANG ZHENYI) |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | GBE4438U |
| 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

ROUND ABOUT OF
(STADIUM DR / STADIUM BLVD / STADIUM WALK)

VEHICLE A

- GBB 4438U

VEHICLE B

- SLB 7158E

STADIUM DR

STADIUM
BLVD

STADIUM
WALK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING IN THE ROUND ABOUT OF
(STADIUM DR / STADIUM BLVD / STADIUM WALK) TOWARD STADIUM WALK.
I WAS ON THE OUTER LANE.

WHILE DRIVING ALONG THE ROUND ABOUT, PASSING THE STADIUM BLVD
EXIT, SUDDENLY I FELT A GREAT IMPACT FROM THE RIGHT
SIDE OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE
WITH LICENCE PLATE NUMBER (SLB 7158E) THAT COLLIDED TO
THE RIGHT SIDE OF MY VEHICLE, WHEN HE TRIED TO EXIT
FROM THE ROUND ABOUT FROM THE MIDDLE LANE OF THE ROUND
ABOUT.

VEHICLE A - GBB 4438U

VEHICLE B - SLB 7158E

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)

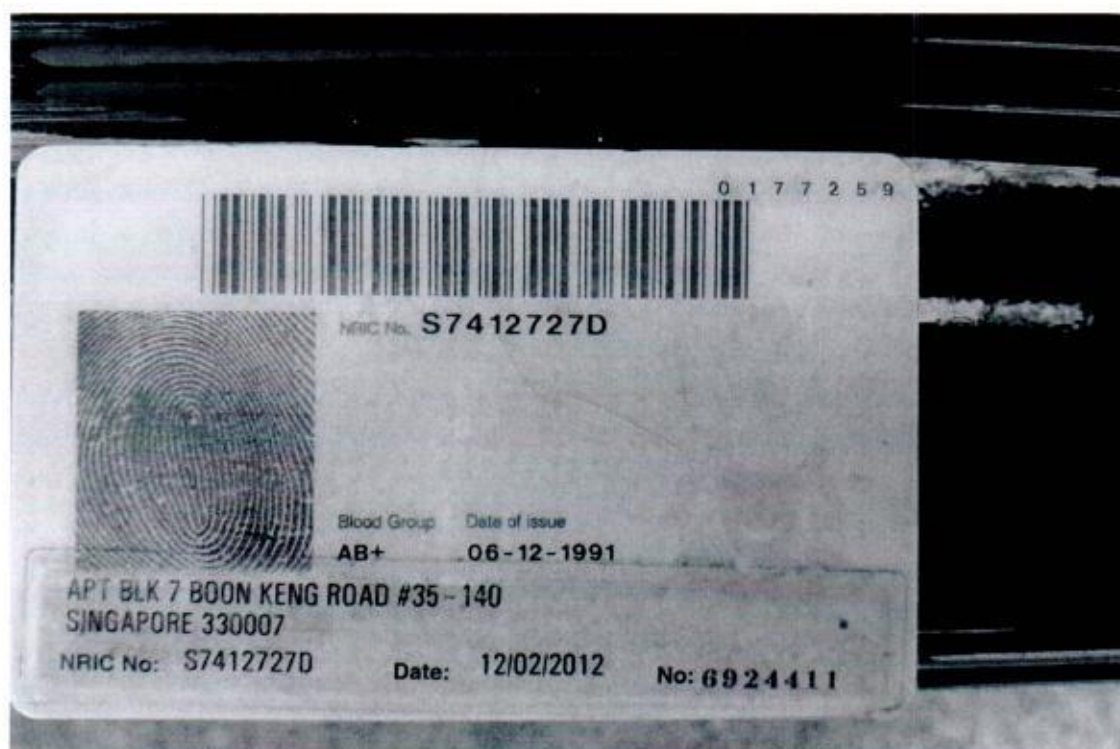
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

| | | | |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------|---------------------------|
| Vehicle No. | G B2 4438 U | Model / Make | TOYOTA HIACE |
| Date of Accident | 01/01/2019 | | |
| Time of Accident | 0045 | HRS | |
| Location of Accident | ROUND ABOUT OF (STADIUM DR/STADIUM BLVD/STADIUM WALK) | | |
| Exact purpose use during accident | PRIVATE USE | | |
| Name of Owner | JOCE MARKETING | | |
| Telephone No. | H/P: 9450 4774 | Home : | Office : |
| NRIC | S2934812L | | |
| Address | 7 BOON KENG ROAD #35-140 S(330007) | | |
| Claim type | OD THIRD PARTY REPORTING ONLY | | |
| Insurance Company | CHINA TAIPINH | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire /Theft |
| Policy No. | DMCUSN 3085841803 | | |
| Name of Driver | As Above If No, ONLY CHIN EIK | | |
| NRIC | S7412727J | Any Passengers : | 1 (WIFE) |
| Date of birth | 01 MAY 1974 | | |
| Occupation | Outdoor / Indoor | | |
| Driving License Pass Date | 11 AUG 1999 | | |
| Gender | Male / Female | | |
| Contact No. | H/P: 9450 4774 | Home : | Office : |
| Address | BLK 7 BOON KENG RD #35-140 S(330007) | | |
| Driver have any own vehicle | No, If yes, Reg No. | | |
| Relationship | Employee, | If no, state | Co. owner |
| Weather condition | Clear | Raining | Other |
| Road Surface | Dry | Wet | Other |
| Any Injuries | No, If Yes, Who? | | |
| Name And Contact No. | ONLY CHIN EIK, 9450 4774 | | |
| Name And Contact No. | | | |
| Police Report | No, If Yes, Where? | | |
| Vehicle B No. | SLB 71582 | Any Passengers : | |
| Name of Driver | | Contact No. : | |
| 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 | | Witness Contact : | |
| Accident Portion | RIGHT SIDE OF VEHICLE | | |
| Camera Recorder | Yes / No | | |
| Email Address | | | |
| HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE? | | | |
| | Yes / No | | |
| PARTICULAR WORKSHOP | TWINCAR AUTOMOTIVE PTE LTD | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | TWINCAR AUTOMOTIVE PTE LTD | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | sales@n51.com.sg | | |



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7412727D**

Name:

ONG CHIN EIK
(WANG ZHENYI)

Birth Date: **01 May 1974**

Issue Date: **08 Aug 2003**

000730749J



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

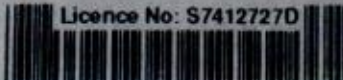
PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 11 Aug 1999

94504774

Licence No: S7412727D

NP 428A





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. 200208341E

MZ300/C
R SN
AN0597A
Cov.Type: C

MOTOR COMMERCIAL VEHICLE

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.

DMCVSN3085841803

Engine No :1KD2559749

ChaN0:KDH2010179392

1. Index Mark and Registration
Number of Vehicle

GBE4438U

AUTOSAFE

2. Name of Policy Holder

JOCE MARKETING

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

03 December 2018

Excess Sect I S\$500.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

02 December 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. : ABWIN 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).

SG MOTOR TRADER PTE LTD

Please see reverse

Reg. No.: 201537467C

172 Sin Ming Drive

Singapore 575720

Tel: 6333-9400 Fax: 6458 0878

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: SG MOTOR TRADER PTE LTD
Authorised Officer

Authorised Signatory