

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

| | | | |
|----------------------------------------------------|--------------------------------------------------------|-----------------------|---------|
| Date In <u>19/06/19</u> | Job description | Date & Time Completed | Done by |
| Ref No <u>NA/K219010877/13</u> | SAS e-filing | | |
| Veh No <u>GBH3253B</u> | E-mail (within 8hrs, A/C 2hrs) | | |
| D.O.A <u>19/06/19</u> <u>1400</u> | i-Motor Claim Form | | |
| OD <input checked="" type="radio"/> Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u> | | |

| | | |
|------------------------------------------|----------------------------------------------------------|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: <u>5ML2331A</u> | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|-------------------------------------------------|----------------------|----------------------|
| <u>NA1704574</u> | 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 | | |
| | 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:- | | |
| | OD: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| Auditors' Comments:- | *N7: Post Repair Inspection \$25 | | |
| Cat. 1: | *N8: DV / Collect Excess Coordination \$5 | | |
| Cat. 2 / 3: | 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 willful 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 | 19/06/2019 16:16 |
| Date Of Accident | 19/06/2019 14:10 |
| Exact Location Of Accident | JURONG WEST AVE 2 TWDS JLN BAHAR OPPOSITE SCDF |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------------|
| Vehicle Registration Number | GBH3253B |
| Insured/Policyholder | |
| Name Of Registered Owner | EXPLOMO TECHNICAL SERVICES PTE LTD |
| Co Reg No | - |
| Email Address | CHONGWAH@EXPLOMO.COM.SG |
| Mobile Phone No | (LOCAL) +65-81233392 |
| Alternative Phone No | OFFICE-62812105 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer | CITROEN |
| Model | BERLINGO |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------|
| Name of Insurance Company | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D-19093316MCVP |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | NG CHONG WAH(HUANG ZHONGHUA) |
| NRIC No | S8139551I |
| Date Of Birth | 28/11/1981 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/01/2007 |
| Driving Experience | 12 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81233392 |
| Fax Number | |
| Contact Number | |
| Email Address | CHONGWAH@EXPLOMO.COM.SG |

| | |
|-----------------------------------------------------|----------------------------------|
| Address | 10 CHOA CHU KANG GROVE #02-23 |
| Postcode | 688207 |
| 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 - 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? | 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: : NICK LEE 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

I WAS TRAVELLING ALONG JURONG WEST AVE 2 TWDS JLN BAHAR ON THE 3RD LANE OF A4-LANES RD. AFTER THE TRAFFIC LIGHT JUNC, SUDDENLY VEH(B) BEARING REG NO SML2331P E-BRAKE TO AVOID COLLIDED, I SWERVED MY VEH TO MY RIGHT BUT MY VEH HIT ONTO THE REAR RIGHT SIDE PORTION OF VEH B.

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 | SML2331P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE HIRE |
| Name of Driver | LEE ZHAOXIANG |
| NRIC/Passport Number | S8904258E |
| Contact Number | 98573055 |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

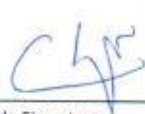
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

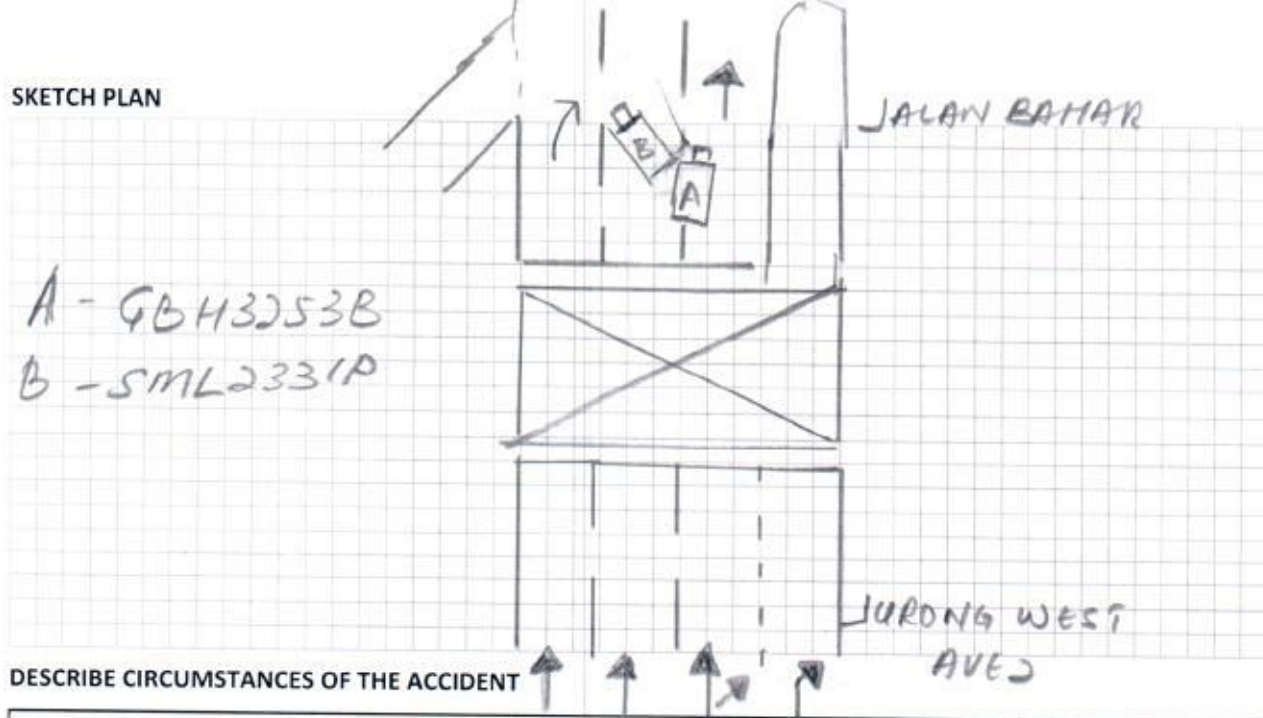


Policyholder's Signature
Date & Time:


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

 19/06/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

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:

[Handwritten signature]

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

[Handwritten signature] 19/06/19

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119080034 Vehicle Registration No: GBH3253B
Name (as shown in NRIC) : NG CHONG WAH (HUANG ZHONGHUA) NRIC/FIN/Passport No : S8139551I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 10 CHOACHU KANG GROVE #02-23 Singapore (688207)
Contact (Tel) : _____ Mobile No. : 81233392
Email Address : _____
Date of Accident : 19/06/2019 Time of Accident : 14:10
Place of Accident : JURONG WEST AVE 2 TWDS JLN BAHAR OPPOSITE SCDF
Insurance Company: FIRST CAPITAL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REVERT FROM TP TO OD CLAIMS.


Policyholder / Driver's Signature
Date: _____


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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S81395511**

Name
NG CHONG WAH
(HUANG ZHONGHUA)

Birth Date **28 Nov 1981**

Issue Date **13 Jan 2007**

001472484D

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S81395511**

Name
NG CHONG WAH
(HUANG ZHONGHUA)
黄仲华

Race
CHINESE

Date of birth **28-11-1981**

Sex **M**

Country of birth
SINGAPORE

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

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 13 Jan 2007

For LKK/NAC Use Only

Licence No: S81395511

NP 428A

4814176

NRIC No. **S81395511**

10 CHOA CHU KANG GROVE #02-23
SOL ACRES SINGAPORE 688207

NRIC No: **S81395511** Date: **07/07/2018**

SINGAPORE 460426

CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy. : COMMERCIAL VEHICLE - PRIVATE INSURANCE
Type of Cover. : Comprehensive
Certificate No. : D-19093316MCVP
Vehicle No / Chassis No : GBH3253B / VF77FBHYMHJ754780
Name of Insured : EXPLOMO TECHNICAL SERVICES PTE LTD
Period Of Insurance : 02.05.2019 To 01.05.2020
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : ETHOZ CAPITAL LTD

Excess :

SGD1,000.00 ALL CLAIMS

AN ADDITIONAL EXCESS OF SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person who is driving on the insured'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.

Limitations as to use*

- (1) Use in connection with the insured's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover:-

- (1) Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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)

KARENS/B0101/MZ300C

Issued at Singapore on 17.04.2019

MS First Capital Insurance Limited
(Approved Insurers)

Authorised Signature

ACCIDENT STATEMENT

ACCIDENT DATE: (19/06/2019) (DD/MM/YYYY), TIME: (14:10) (HH:MM)

LOCATION: Jurong West Ave opposite on SCDF Fire station

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 3258 3253B
b) INSURANCE COMPANY: FIRST CAPITAL
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: CITROEN BERLINGO L2 1.6 BLUEHD 15 ETG6
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: 1410 WORK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG CHONG WEE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8139551E CONTACT: 81233392
c) ADDRESS: _____

*d) DATE OF BIRTH: (28/11/1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

VIDEO =