

NATIONAL Assessment Centre Services

(part 1 Jan 2005)

MMA 120021553

| | | | |
|--|---|------------------------|----------|
| Date In: 17/12/20 17:24 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA/CTI 20002691/h4 | E-mail (within 3hrs, A/C 2hrs) | | |
| Veh No: SMA 544D | I-Motor Claim Form | | |
| IP: 15/12/20 20:40 | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| Q1: <input checked="" type="checkbox"/> Reporting Only | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/WR312 | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SHD 2697 K | 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 Ref No: 6789 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 | Action |
|-----------|--------|
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|--|---|-------------|-------------|
| NA 2001436 | | Invoice/Reparation Checklist | Amount (\$) | Amount (\$) |
| Client's Particulars: | | 1) AR: Accident Reporting (\$30); | 20.00 | |
| Driver/Owner: | | 2) DA: Damage Assessment (\$100); INC (\$10) | | |
| Contact No: | | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | | 4) PT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments: | | For claiming against INC Only (wef 10 Jan 2005) | | |
| | | 6) TR: Re-inspection \$73 | | |
| | | 7) N1: Idan 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 (N5+INC) against INC \$20 | | |
| | | 9) N12: Idan Mobile \$0 | | |
| | | 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 | 17/02/2020 17:24 |
| Date Of Accident | 15/02/2020 20:40 |
| Exact Location Of Accident | SHEARES LINK TWDS BAYFRONT AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SMQ544D |
| Insured/Policyholder | |
| Name Of Registered Owner | ACE FLEET MANAGEMENT PTE LTD |
| Co Reg No | 2XXXXX914N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-92323494 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | TOYOTA |
| Model | PRIUS |
| 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? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMHCSN19307919000 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | HONG BOON KIA |
| NRIC No | SXXXX854I |
| Date Of Birth | 12/10/1958 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/10/1979 |
| Driving Experience | 40 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93399616 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|-----------------------------|
| Address | 50 LORONG 40 GEYLANG #03-08 |
| Postcode | 398074 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| 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 (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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) | 3 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 2 | NAME: : UNKNOWN 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? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHD2697K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| 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.



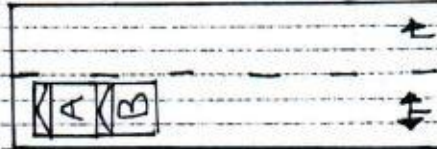
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Sheares Link TWDS Bayfront Ave



Vehicle A: SMA 544 D

Vehicle B: SHD 2697 K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, Vehicle A (SMA 544 D) was stationary at the stated location waiting for the traffic light to turn green. Suddenly, Vehicle B (SHD 2697 K) collided onto the rear portion of my vehicle causing damages.

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.:

Date of Accident : 15/02/2020 Accident Time: 2040 (24-HR-FORMAT)
 Accident Place : Sheares Link TWDS Bay Front Ave
 Vehicle Reg. No (Car plate No.) : SMA 544 D Vehicle Make/Model: Toyota Prius Plus
 Insurance Company : China taiping Policy No. DMHCSN19307919000
 Name of Registered Owner : Company / Individual ACE FLEET MANAGEMENT PTE LTD
 ID of Registered Owner : Co Reg No: 201710914N Owner's NRIC No: -
 : Co Contact No: 9232 3494 Owner's Contact No: -
 DRIVER'S Name : Hong Boon Kica DRIVER'S NRIC No: S1294854I
 DRIVER'S Date of Birth : 12/10/1958 DRIVER'S License Pass Date 26 Oct 1979
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
 DRIVER'S Address : 50 Lorong 40 Geylang #03-08 Singapore 398074
 DRIVER'S Contact No / Alt No. : 1) 9339 9616 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 03 Passenger Name: Male Unknown Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: Female Unknown Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: _____
 Injured Name: _____
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

| | |
|-----------------------------------|-------------------------------|
| Vehicle Reg No: <u>SHD 2697 K</u> | Vehicle Reg No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |

Other Party Driver's Particulars (if any)

| | |
|-------------------------------|-------------------------------|
| Vehicle Reg No: _____ | Vehicle Reg No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |



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.

Motor Hire Car

MZ406L/B

E SN

AN0498A

Cov. Type:C

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.

DMHCSN19307919000

Engine No.: 2ZR2F70224

Cha. No.: JTDZS3EUX0J051613

1. Index Mark and Registration
Number of Vehicle

SMQ544D

AUTOSAFE

=====

2. Name of Policy Holder

ACE FLEET MANAGEMENT PTE. LTD.

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

29/10/2019



Excess Sect. I . \$S\$2,000.00

Excess Sect. I (Outside Singapore) \$S\$4,000.00

Excess Sect. II \$S\$1,500.00

4. Date of Expiry of Insurance

30/07/2020

Excess Sect. II (Outside Singapore). \$S\$3,000.00

EX ON WINDSCREEN . \$S\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

ANY EMPLOYEE OF THE COMPANY

ANY AUTHORISED HIRER/DRIVER ONLY

6. Limitations as to use:

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

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

HIRE PURCHASE CO. : DBS BANK 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.



Issued By:
Chng Pei Wen Adeline
Authorised Officer

杨亚美

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com