

NATIONAL Assessment Centre Services.

Just 1 Jan 2001. **MANA 200 75488**

| | | | |
|----------------------------------|--|-----------------------|---------|
| Date In: 26/07/2020 16:54 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/CTZ2000 32254 | SAS e-filing | | |
| Veh No: EL 669 Z | E-mail (Wjuda 2hrs, AIC 2hrs) | | |
| D.O.A: 26/07/2020 07:30 | I-Motor Claims Form | | |
| OD (TP) Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **ABC 7463R** 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 ()

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date: ()

Time: ()

Location: ()

By: ()

| | | | |
|---------------------------------|--|---|-------------|
| NA2001687 | | Invoice Information | |
| Driver/Owner: | | 1) All: Accident Reporting (\$30) | |
| Contact No: | | 2) DA: Damage Assessment (\$100) INC (45) | |
| Damage Portion: | | 3) TP: Towing Fee | \$40/45 |
| QC Checked by (Engr-In-Charge): | | 4) PT: Follow-Through Survey | \$120 |
| | | 5) PT: Follow-Through Survey (Resurvey) | \$10 |
| | | For claim against INC Only (over 10 Jan 2001) | |
| | | 6) TR: Re-inspection | \$70 |
| | | 7) NI: Idas DA + SMRT Survey | \$160 |
| | | 8) NTUC Additional Services | |
| | | 9) NI: Idas Mobile | |
| | | 10) NI: Courtesy Car / Tpl Allowance | \$5 |
| | | 11) NI: Repairs Coordination | \$10 |
| | | 12) NI: Post Repair Inspection | \$25 |
| | | 13) NI: DV / Collect Throats Coordination | \$5 |
| | | 14) NI: TP (Non-INC) against INC | \$10 |
| | | 15) NI: Idas Mobile | \$5 |
| | | 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 | 26/02/2020 16:22 |
| Date Of Accident | 26/02/2020 07:30 |
| Exact Location Of Accident | SLIP RD OF AYE TURNING RIGHT TO PORTSDOWN AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|---|
| Vehicle Registration Number | EL669Z |
| Insured/Policyholder | |
| Name Of Registered Owner | LEOW POH MENG GERAD |
| NRIC No | SXXXX169J |
| Email Address | GERADLEOW@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96776363 |
| Alternative Phone No | OTHERS-96776363 |
| Vehicle Particulars | |
| Manufacturer | LEXUS |
| Model | ES250 |
| Exact Purpose for which vehicle was being used at time of accident | GOING TO OFFICE |
| 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 CAR |
| Insurance Company | |
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMPCSN3026681900 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LEOW POH MENG GERAD |
| NRIC No | SXXXX169J |
| Date Of Birth | 10/06/1968 |
| Occupation | INDOOR |
| Date Of Driving Pass | 23/03/1989 |
| Driving Experience | 30 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96776363 |
| Fax Number | |
| Contact Number | OTHERS-96776363 |
| Email Address | GERADLEOW@GMAIL.COM |

| | |
|---|-----------------------------|
| Address | BLK 52 MEYER ROAD #03-54 |
| Postcode | 437875 |
| 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 | SIDE SWIPE |
| 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) | 1 |

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? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-----------------------------|
| Vehicle Registration Number | GBG7463R |
| Vehicle Make/Model/Colour | NISSAN |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | ABDUL GHANI BIN MOHD HASHIM |
| NRIC/Passport Number | SXXXX601D |
| Contact Number | 86118114 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

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:

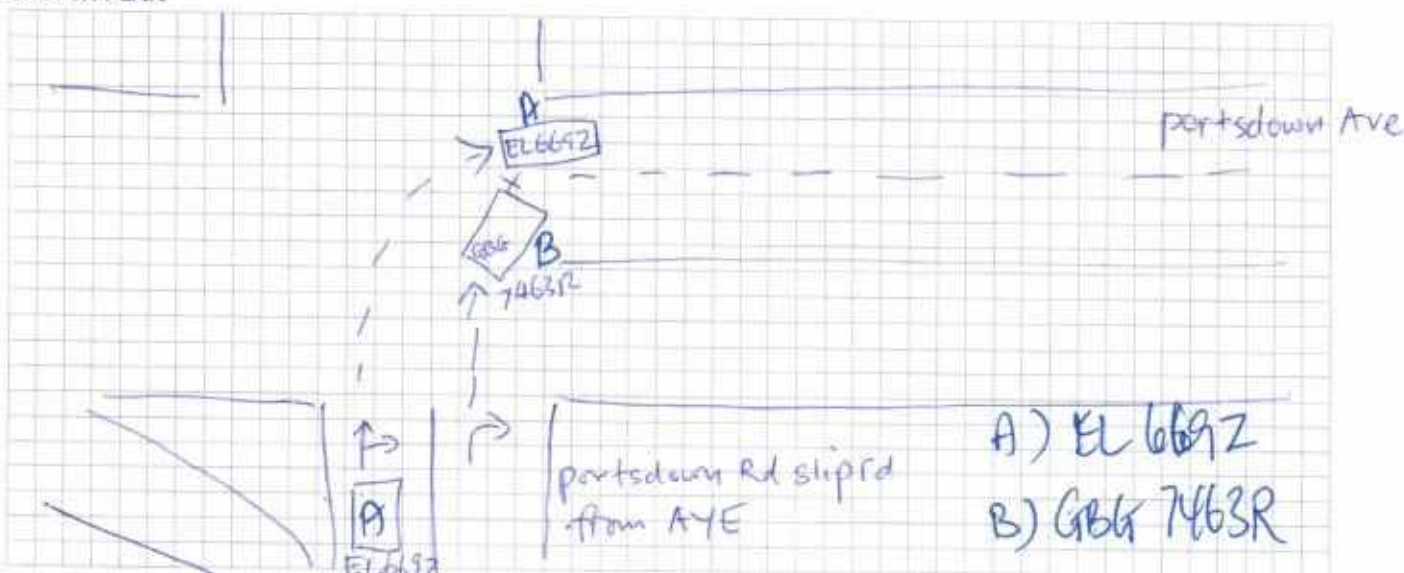
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

At 0730hrs, on 26 Feb 2020, I was at sliprd of AYE (Portsdown sliproad) Intending to turn right to Portsdown Ave when the traffic light was in favour.

When the traffic light turned green, I proceeded to turn right to Portsdown Ave from the rightmost lane (allowable). As I was turning right, suddenly I felt a jolt to my right and I stopped the car and saw that someone had hit my rear right.

I came down after parking to the side of Portsdown Ave (in heavy traffic) and saw that a Van (Nissan I think) GBG 7463R was responsible for the rear right collision. I enquired if anyone was injured and driver (Abdul Ghani) replied negatively.

I proceeded to exchange driver's particulars and took some pictures. I also got a statement from the driver acknowledging his error when turning right & colliding to my vehicle's right rear.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 26/02/2020 (DD/MM/YYYY), TIME: 07:30 (HH:MM)

LOCATION: Slip rd of AYE (Pondsdown Rd) turning right to Pondsdown Ave.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EL669Z
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMPCSN 302681900
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: LEXUS ES 250
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GO OFFICE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LEOW POH MENG GERAD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 568181693 CONTACT: 96776363
 c) ADDRESS: 52 Mayer Rd #03-54 S 437875

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 10/06/1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23 Mar 1989

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBG 7463R MODEL: NISSAN
 b) DRIVER'S NAME: ABDUL GHANI BIN MOHD HASHIM
 c) NRIC/FIN/PASSPORT: 57423601D CONTACT: 86118114

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 (0)

* No of passenger
 (including driver)
 ()

email: geradleow@gmail.com

V1060



26 Feb 2020 0730 hrs.

I, Abdul Ghani, IC no S7423601D
was driving GBG 7463 R on slip rd to
Portsmouth from AYE and in turning right
onto Portsmouth Ave, collided onto EL6692,
hitting its right rear.

No one was injured. I was alone in my
van and Mr Leow S681816P3 was
also alone and not injured.

Abdul Ghani

A handwritten signature in black ink, appearing to be "Gh" or "Ghani".

Mr. Leow

A handwritten signature in black ink, appearing to be "S/Le" or "Leow".

26/02/2020
Rashid Mohamed

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. | DMPCSN3026681900 | Engine No : 2ARE747073 Chassis No: JTHBJ1GG202034958 |
| 1. Index Mark and Registration Number of Vehicle | EL669Z | |
| 2. Name of Policy Holder | MR LEOW POH MENG GERAD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 11 MAY 2019 | NAMED DRIVERS EX SECT. I.....\$S\$1,000.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....\$S\$3,000.00 EX SECT. I - AGE >= 26.....\$S\$500.00 * AGE AS AT DATE OF ACCIDENT |
| 4. Date of Expiry of Insurance | 10 MAY 2020 | EX ON WINDSCREEN.....\$S\$100.00 |
| 5. Persons or Classes of Persons entitled to drive * | | |

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

** 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

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 : MIA450025488 Vehicle Registration No: EL 699 Z
Name (as shown in NRIC) : LOW KOT MIAU GARAD NRIC/FIN/Passport No : SXXXXX169J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96776363
Email Address : _____
Date of Accident : 26/08/2020 Time of Accident : 07:30
Place of Accident : SLIP RO OF OYE TURNING RIGHT TO PORTERMAN AVE
Insurance Company : Chuan Tong

(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:

EMAIL ADDRESS To GARADLOW@GMAIL.COM.

Policyholder / Driver's Signature
Date:

26/08/2020
Reporting Centre Personnel's Signature
Name: Robin
NRIC/FIN No.: 110103
Date: