

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MHA12027554

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 21/12-12:06 | Job description | Date & Time Completed | Done by |
| Ref No: 141/12 2258426/24 | SAS e-filing | | |
| Veh No: 51278426 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 21/12-12:06 | 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: 20X332 | 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:- | 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 |
|-----------|---------|
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|---|---|-------------|----------|----------|
| <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Dat. 1:</p> <p>Dat. 2 / 3:</p> | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
| | 1) AR: Accident Reporting (\$30); | | In Bill | Add Bill |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| | 3) TF: Towing Fee \$40/\$45 | | | |
| | 4) FT: Follow-Through Survey \$120 | | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR: Re-inspection \$75 | | | |
| | 7) NI: Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| <p>QD:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile 30</p> | | | | |
| 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 | 24/08/2020 20:06 |
| Date Of Accident | 22/08/2020 17:00 |
| Exact Location Of Accident | WARWICK RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SLJ7892B |
| Insured/Policyholder | |
| Name Of Registered Owner | LAY AUTO LEASING PTE LTD |
| Co Reg No | 2XXXXX521C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93874666 |
| Alternative Phone No | OFFICE-93874666 |

Vehicle Particulars

| | |
|--|----------------------|
| Manufacturer | HONDA |
| Model | VEZEL 1.5RS HYBRID A |
| 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 | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMHCSNA00001672000 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | EDWIN ESPESO SAMSON |
| NRIC No | SXXXX074E |
| Date Of Birth | 31/12/1957 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/02/2005 |
| Driving Experience | 15 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87666073 |
| Fax Number | |
| Contact Number | OFFICE-87666073 |
| EEmail Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 334 SEMBAWANG CLOSE #12-445 |
| Postcode | 750334 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | DRIZZLING |
| Road Surface | WET |

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) | 0 |

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 | XD3633Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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)

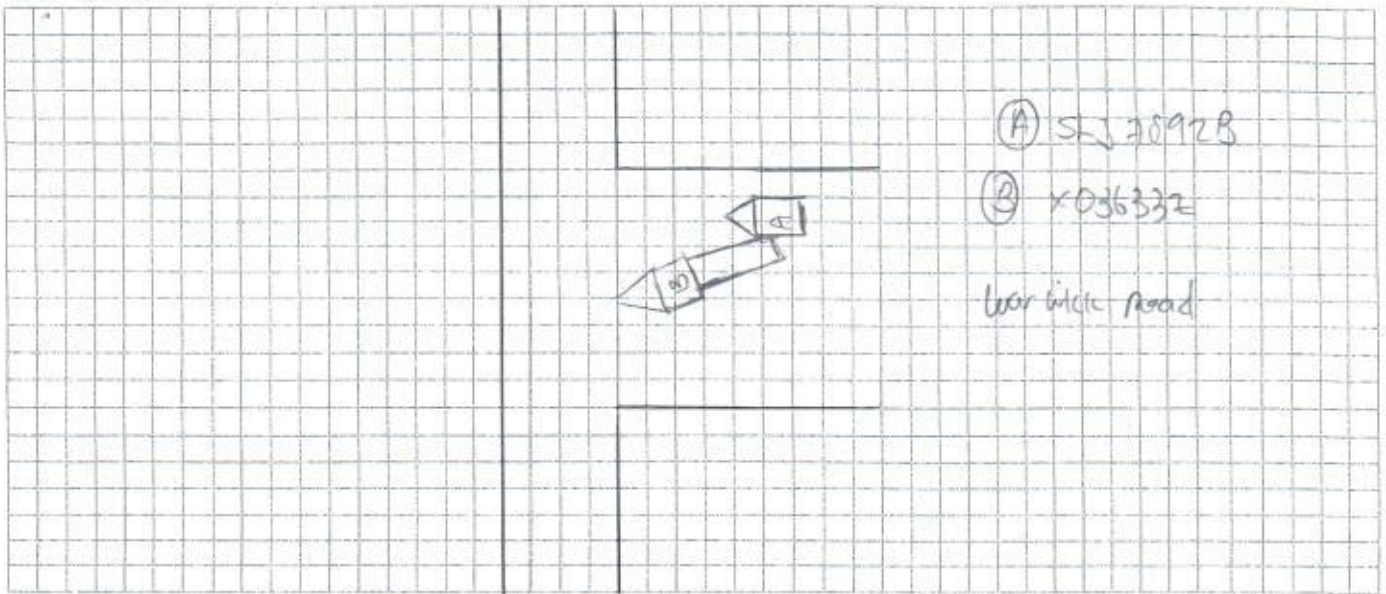
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the above mention date time and location my vehicle was parked and everything was intact. The work site security called me and told me that vehicle B traction hit onto my vehicle. we exchange details and I get my tow truck to tow to workshop as my car is badly damage.

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: SLJ78928

MAKE & MODEL: Honda Veral

| | |
|-----------------------------------|--|
| DATE OF ACCIDENT | 22 / 8 / 2020. |
| TIME OF ACCIDENT | 1700 AM / PM. |
| LOCATION OF ACCIDENT | Warwick Road. |
| Exact Purpose use during accident | personal use. |
| NAME OF OWNER | Jay Auto Leasing pte Ltd. |
| TELP NO. | 93874666 |
| NRIC | 20310521c |
| CLAIM TYPE | OD / Third Party / Reporting Only |
| INSURANCE CO. | China |
| TYPE OF COVERAGE | Comprehensive / Third Party / Third Party Fire & Theft |
| POLICY NO. | DNHLSN A 0000167200 |
| NAME OF DRIVER | As above / If No; Edwin EBPW Samson |
| NRIC | S2742074E Any Passenger; 0. |
| DATE OF BIRTH | 31 / 12 / 1957. |
| OCCUPATION | Outdoor / Indoor |
| DATE OF DRIVING PASS | 02 / 02 / 2005. |
| GENDER | Male / Female |
| CONTACT NO. | Office: Home: 8766 6073 |
| ADDRESS | B/334 Sembawang close #12-445 SC 750334). |
| DRIVER OWN ANY VEHICLE | No / Yes (Reg No): |
| RELATIONSHIP | Employee / If No: Hired |
| WEATHER CONDITION | Clear / Raining / Others, Drizzling |
| ROAD SURFACE | Dry / Wet / Others, |
| ANY INJURIES | No / Yes (Who?): |
| CONTACT NO. | |
| POLICE REPORT | No / Yes (Where?): |
| VEHICLE (B) NO. | XD3633Z Any Passenger Unknown. |
| NAME | Gouhdenai Gori |
| CONTACT NO. | Unknown. |
| VEHICLE (C) NO. | Any Passenger |
| VEHICLE (D) NO. | Any Passenger |
| VEHICLE (E) NO. | Any Passenger |
| VEHICLE (F) NO. | Any Passenger |
| ANY WITNESS | |
| WITNESS CONTACT NO. | |
| PARTICULAR WORKSHOP | Lee Brothers Automotive Pte Ltd |
| ADDRESS | 1 Kakit Bukit Ave 6 #02-47 |
| | Autobay@Kaki Bukit Singapore 417883 |
| CONTACT NO. | (O) 6509 5521 (Fax) 6509 5523 |
| EMAIL | sales@leebrothers.com.sg |

Motor Hire Car

MZ406L/B

E SN

AN0606A

Cov. Type-C

CERTIFICATE OF INSURANCEMotor 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.

DMHCSNA00001672000

Engine No.: LEB5912940

Chs. No. RU31212929

1. Index Mark and Registration
Number of Vehicle

SLJ7892B

AUTOSAFE

2. Name of Policy Holder

LAY AUTO LEASING PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment16/03/2020
(15:03:03)

| | |
|--------------------------------------|--------------|
| Excess Sect. I . | SS\$2,000.00 |
| Excess Sect. I (Outside Singapore) | SS\$4,000.00 |
| Excess Sect. II | SS\$2,000.00 |
| Excess Sect. II (Outside Singapore). | SS\$4,000.00 |
| EX ON WINDSCREEN . | SS\$100.00 |

4. Date of Expiry of Insurance

15/03/2021

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.

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. : SING INVESTMENTS & FINANCE 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: Ho Li Hwa Irene
Authorised Officer
Authorised Signatory