

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA 20059165

| | | | |
|---------------------------|--|-----------------------|------------------|
| Date In: 17/10/2015-15:41 | Job description | Date & Time Completed | Done by |
| Ref No: MHA 20059165 | SAS e-filing | | |
| Veh No: JKV5242 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 17/10/2015-16:35 | i-Motor Claim Form | MHA 20059165 | 17/10/2015-15:41 |
| 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: 52416805 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: ()

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| Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
|---|-------------|-----------|-----------|
| | | Est Bill | Add Bill |
| 1) AR: Accident Reporting (\$30); | | | |
| 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) N1: Idao DA + SMRT Survey | \$160 | | |
| 8) NTUC Additional Services:- | | | |
| OP* | | | |
| *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: Idao Mobile | \$0 | | |
| Invoice dated | Fee Charged | | |
| Invoice dated | Fee Charged | | |

| |
|---------------------------------|
| Claimant's Particulars:- |
| Driver/Owner: |
| Contact No: |
| Damaged Portion: |
| QC Checked by (Engr-In-Charge): |
| Auditors' Comments:- |
| at 1: |
| at 2 / 3: |

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 | 12/10/2020 15:41 |
| Date Of Accident | 10/10/2020 16:35 |
| Exact Location Of Accident | STILL RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------------------|
| Vehicle Registration Number | SKV524J |
| Insured/Policyholder | |
| Name Of Registered Owner | RAYMOND PHANG LEI MING (PENG LEIMING) |
| NRIC No | SXXXX325B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98768494 |
| Alternative Phone No | OFFICE-98768494 |

Vehicle Particulars

| | |
|--|----------------------------------|
| Manufacturer | MAZDA |
| Model | BIANTE 5-DOOR WAGON 2.0L SP.6EAT |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5103119227-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------------------|
| Name of Driver | RAYMOND PHANG LEI MING (PENG LEIMING) |
| NRIC No | SXXXX325B |
| Date Of Birth | 05/06/1984 |
| Occupation | INDOOR |
| Date Of Driving Pass | 21/03/2004 |
| Driving Experience | 16 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98768494 |
| Fax Number | |
| Contact Number | OFFICE-98768494 |
| Email Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | 8 LORONG 7 GEYLANG #07-11 |
| Postcode | 388792 |
| 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 - 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? | 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) | 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

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 | SJY1680E |
| 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 | RAYMOND PHANG LEI MING (PENG LEIMING) |
|------|---------------------------------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SKV524J

YES

NO

SKETCH PLAN

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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.

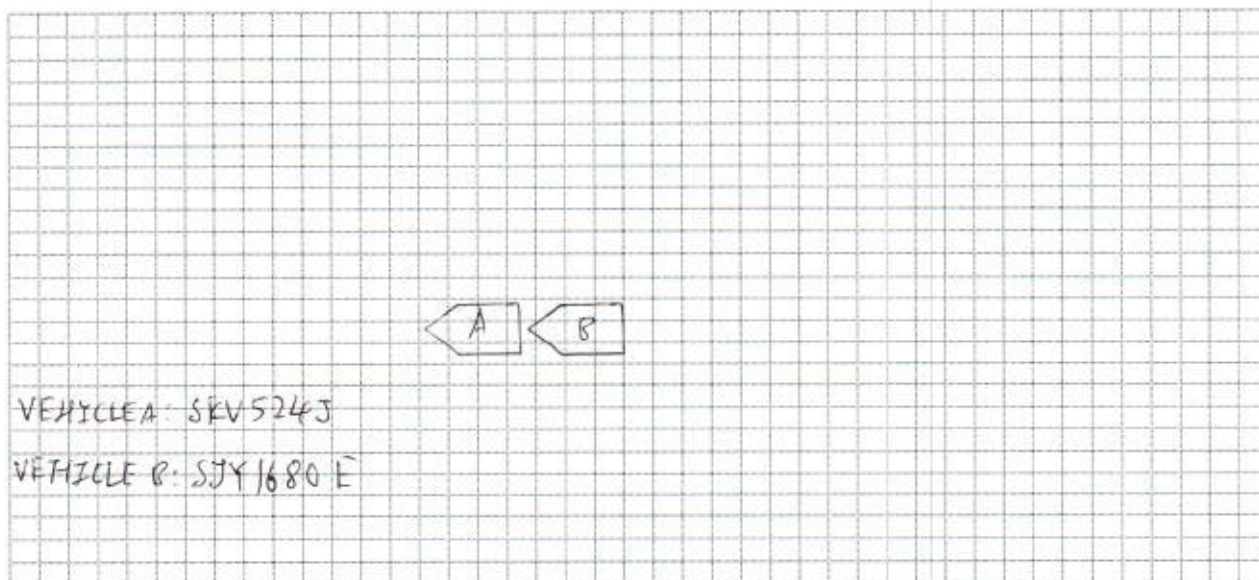
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN:

STILL ROAD



VEHICLE A: SKV 524 J

VEHICLE B: SJY 1680 E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY ALONG STILL ROAD DUE TO TRAFFIC LIGHT WAS RED.
AFTER A FEW SECOND, VEHICLE B REAR-ENDED MY VEHICLE.

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 Reporting Draft

VEHICLE NO: SKV524J

MODEL: MAZDA BIANTE

| | | | |
|-----------------------------------|--|------------------|-------|
| DATE OF ACCIDENT | 10/10/2020 | | |
| TIME OF ACCIDENT | 1635 | HRS | AM/PM |
| LOCATION OF ACCIDENT | STILL ROAD | | |
| EXACT PURPOSE USE DURING ACCIDENT | | | |
| NAME OF OWNER | RAYMOND PHANG LEI MING (PENG LEIMING) | | |
| CONTACT NO. | 98768494 | | |
| NRIC | S8416325B | | |
| CLAIM TYPE | OD / <u>THIRD PARTY</u> / REPORTING ONLY THIRD PARTY | | |
| INSURANCE CO. | NTUC | | |
| TYPE OF COVERAGE | <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT | | |
| POLICY NO. | | | |
| NAME OF DRIVER | RAYMOND PHANG LEI MING (PENG LEIMING) AS ABOVE / IF NO: | | |
| NRIC | S8416325B | ANY PASSENGER: 0 | |
| DATE OF BIRTH | | | |
| OCCUPATION | OUTDOOR / <u>INDOOR</u> | | |
| DATE OF DRIVING PASS | | | |
| GENDER | MALE / FEMALE | | |
| CONTACT NO. | 98768494 | OFFICE: | HOME: |
| ADDRESS | 8 LORONG 7 GEYLANG #07-11 S(388792) | | |
| DRIVER HAVE ANY OWN VEHICLE | NO/ IF YES: REG NO. | | |
| RELATIONSHIP | EMPLOYEE/ IF NO: | | |
| WEATHER CONDITION | <u>CLEAR</u> / RAINY/ OTHER: CLEAR | | |
| ROAD SURFACE | <u>DRY</u> / WET/ OTHER: DRY | | |
| ANY INJURIES | NO / IF <u>YES</u> : | | |
| CONTACT NO. | | | |
| POLICE REPORT | NO / IF YES: | | |
| VIDEO RECORDING | NO / YES | | |
| VEHICLE B NO. | SJY1680E | ANY PASSENGER: | |
| NAME | | | |
| CONTACT NO. | | | |
| 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 | <div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div> | | |
| MOBILE NO. | | | |
| CONTACT PERSON | | | |
| FAX NO. | | | |