

NATIONAL Assessment Centre Services.

(last 1 Jan 05)

SN0830CV0003

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 31/12/2020 12:27 | Job description | Date & Time Completed | Done by |
| Ref No: N158/C12200/4803/Y | SAS e-illing | | |
| Veh No: SEJ 82P | E-mail (by date time, A/C time) | | |
| D.O.A: 25/12/2020 13:50 | I-Motor Claim 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/Whom | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: S24 3374D | 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 () : Invoices: 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: _____

NA 2100520

| | | |
|---------------------------------|---|------------|
| Driver/Owner: | 1) ART Accident Reporting (\$30) | |
| Contact No: | 2) DA1 Damage Assessment (\$100) | INC (\$10) |
| Damaged Portion: | 3) TP1 Towing Fee | \$425.43 |
| QC Checked by (Engr-In-Charge): | 4) PT1 Follow-Through Survey | \$120 |
| | 5) PT1 Follow-Through Survey (Resurvey) | \$30 |
| | 6) TR1 TR Inspection | \$73 |
| | 7) NI1 NI DA + SMRT Survey | \$160 |
| | 8) NIUC Additional Services | |
| | ON: | |
| | *NI: Courtesy Car / Tpl Allowance | \$3 |
| | *NI: Repair Coordination | \$10 |
| | *NI: Post Repair Inspection | \$23 |
| | *NI: DV / Collect Owners Coordination | \$3 |
| | *NI: TP (K&N INC) against DRG | \$20 |
| | 9) NI1 NI Mobile | \$0 |
| | Invoice dated | |
| | Invoice dated | |

Fee Charged

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 Submission | 31/12/2020 12:27 (SGT) |
| Date of Accident | 25/12/2020 13:50 (SGT) |
| Exact Location of Accident | Chu Lin Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SFJ82P |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | CHOEY WEI TEN (XU WEIYAN) |
| NRIC No | SXXXX512D |
| Email Address | choey.ben@gmail.com |
| Mobile Phone No | (Phone) +65-81211652 |
| Alternative Phone No | +65-81211652 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Porsche |
| Model | 911 |
| Variant | - |
| 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 - Reporting only |
| Vehicle Category | Private car |

INSURANCE COMPANY

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | China Taiping Insurance |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNW00088222000 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------------------|
| Name of Driver | CHOEY WEI TEN (XU WEIYAN) |
| NRIC No | SXXXX512D |

| | |
|--|---------------------------|
| Date Of Driving Pass | 24/05/1995 |
| Driving experience | 25 YEARS AND 7 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-81211652 |
| Alt. Phone Number | +65-81211652 |
| Email Address | choey.ben@gmail.com |
| Address | 33 KEPPEL BAY VIEW #09-98 |
| Address complement | - |
| Postcode | 098419 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|------------|
| Type of Accident | Side Swipe |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| 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 | SJU2374D |
| Vehicle Manufacturer | Hyundai |
| Vehicle Model | Avante |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | BERNARD LIM KONG GEE |
| Passport No/FIN | SXXXX243B |
| Contact Number | (Phone) +65-98717626 |
| Address | - |
| Address complement | - |

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 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.

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.

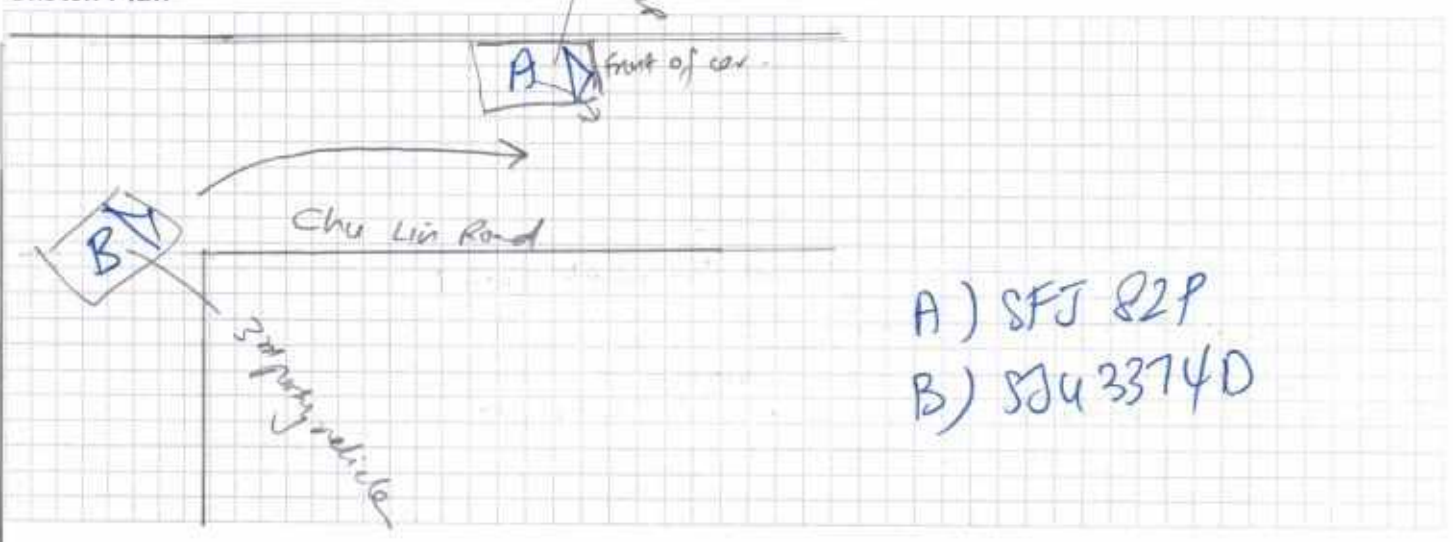
Policyholder's Signature / Date & Time

31/12/2020

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was turning out to go forward after checking the rear was clear of vehicle;

The vehicle SJU 2374D suddenly appeared from the cornering at high speed and brushed against my front right bumper skidding;

A scratch was sustained on my bumper.

The driver ~~stayed~~ stopped down but failed to stop and get off. I gave chase up the road and exchanged details.

The third party vehicle sustained abrasions on his front left bumper.


There was no physical injuries sustained.

Declaration

We declare the foregoing particulars are true in every respect.

 31/1/20
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

 31/1/2020
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 25/12/2009 (DD/MM/YYYY), TIME: 1.50 pm (HH:MM)

LOCATION: Chu Lin Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFT 82P
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) car
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: personal
 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: CHOEY WEI YEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7517512D CONTACT: 81211652
 c) ADDRESS: 33 Keppel Bay View #09-98 S. 098419

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHOEY WEI YEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7517512D CONTACT: 81211652
 c) ADDRESS: 33 Keppel Bay View #09-98 S. 098419

*d) DATE OF BIRTH: 13/06/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) clan 3

f) DATE OF DRIVING PASS clan 3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SJU 2374D MODEL: Hyundai Avante
 b) DRIVER'S NAME: GERNARD LIM KONA KEE
 c) NRIC/FIN/PASSPORT: 50202241B CONTACT: 97817626

9. THIRD PARTY VEHICLE

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

email =

choey.ben@gmail.com

VIDEO



Motor Private Car

MX1/B

N SN

BR0075A

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. DMPCSNW00088222000

Engine No.: DKK024691

Cha. No.: WP0ZZZ99ZLS258860

1. Index Mark and Registration
Number of Vehicle

SFJ82P

AUTOSAFE
=====

2. Name of Policy Holder

CHOEY WEI YEN

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

30/07/2020

MARKET VALUE

Excess Sect. I. S\$5,000.00

4. Date of Expiry of Insurance

29/07/2021

Excess Sect. I (Outside Singapore) S\$1,000.00

EX ON WINDSCREEN S\$500.00

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.

CHOEY WEI YEN

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.

* 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: FINEXIS ADVISORY PTE LTD

Authorised Officer

Authorised Signatory