NATIONAL Assessment Cen	tre Services. N	we! 1 Jan'05/12 b	941COOH		
Date In: MIM-14151	Jeb description		Date & Time Complete	d Do	oue pi.
Res No: MAS 14 CM 200 0535 Py	SAS e-filing				
Veh No: SMS 297/E	E-mail (within 8)	hrs, AIC 2hrs)			
D.O.A: (1/1/M-15:00	i-Motor Clain	Form	M) 111 7059 001	MI	N 14:27
	i-Motor W/O	(Within: OD 2hrs	, TP 4hrs)		
OD TP Reporting Only	i-Photo Uploa	ded	1		
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: SH	(71X	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
	Period: ()	Cover Type: () ,
Confirmed by : (,	Date:	Time:)	
	[Note-Est. Status (W	O): N: 0-20	0%; P: 21-79%. P: 8	0-100%]	*
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$					
General Remarks:	2,000 (),02,000 (X / X / X / X / X / X / X / X / X / X /			
a contract to the contract of		Edential 9 Ct	right NO rafer of renair	er Granden	
() Walk-In Customer: Customer's in		indential & St	netry NO 1ster of report		
() Total Loss Case : to e-mail Insu			Series Co. (-)
Drive-In ()/ Towed-In (); Invo	ice: YES () / N	0();1	owing Co: (
Remarks:- (INC hotline: 6788 6616)			Date&Time Complete	1 D	one by
1) Apply for Transport Allowance ()	/ Courtesy Car ())			
2) QC Check / Post Repair Inspection	()			,	
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()				
Injury:				The second second second second	- 3
Date/Time Actions	•		A CONTRACTOR OF THE CONTRACTOR	e mondo	<u> </u>
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The state of		Invoice Pre	paration Checklist	Anit Ist E	Service to the service of
147) CONA		1) AR : Accident		87.000	34000
laimant's Particulars :-		2) DA : Damage	Assessment (\$100); IN	C (\$80)	
river/Owner:		3) TF : Towing I 4) FT : Follow-T	hrough Survey	\$120	
pritact Nice		5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
ontact No:		6) TR: Re-inspe	gainst INC Only (wef 10 Jan	\$75	
amaged Portion:		7) N1 : Idac DA	+ SMRT Survey	\$160	
		8) NTUC Additi	onal Services:-		
C Checked by (Engr-In-Charge):	5	*NS: Courtes)	y Car / Tpt Allowance	\$5	
		*N6: Repair C	Co-ordination pair Inspection	\$10	
uditors! Comments :-		+N8: DV / Co	llect Excess Coordination	\$5	
<u></u>	A. M. M. M. W. W. M.	TP (N11): TI	P (Non INC) against INC	30	
		9) N12: Idac Mo	obile Fee Char	yea	25/10
1. 2/3:		Invoice dated	Fee Chai	ged In	

1 per at 1 per

SN09211C000H / National Assessment Centre Services [408933] ENTRY DATE & TIME: 12/01/2021 14:51 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (12/01/2021 14:51 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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 12/01/2021 14:51 (SGT) Date of Accident 11/01/2021 15:00 (SGT) Exact Location of Accident Tampines Ave 4, Singapore Additional Location Information outside tampines west mrt Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS2954E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner HE ZIXIANG, JAMIE NRIC No SXXXX994Z Email Address blackbell1982@hotmail.com Mobile Phone No (Phone) +65-92385773 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Fit Variant Exact purpose for which vehicle was being used at time of Private hire accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

No - Claiming third party Private hire

INSURANCE COMPANY

Cover Note Number

NTUC Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number 5116052179

DRIVER

TAN YEN TENG (CHEN YANTING) Name of Driver SXXXX732D NRIC No Date Of Birth 05/03/1982 Occupation Outdoor

Date Of Driving Pass 28/05/2007 Driving experience 13 YEARS AND 8 MONTHS Gender Female Mobile Number (Phone) +65-92385773 Alt. Phone Number Email Address blackbell1982@hotmail.com Address **BLK 81 ANCHORVALE CRESCENT** Address complement #06-23 Postcode 544625 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? 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 Collision - Head to Rear Weather Conditions Clear Road Surface Wet 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Gender Male 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 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 SHF677X Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi Name of Driver Contact Number

Address	_
Address complement	_
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN YEN TENG (CHEN YANTING)
Address	-
Address Complement	6-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMS2954E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Tampines Ave

A: SMS 29541

B: SHF 677)

Describe Circun	nstances	of the Acc	ident							
Stopped	sta	rionary	due	to	the	trat	Hc.	light	was	ved.
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Declaration

IWe declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

+	Personal Particulars				
	Date of Accident: 11 (2) Time of Accident	dent:	3.04 pm		
	Exact Location of Accident: Tampines Ave	4 (outside	Tampines	Nest
	Owner's Name: He Zixiang Jamie	NRIC No: 5	8305994 ZH	P No:	
	Driver's Name: Jan Yer Teng	MRIC No:	5820732DH	P No: 923857	13
	Date of Birth: 5 3 1982 Driv ng Licence Passing Date: 26	5 20070	ccupation: Indo	oor / Outpoor	
	Address: 81 Anchorvale Crescent #01-23 (544625	-)		
	Relationship of Driver with Insured: Sparse Email Address:	blackb	211 1982 3	hotmail. co	m
	Vehicle No: SMS 2954F Make & Model: _	Ho	nda		
	Insurance Co: NTUC Coverage:	Р	olicy No:		
	*Purpose of Reporting? Own Damage Claim / 3rd Pert				
					,
	*Exact Purpose of The Vehicle Was Being Used At Ti	me Of Ac	cident: Privi	ate Use / Work	
-	*Weather Condition? Gear / Raining / Others:		_Wet/pty/o	thers:	
	* Any passenger inside vehicle involved? (Yes / No)	lf yes, Ve	hicle No & H	low many pa	: :
	A: 1+1 B.	C:	D:		
	*Was Anybody Injured ? (Yes,/ No) If yes,				
	Name / NRIC / In Vehicle: Tan ten Tency	nock	t back		
		1,15-		And the state of t	
	*Was The Accident Reported To The Police ?				
	No O Yes, Which Police Station?				
	*Does the Driver Own Any Other Vehicle?				
-	O No O Yes, Vehicle Registration No:insur	er:			
	*Was any foreign vehicle involved? (Yes / No) If yes	s, Vehicle N	o & Category: _	***************************************	
	*Was there any video captured by Car Camera? (Ye	es/No)			
	Third Party Driver's Particulars			2	
	Vehicle & No: SHF 677X Make & Model:				
	Driver's Name:		*:		
	Vehicle C No: Make & Model:				
	Driver's Name:	NRIC No:	1	HP No:	
	Witness Particulars				
	Name:	NRIC No:		HP No:	



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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5116052179 Cover : drivo PREMIUM

Index mark and Registration Number of Vehicle : SMS2954E

Chassis Number : GP51341421
2. Name of Policyholder : HE ZIXIANG, JAMIE
3. Effective Date of Insurance : 20 Feb 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

4. Expiry Date of Insurance

(b) Any other person who is driving on the Policyholder's order or with his/her 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.

: 19 Feb 2021

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1) : \$\$2,000

EXCESS (SECTION 2) : \$\$1,500

WINDSCREEN EXCESS : \$\$100

ADDITIONAL EXCESS : \$\$1,500

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : HE ZIXIANG JAMIE

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : GENIE FINANCIAL SERVICES PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : I INSURANCE AGENCY (00000572538)

Date of Issue : 19 Feb 2020 17:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech	GeneralClaim										
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116052179		HE ZIXIANG, JAMIE	S8305994Z	GPC	drivo PREMIUM	SMS2954E	SMS2954E	20/02/2020	19/02/2021
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Policy No.	5116052179		Policyho Name	older HE	ZIXIANG,	JAMIE	Policyholder NRIC	S8305994Z		
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Address										
Product Name	PRIVATE CAR II	NSURANCE	Plan				Group Policy Flag	N		
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Trans Tran	te of Accident	11/01/2021	Time of Accident hh:mm	15:00	Country of Accident	Singapore
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Part Part Comment						
Separation Se		Unnamed Driver	Driver Type	Unnamed Driver		
Driver Age 28,0572007					Driver DOB	05/03/1982
Tates 1						
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	NAC_PAYA_UBI_800601(NAT CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 2 Jan 2021 15:00	Photos		Normal	Ph	otos 2021-1-12		
12.5		TIONAL ASSESSMENT CENTRE SERVI 2 Jan 2021 15:00	Photos		Normal	Ph	otos 2021-1-12		
		TIONAL ASSESSMENT CENTRE SERVI 2 Jan 2021 15:00	Photos		Normal	Ph	otos 2021-1-12		
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* 3		TIONAL ASSESSMENT CENTRE SERVI 2 Jan 2021 15:00	Photos		Normal	Ph	otos 2021-1-12		
1		TIONAL ASSESSMENT CENTRE SERVI 2 Jan 2021 15:01	SAS		Normal	S	AS 2021-1-12		
た。 国 化 なけれ		TIONAL ASSESSMENT CENTRE SERVI 2 Jan 2021 15:01	NRIC/ Driving License	Y	Normal	NRIC/ Driv	ring License 2021-1-12		
Attachment	Uploa	ded By/Date	Category	?	Urgency		Description	Msg Sent? (CO)	