

NATIONAL Assessment Centre Services.

Part 1 Jan 2003

SN/09211P0004

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 25/01/2021 10:14 | Job description | Date & Time Completed | Done by |
| Ref No NA/CTI21001123/14 | SAS e-filing | | |
| Veh No SML 973 A | E-mail (within 3hrs, AIC 2hrs) | | |
| IP A 23/01/2021 13:55 | I-Motor Claim Form | | |
| IP: (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:

Veh No: FV 8811 L

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 repolter.

() 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 | Action | Done by |
|-----------|--------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

NA2101367

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. 1:

Ref. 2/3:

| Item | Description | Amount | Remarks |
|------|---|-----------|-------------|
| 1) | AR: Accident Reporting (\$30) | | |
| 2) | DA: Damage Assessment (\$100); INC (\$50) | | |
| 3) | TP: Towing Fee | \$40/\$45 | |
| 4) | FT: Follow-Through Survey | \$120 | |
| 5) | PT: Follow-Through Survey (Resurvey) | \$30 | |
| 6) | TR: Re-inspection | \$75 | |
| 7) | N1: Idao DA + SMRT Survey | \$160 | |
| 8) | NTUC Additional Services: | | |
| | QD: | | |
| | *NS: Courtesy Car / Tpt Allowance | \$3 | |
| | *NG: Repair Co-ordination | \$10 | |
| | *NJ: Post Repair Inspection | \$25 | |
| | *NB: DV / Collect Excess Coordination | \$3 | |
| | TP (N11): TP (Non INC) against INC | \$20 | |
| 9) | N12: Idao Mobile | \$0 | |
| | 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 Submission | 25/01/2021 10:14 (SGT) |
| Date of Accident | 23/01/2021 13:55 (SGT) |
| Exact Location of Accident | Jurong West Ave 4, Singapore |
| Additional Location Information | TOWARDS PIONEER ROAD NORTH |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SML973A |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------|
| Is company? | No |
| Name Of Registered Owner | NG KENG SENG |
| NRIC No | SXXXX887D |
| Email Address | ERIC.NG@SG.DIGI-GROUP.COM |
| Mobile Phone No | (Phone) +65-90400066 |
| Alternative Phone No | +65-90400066 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hyundai |
| Model | Avante |
| 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 - Claiming third party |
| Vehicle Category | Private car |

INSURANCE COMPANY

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | China Taiping Insurance |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNW00034732000 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | NG KENG SENG |
| NRIC No | SXXXX887D |
| Date Of Birth | 04/09/1973 |
| Occupation | Outdoor |

| | |
|--|--|
| Date Of Driving Pass | 21/09/1993 |
| Driving experience | 27 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90400066 |
| Alt. Phone Number | +65-90400066 |
| Email Address | ERIC.NG@SG.DIGI-GROUP.COM |
| Address | BLK 651B JURONG WEST STREET 61 #11-358 |
| Address complement | - |
| Postcode | 642651 |
| 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 | Collision - Change/cross lane |
| 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? | 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 | CHERN CHWEE HIONG, TASRICHA |
| Gender | Female |

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? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------------------|
| Vehicle Registration Number | FV8811L |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | - |
| Contact Number | (Phone) +65-98657119 |

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 NG KENG SENG
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SML973A
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person CHERN CHWEE HIONG, TASRICHA
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SML973A
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' 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.

Long Sing

Policyholder's Signature / Date & Time

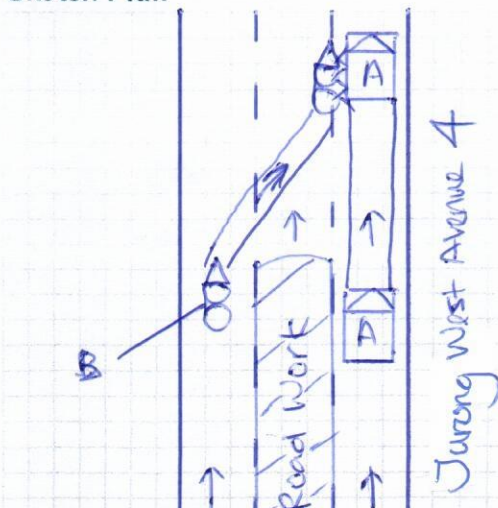
Long Sing

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

HA

Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A: SML973A
Veh B: FV881L


Describe Circumstances of the Accident

On above date & time, I was driving my vehicle A (SML973A) traveling along Jurong West Avenue 4 towards Pioneer Road North on first lane of a 3-lanes, road. Somewhere before Jurong West Street 75, vehicle B (FV8811L) which from most left lane made a sudden right turn and filtered to my lane. As a result, the right portion of vehicle B collided onto the left portion of my vehicle..

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &


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


Witnessed by Reporting Centre



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

N SN

AN0421A

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.

DMPCSNW00034732000

Engine No.: G4FGKU143595

Cha. No.: KMHD841CMKU908263

1. Index Mark and Registration
Number of Vehicle

SML973A

2. Name of Policy Holder

NG KENG SENG(HUANG QINGCHENG)

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

06/05/2020

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

4. Date of Expiry of Insurance

05/05/2021

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\$500 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.

Issued By:

VITESSE SOLUTIONS

Authorised Officer

Authorised Signatory

| | | |
|--|--|----------------------|
| VEHICLE NO: SML973A | MAKE & MODEL: Hyundai Avante | AUTO / MANUAL |
| DATE OF ACCIDENT: 23/01 / 2021 | CC: 1.6 | |
| TIME OF ACCIDENT: 1355 HRS | | |
| LOCATION OF ACCIDENT: Along Jurong West Ave 4 towards Pioneer Rd North | | |
| EXACT PURPOSE USE DURING ACCIDENT: | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | |
| NAME OF OWNER: | Ng Keng Seng | |
| TEL NO: | H/P: 9040 0066 OFFICE: HOME: | |
| NRIC: | S 7331887D | |
| ADDRESS: | BLK 651B Jurong West street 61 # 11-3583 (642651) | |
| EMAIL: | erie.ng@sg.digi-group.com | |
| CLAIM TYPE: | OD / THIRD PARTY / REPORTING ONLY | |
| FLEET POLICY: | YES / NO? | |
| INSURANCE COMPANY: | China Taiping | |
| TYPE OF COVERAGE: | Comprehensive / Third Party / Third Party Fire & Theft | |
| POLICY NO: | DMPCSNW 00034732000 | |
| NAME OF DRIVER: | AS ABOVE / IF NO: | |
| NRIC: | ANY PASSENGER: 2 (P) | |
| DATE OF BIRTH: 4 / 9 / 1973 | LICENCE PASSED DATE: 21 / 9 / 1993 | |
| OCCUPATION: | OUTDOOR / INDOOR | |
| GENDER: | MALE / FEMALE | |
| CONTACT NO: | H/P: OFFICE: HOME: | |
| ADDRESS: | | |
| EMAIL: | | |
| DOES DRIVER OWNED ANY VEHICLE: | NO / IF YES, REG NO: INSURER: | |
| RELATIONSHIP: | Owner | |
| WEATHER CONDITION: | CLEAR / RAINING / OTHERS: | |
| ROAD SURFACE: | DRY / WET / OTHER: | |
| ANY INJURIES: | NO / IF YES, WHO? | |
| NAME & CONTACT: | Ng Keng Seng 9040 0066 | |
| NAME & CONTACT: | Chern Chwee Hong / Tasricha | |
| POLICE REPORT: | NO / IF YES, WHERE? | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | NO / IF YES, WHO? | |
| VEHICLE B REG NO: | FV8811L | ANY PASSENGERS: - |
| NAME OF DRIVER: | | CONTACT NO: 98657119 |
| VEHICLE C REG NO: | | ANY PASSENGERS: |
| VEHICLE D REG NO: | | ANY PASSENGERS: |
| VEHICLE E REG NO: | | ANY PASSENGERS: |
| VEHICLE F REG NO: | | ANY PASSENGERS: |
| VEHICLE G REG NO: | | ANY PASSENGERS: |
| ANY WITNESS? IF YES, NAME: | | WITNESS CONTACT: |
| WAS THERE ANY VIDEO CAPTURE? | YES / NO | |
| WAS THERE ANY AUDIO RECORDED? | YES / NO | |
| ACCIDENT SCENE PHOTOS TAKEN? | YES / NO | |
| ACCIDENT PORTION: | Left portion | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / NO | |
| WORKSHOP PARTICULAR: | A Twin car Automotive Pte Ltd | |
| CONTACT NO: | 68420051 / 67440510 | |
| CONTACT PERSON: | Brandon | |