

# NATIONAL Assessment Centre Services. (ver 1 Jan'08) **54082130001**

|                                  |  |                       |         |
|----------------------------------|--|-----------------------|---------|
| Date In: <b>01/03/2021 09:41</b> | Job description                            | Date & Time Completed | Done by |
| Ref No: <b>NBA/CT1210027814</b>  | SAS e-Milling                              |                       |         |
| Veh No: <b>GTZ 3403K</b>         | E-mail (by date time, A/C time)            |                       |         |
| D.O.A: <b>27/02/2021 12:20</b>   | I-Motor Claims Form                        |                       |         |
| OD <b>TP</b> Reporting Only      | I-Motor W/O (W/ins: OD time, TP time)      |                       |         |
| TP Insurer:                      | I-Photo Uploaded                           |                       |         |
|                                  | Assessment/Survey Report                   |                       |         |
|                                  | Ass't Report by Fax / Hand to Owner/Victim |                       |         |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| TP Principal/s: (                        | Veh No: <b>SGZ 3788X</b>                                | 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 Refor of repolar. |
| ( ) 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: |  |
|         |  |
|         |  |
|         |  |
|         |  |

|                                 |  |            |
|---------------------------------|--|------------|
| <b>N/A 2101511</b>              | 1) All Accident Reporting (30)           |            |
| Driver/Owner:                   | 2) DA Damage Assessment (\$100)          | INC (\$10) |
| Contact No:                     | 3) TP Towing Fee                         | \$120      |
| Damage Portion:                 | 4) PF Follow Through Survey              | \$30       |
| QC Checked by (Engr-In-Charge): | 5) PF Follow Through Survey (Resurvey)   | \$30       |
|                                 | For claimant's use only (ver 10 Jan 200) |            |
|                                 | 6) TR Insurance                          | \$75       |
|                                 | 7) NI Idea DA + EMRT Survey              | \$160      |
|                                 | 8) NIUC Additional Services              |            |
|                                 | OR:                                      |            |
|                                 | * NI Courtesy Car / Tpl Allowance        | \$3        |
|                                 | * NI Repair Coordination                 | \$10       |
|                                 | * NI Post Repair Inspection              | \$25       |
|                                 | * NI DV / Collect Excess Coordination    | \$3        |
|                                 | TE (NIUC) TP (NIUC) & last DRC           | \$30       |
|                                 | 9) NI Idea Mobile                        |            |
|                                 | 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              | 01/03/2021 09:41 (SGT)            |
| Date of Accident                | 27/02/2021 12:20 (SGT)            |
| Exact Location of Accident      | Lor 2 Toa Payoh, Singapore        |
| Additional Location Information | SLIP ROAD INTO PIE TOWARDS CHANGI |
| Country/State of Loss           | Singapore                         |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBH3403K |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                       |
|--------------------------|-----------------------|
| Is company?              | Yes                   |
| Name Of Registered Owner | EZY-1 LEASING PTE LTD |
| Company Reg No           | 2XXXXX333W            |
| Email Address            | woishionliw@gmail.com |
| Mobile Phone No          | (Phone) +65-87780300  |
| Alternative Phone No     | +65-82962684          |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Hiace                     |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Employment                |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Commercial vehicle        |

#### INSURANCE COMPANY

|                           |                         |
|---------------------------|-------------------------|
| Name of Insurance Company | China Taiping Insurance |
| Type of Coverage          | Comprehensive           |
| Fleet Policy              | No                      |
| Policy Number             | DMCVSNA00092932000      |
| Cover Note Number         | -                       |

#### DRIVER

|                |                |
|----------------|----------------|
| Name of Driver | LIEW WOI SHION |
| NRIC No        | SXXXX948Z      |

|  |                                      |
|--|--------------------------------------|
| Date Of Driving Pass .....   | 13/07/2004                           |
| Driving experience .....   | 16 YEARS AND 7 MONTHS                |
| Gender .....   | Male                                 |
| Mobile Number .....  | (Phone) +65-82962684                 |
| Alt. Phone Number .....  | -                                    |
| Email Address .....  | woishionliew@gmail.com               |
| Address .....  | BLK 201B TAMPINES STREET 21 #04-1087 |
| Address complement .....   | -                                    |
| Postcode .....   | 522201                               |
| Is the driver the policyholder? .....                              | No                                   |
| If No, Relationship of the Driver with the Insured .....           | Hirer                                |
| 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 - Head to Rear |
| 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) .....   | 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 ..... | SGZ3228X    |
| Vehicle Manufacturer .....        | -           |
| Vehicle Model .....               | -           |
| Vehicle Variant .....             | -           |
| Vehicle Colour .....              | -           |
| Vehicle Category .....            | Private car |
| Name of Driver .....              | -           |
| Contact Number .....              | -           |
| Address .....                     | -           |
| Address complement .....          | -           |
| Postcode .....                    | -           |

Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

|   |                |
|---|----------------|
| Name of injured person                              | LIEW_WOI SHION |
| Address   | -              |
| Address Complement                                  | -              |
| Post Code   | -              |
| Approximate Age Years Old                           | -              |
| Injuries Sustained                                  | SLIGHT INJURY  |
| Injured person in which vehicle?                    | GBH3403K       |
| Were seat belts worn?                               | Yes            |
| Was this injured conveyed to hospital by ambulance? | No             |



## SKETCH PLAN

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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

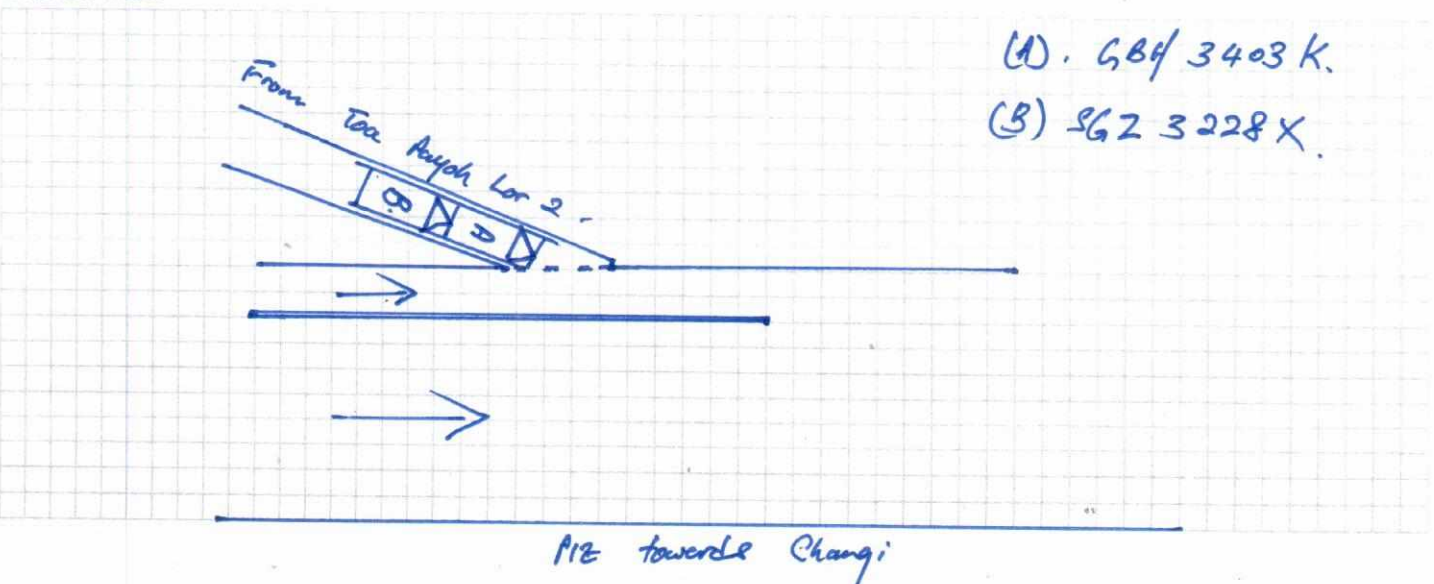
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan




**Describe Circumstances of the Accident**

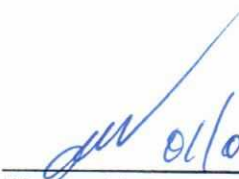
On 27/02/21 at @ 1220 hrs, I stopped my vehicle (GBH 3403K) along Lor 2 Paa Layoh, slip road onto PRT towards Changi to give way to the traffic on the main road. Suddenly, a car (SGZ 3228X) from behind collided onto the rear portion of my vehicle.

**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

 01/03/2021  
Witnessed by Reporting Centre Personnel



|  |   |  |                      |                                     |  |
|--|---|--|----------------------|-------------------------------------|--|
| VEHICLE NO:  | GBH 3403K   |  | MAKE & MODEL:        | Toyota Place - <u>AUTO</u> / MANUAL |  |
| DATE OF ACCIDENT:  | 27/ 02/ 21  |  | CC:                  | 2982                                |  |
| TIME OF ACCIDENT:  | 1220 HRS  |  |                      |                                     |  |
| LOCATION OF ACCIDENT:  | Lor 2 Pua Payoh step road into Pte towards Changi             |  |                      |                                     |  |
| EXACT PURPOSE USE DURING ACCIDENT:   | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE <u>(Rental)</u>       |  |                      |                                     |  |
| NAME OF OWNER:   | EZY-1 Leasing Pte Ltd.  |  |                      |                                     |  |
| TEL NO:  | H/P: 8778 0300  |  | OFFICE:              | HOME:                               |  |
| NRIC:  | 201726333W  |  |                      |                                     |  |
| ADDRESS:   | 15 Yushun Industrial Street 1, Unit 5 #01-21 (S) 768091.      |  |                      |                                     |  |
| EMAIL:   |   |  |                      |                                     |  |
| CLAIM TYPE:  | OD / <u>THIRD PARTY</u> / REPORTING ONLY                      |  |                      |                                     |  |
| FLEET POLICY:  | <u>YES</u> / NO ?   |  |                      |                                     |  |
| INSURANCE COMPANY:   | China Taiping.  |  |                      |                                     |  |
| TYPE OF COVERAGE:  | <u>Comprehensive</u> / Third Party / Third Party Fire & Theft |  |                      |                                     |  |
| POLICY NO:   | DMCVSNA 00092932000   |  |                      |                                     |  |
| NAME OF DRIVER:  | AS ABOVE / IF NO: Liew Woi Shion                              |  |                      |                                     |  |
| NRIC:  | S8368948Z   |  | ANY PASSENGER:       | N.A.                                |  |
| DATE OF BIRTH:   | 03/ 02/ 1983  |  | LICENCE PASSED DATE: | 13/ 07/ 2004                        |  |
| OCCUPATION:  | <u>OUTDOOR</u> / INDOOR                                       |  |                      |                                     |  |
| GENDER:  | <u>MALE</u> / FEMALE  |  |                      |                                     |  |
| CONTACT NO:  | H/P: 8296 2684  |  | OFFICE:              | HOME:                               |  |
| ADDRESS:   | BLK 201B Tampines St 21 #04-1087 (S) 522201.                  |  |                      |                                     |  |
| EMAIL:   | woishionliew@gmail.com  |  |                      |                                     |  |
| DOES DRIVER OWNED ANY VEHICLE:   | <u>NO</u> / IF YES, REG NO:                                   |  | INSURER:             |                                     |  |
| RELATIONSHIP:  | Hiree   |  |                      |                                     |  |
| WEATHER CONDITION:   | <u>CLEAR</u> / RAINING / OTHERS:                              |  |                      |                                     |  |
| ROAD SURFACE:  | <u>DRY</u> / WET / OTHER:                                     |  |                      |                                     |  |
| ANY INJURIES:  | <u>NO</u> / IF YES, WHO?                                      |  |                      |                                     |  |
| NAME & CONTACT:  | Liew Woi Shion  |  |                      |                                     |  |
| NAME & CONTACT:  |   |  |                      |                                     |  |
| POLICE REPORT:   | <u>NO</u> / IF YES, WHERE?                                    |  |                      |                                     |  |
| NOTICE OF INTENDED PROSECUTION GIVEN?  | <u>NO</u> / IF YES, WHO?                                      |  |                      |                                     |  |
| VEHICLE B REG NO:  | SGZ 3228X   |  | ANY PASSENGERS:      | N.A.                                |  |
| NAME OF DRIVER:  |   |  | CONTACT NO:          |                                     |  |
| 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:   | N.A.  |  | WITNESS CONTACT:     | N.A.                                |  |
| WAS THERE ANY VIDEO CAPTURE?   | YES / <u>NO</u>   |  |                      |                                     |  |
| WAS THERE ANY AUDIO RECORDED?  | YES / <u>NO</u>   |  |                      |                                     |  |
| ACCIDENT SCENE PHOTOS TAKEN?   | <u>YES</u> / NO   |  |                      |                                     |  |
| ACCIDENT PORTION:  | Rear Portion  |  |                      |                                     |  |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? |   |  | YES / NO             |                                     |  |
| WORKSHOP PARTICULAR:   | N-51  |  |                      |                                     |  |
| CONTACT NO:  | 68420051 / 67440510   |  |                      |                                     |  |
| CONTACT PERSON:  | JOSEPH TAN.   |  |                      |                                     |  |
| FAX NO:  | 67410510  |  |                      |                                     |  |
| WORKSHOP EMAIL:  | sales@n51.com.sg  |  |                      |                                     |  |



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 Commercial

MZ407/C

N SN

AN0676A

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.

DMCVSNA00092932000

Engine No.: 1KD2733025

Cha. No.: KDH2010228266

1. Index Mark and Registration  
Number of Vehicle

GBH3403K

AUTOSAFE  
=====

2. Name of Policy Holder

EZY-1 LEASING PTE LTD

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

20/09/2020

Excess Sect. I . S\$1,500.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

19/09/2021

EX ON WINDSCREEN . S\$100.00

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use\*

(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.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED

\* 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: Zhong YueQiang  
Authorised Officer

Authorised Signatory