

NATIONAL Assessment Centre Services. [wef 1 Jan'05] SM 0921310001

|                             |  |                       |         |
|-----------------------------|--|-----------------------|---------|
| Date In: 18/13/21 09:56     | Job description                          | Date & Time Completed | Done by |
| Ref No: MA/CTZ 2100 3517/h4 | SAS e-filing                             |                       |         |
| Veh No: SGP 3199Z           | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 17/13/21 03:42       | i-Motor Claim Form                       |                       |         |
| 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: SLS 9496B. 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 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| Claimant's Particulars:-        | Invoice Preparation Checklist                   | Amt (\$)<br>Inc Bill | Amt (\$)<br>Add Bill |
|---------------------------------|---|----------------------|----------------------|
| NA 210 2351                     | 1) AR: Accident Reporting (\$30);               | 30                   |                      |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                      |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |                      |                      |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |                      |                      |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |                      |                      |
| Auditors' Comments:-            | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| Pat. 1:                         | 6) TR: Re-inspection \$75                       |                      |                      |
| Pat. 2/3:                       | 7) N1: Idac DA + SMRT Survey \$160              |                      |                      |
|                                 | 8) NTUC Additional Services:-                   |                      |                      |
|                                 | OD*   |                      |                      |
|                                 | *N5: Courtesy Car / Tpl 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: Idac Mobile 30                          |                      |                      |
|                                 | 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 .....              | 18/03/2021 09:56 (SGT) |
| Date of Accident .....                | 17/03/2021 03:42 (SGT) |
| Exact Location of Accident .....      | Ophir Rd, Singapore    |
| Additional Location Information ..... | JUNC WITH BEACH RD     |
| Country/State of Loss .....           | Singapore              |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SGP3199Z |
|-----------------------------------|----------|

## INSURED/POLICYHOLDER

|                                |                       |
|--------------------------------|-----------------------|
| Is company? .....              | No                    |
| Name Of Registered Owner ..... | KOH JIN JIE           |
| NRIC No .....                  | SXXXX008J             |
| Email Address .....            | JINJIE_93@HOTMAIL.COM |
| Mobile Phone No .....          | (Phone) +65-97523131  |
| Alternative Phone No .....     | +65-97523131          |

## VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Hyundai                   |
| Model .....  | Elantra                   |
| Variant .....  | -                         |
| Exact purpose for which vehicle was being used at time of accident .....           | Private hire              |
| Are you claiming under your own insurance policy for repair to your vehicle? ..... | No - Claiming third party |
| Vehicle Category .....   | Private hire              |

## INSURANCE COMPANY

|                                 |                         |
|---------------------------------|-------------------------|
| Name of Insurance Company ..... | China Taiping Insurance |
| Type of Coverage .....          | Comprehensive           |
| Fleet Policy .....              | No                      |
| Policy Number .....             | DMHCSNW00008602000      |
| Cover Note Number .....         | -                       |

## DRIVER

|                      |             |
|----------------------|-------------|
| Name of Driver ..... | KOH JIN JIE |
| NRIC No .....        | SXXXX008J   |
| Date Of Birth .....  | 29/03/1993  |
| Occupation .....     | Outdoor     |

Date Of Driving Pass ..... 09/10/2012  
 Driving experience ..... 8 YEARS AND 5 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-97523131  
 Alt. Phone Number ..... +65-97523131  
 Email Address ..... JINJIE\_93@HOTMAIL.COM  
 Address ..... BLK 660 HOUGANG AVE 8 #09-471  
 Address complement ..... -  
 Postcode ..... 530660  
 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? ..... No  
 Was any injured conveyed to hospital by ambulance? ..... -  
 Was any other material or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 3  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

PASSENGER 1

Name ..... -  
 Gender ..... Male

PASSENGER 2

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLS9496B  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -

|   |                      |
|---|----------------------|
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | ONG CHIN YAP         |
| NRIC No .....                                 | -1                   |
| Contact Number .....                          | (Phone) +65-82336693 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | -                    |

## 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 willful 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

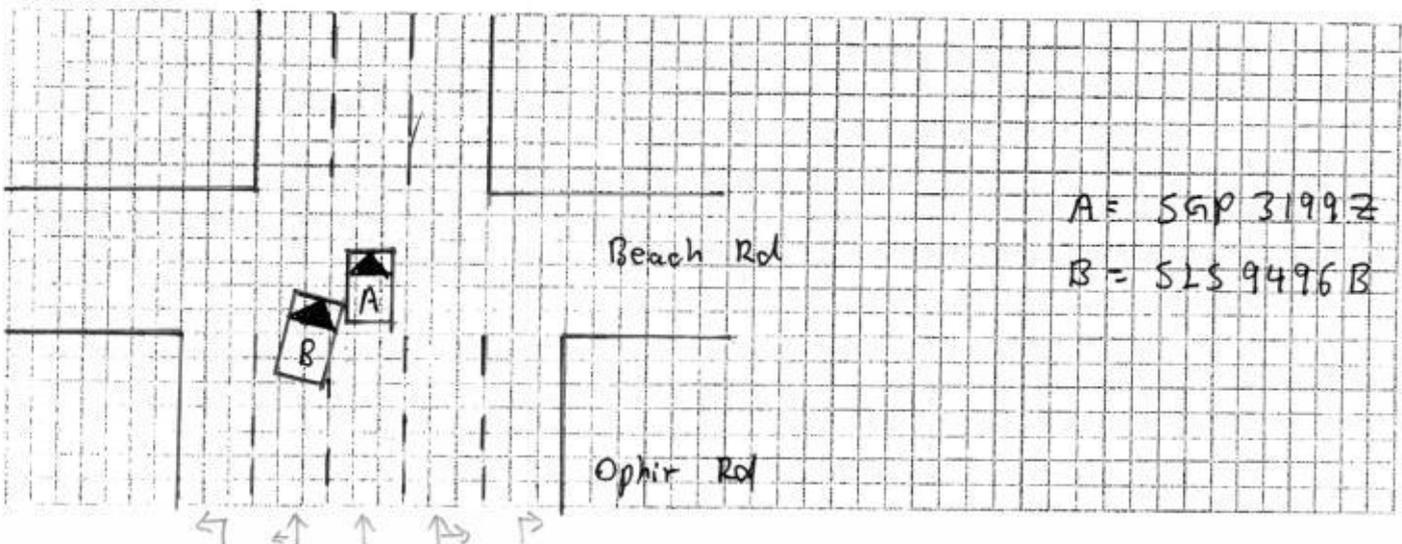
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### **Sketch Plan**





Motor Hire Car

MZ406L/B

**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)

N SN

AN0498A

Cov. Type:C

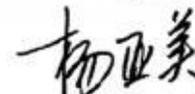
|   |   |                                     |                            |
|---|---|-------------------------------------|----------------------------|
| CERTIFICATE No.   | DMHCSNW00008602000  | Engine No.: G4FGBU395564            | Cha. No.:KMHDH41CMCU345028 |
| 1. Index Mark and Registration Number of Vehicle  | SGP3199Z  | AUTOSAFE                            | *****                      |
| 2. Name of Policy Holder  | KOH JIN JIE   |                                     |                            |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment  | 09/12/2020<br>(00:00:00)  | Excess Sect. I .                    | SS\$1,250.00               |
|   |   | Excess Sect. I (Outside Singapore)  | SS\$2,500.00               |
|   |   | Excess Sect. II                     | SS\$1,250.00               |
| 4. Date of Expiry of Insurance  | 08/12/2021  | Excess Sect.II (Outside Singapore), | SS\$2,500.00               |
|   |   | EX ON WINDSCREEN .                  | SS\$100.00                 |
| 5. Persons or Classes of Persons entitled to drive*   | As per Named Driver(s) stated below.<br>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. |                                     |                            |
|   | KOH JIN JIE   |                                     |                            |
| 6. Limitations as to use:*  | (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.<br>(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.  |                                     |                            |
|   | The Policy does not cover<br>(1) Use for racing, pace-making, reliability trial or speed-testing.<br>(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.   |                                     |                            |
| HIRE PURCHASE CO. : GV CREDIT PTE LTD   |   |                                     |                            |
| * 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: NEO & COMPANY INSURANCE AGENCY  
Authorised Officer



Authorised Signatory

# ACCIDENT STATEMENT

ACCIDENT DATE: (7/03/2021) (DD/MM/YYYY), TIME: (03:42) (HH:MM)

LOCATION: Intersection between ophir road and beach road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGP 3199Z  
b) INSURANCE COMPANY: China Taiping  
c) POLICY NUMBER: DMHCSNW 0000 3602 000  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HYUNDAI Elantra  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: commercial purpose Grab  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: KOH JIN JIE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9311008J CONTACT: 9752 3131  
c) ADDRESS: HONGKANG AVENUE 8 BLK 660 #09-471  
(1530 660)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (29/03/1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 9 years

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: SLS 9496 B MODEL: TOYOTA PRIUS  
b) DRIVER'S NAME: ONG CHIN HAP  
c) NRIC/FIN/PASSPORT: S0 51271428 T CONTACT: 8233 6693

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(3)

11  
MM

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Jin Jie - 93

Email = Jin Jie\_93@hotmail.com

fax =

VIDEO = YES