

NATION 11 Assessment Centre Services

SN 09214 3000A

| | | | |
|--|--|------------------------|----------|
| Date In: 26/4/21 17:52 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: MA/CTZ 21005157/64 | E-mail (within 24hrs): | | |
| Veh No: SMF 5064Y | i-Motor Claim Form | | |
| D.O.A: 25/4/21 15:45 | i-Motor W/O (Within 24hrs: TP 4hrs) | | |
| OD: <input checked="" type="checkbox"/> Reporting Only | 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: 38N 32K | 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%, F: 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

MA2102686

| Claimant's Particulars :- | Invoice Preparation Checklist | Ant (\$) | Ant (\$) |
|---------------------------------|---|--------------|----------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | 30 | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FF: Follow-Through Survey \$120 | | |
| Auditors' Comments :- | 5) iT: Follow-Through Survey (Resurvey) \$30 | | |
| Cat 1: | For claiming against INC Only (wef 10 Jan 2005) | | |
| Cat 2/3: | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | Q12: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (N-a INC) against INC \$20 | | |
| | 9) N12: Idac Mobile \$30 | | |
| | Invoice date: | 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 | 26/04/2021 17:52 (SGT) |
| Date of Accident | 25/04/2021 15:45 (SGT) |
| Exact Location of Accident | TPE, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SMF5064Y |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | CHEN YU BING |
| NRIC No | SXXXX380J |
| Email Address | STANFORDHO96@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96163280 |
| Alternative Phone No | +65-96163280 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hyundai |
| Model | I30 |
| 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 |
| Transmission | Auto |
| CC | 1400 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNW00150282001 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------|
| Name of Driver | STANFORD HO |
| NRIC No | SXXXX470E |



| | |
|--|-------------------------------|
| Date Of Birth | 23/05/1996 |
| Occupation | Indoor |
| Date Of Driving Pass | 19/04/2021 |
| Driving experience | 0 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-82282050 |
| Alt. Phone Number | - |
| Email Address | STANFORDHO96@GMAIL.COM |
| Address | BLK 33 PASIR RIS GROVE #09-66 |
| Address complement | - |
| Postcode | 518076 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|-------------|
| Name | CHEN YUBING |
| 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 |
| Reasons for not uploading a video of the accident | WITH DRIVER |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------|
| Vehicle Registration Number | SBN32K |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |

| | |
|---|-------------|
| Vehicle Category | Private car |
| 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 | STANFORD HO |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SMF5064Y |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|-------------|
| Name of injured person | CHEN YUBING |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SMF5064Y |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

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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' 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.

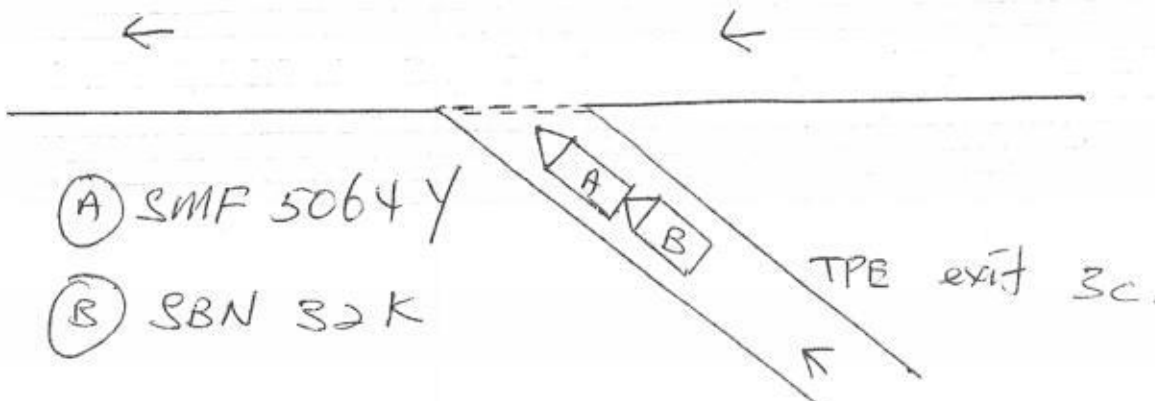
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Pair R/S Dr &





Describe Circumstances of the Accident


On the stated date & time, I, vehicle A(SME5064Y) was travelling at the stated location. As vehicle in front of me move off I proceed forward to the stop line and stop to give way for the oncoming vehicle. Suddenly, I felt an impact from the rear portion of my vehicle. I alighted & realised vehicle B(SBN32K) collided onto the rear portion of my vehicle causing damages.

Declaration

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


Witnessed by Reporting Centre Personnel

Motor Private Car

MX1F

R SN

AN0584A

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.

DMPCSNW00150282001

Engine No.: G4LJD079102

Cha. No.:TMAH5H13VKJ009294

1. Index Mark and Registration
Number of Vehicle

SMF5064Y

2. Name of Policy Holder

CHEN YU BING

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

15/11/2020

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

14/11/2021

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: HUANG GUOQING TERRY
Authorised Officer


Authorised Signatory

Date of Accident

: 25/4/2021 Accident Time: 15.45 (24-HR-FORMAT)

Accident Place

: TPE exit SC slip Rd. Towards Pasir Ris Drive 8

Vehicle Reg. No (Car plate No.)

: SMF 5064 Vehicle Make/Model: Hyundai Fastback

Insurance Company

: China Taiping Policy No. DMPCSNW00150282001

Name of Registered Owner

: Company / Individual Chen Yubing

ID of Registered Owner

: Co Reg No: — Owner's NRIC No: 86876380 J.

: Co Contact No: — Owner's Contact No: 96163280

DRIVER'S Name

: Stanford Ho DRIVER'S NRIC No: 89617470 E

DRIVER'S Date of Birth

: 23/5/1996 DRIVER'S License Pass Date 19/4/2021

Relationship bet. Owner & Driver

: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —

DRIVER'S Address

: B1K 33, Pasir Ris Grove #09-66 (S18076)

DRIVER'S Contact No./ Alt No

: 1) 82282050 2) —

DRIVER'S Occupation

: INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address

: Stanfordho96@gmail.com

Weather & Road Surface

: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type

: Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 2

Passenger Name: Chen Yubing Gender: M/F

Was the accident reported to the police? YES \ NO

Passenger Name: — Gender: M/F

Was there any video Captured by car camera: YES \ NO

Any Injuries: YES \ NO Injured Name: Chen Yubing

Injured Name: Stanford Ho

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SBN 32K

Vehicle Reg No: —

Vehicle Make/Model: Honda

Vehicle Make/Model: —

Name DRIVER: —

Name DRIVER: —

ID No. DRIVER: —

ID No. DRIVER: —

DRIVER'S Contact & add: —

DRIVER'S Contact & add: —

Other Party Driver's Particulars (if any)

Vehicle Reg No: —

Vehicle Reg No: —

Vehicle Make/Model: —

Vehicle Make/Model: —

Name DRIVER: —

Name DRIVER: —

ID No. DRIVER: —

ID No. DRIVER: —

DRIVER'S Contact & add: —

DRIVER'S Contact & add: —