

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 15/07/21 | Job description | Date & Time Completed | Done by |
| Ref No: NA/CTI21007690/13 | SAS e-filing | | |
| Veh No: SJ42788T | E-mail (within 8hrs. A/C 2hrs) | | |
| D.O.A: 13/07/21 0905 | 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: SLV56624 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|--|---|----------------------|----------------------|
| NA2103479 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Claimant's Particulars :- | 1) AR: Accident Reporting (\$30); | | |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| | 3) TF: Towing Fee \$40/\$45 | | |
| | 4) FT: Follow-Through Survey \$120 | | |
| | 5) RT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| QC Checked by (Engr-In-Charge): | Q1* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| Auditors' Comments :- | *N8: DV / Collect Excess Coordination \$5 | | |
| | *N9: DV / Collect Excess Coordination \$5 | | |
| Cat. 1: | TP (N11): TP (Non INC) against INC \$20 | | |
| Cat. 2 / 3: | 9) N12: Idac Mobile 30 | | |
| | 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 | 15/07/2021 15:24 (SGT) |
| Date of Accident | 13/07/2021 09:05 (SGT) |
| Exact Location of Accident | Havelock Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJU2788T |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | TAN JIAN HUI |
| NRIC No | SXXXX930B |
| Email Address | vianonog@gmail.com |
| Mobile Phone No | (Phone) +65-81255339 |
| Alternative Phone No | +65-81255339 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Subaru |
| Model | Forester |
| 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 | 2498 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNW00163972001 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | TAN JIAN HUI |
| NRIC No | SXXXX930B |

| | |
|--|---------------------------|
| Date Of Birth | 22/08/1988 |
| Occupation | Indoor |
| Date Of Driving Pass | 03/11/2010 |
| Driving experience | 10 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81255339 |
| Alt. Phone Number | +65-81255339 |
| Email Address | vianonog@ymail.com |
| Address | BLK 62B STRATHMORE AVENUE |
| Address complement | #10-58 |
| Postcode | 143062 |
| 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 | Side Swipe |
| Weather Conditions | Raining |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle 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 | ISABELLA YONG |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|---------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Serangoon Neighbourhood Police Centre |
| Police Station Address | 50 Serangoon Avenue 2 #01-02 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210713/2098

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLV5662U |
| 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) | - |

I 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 lodgment 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

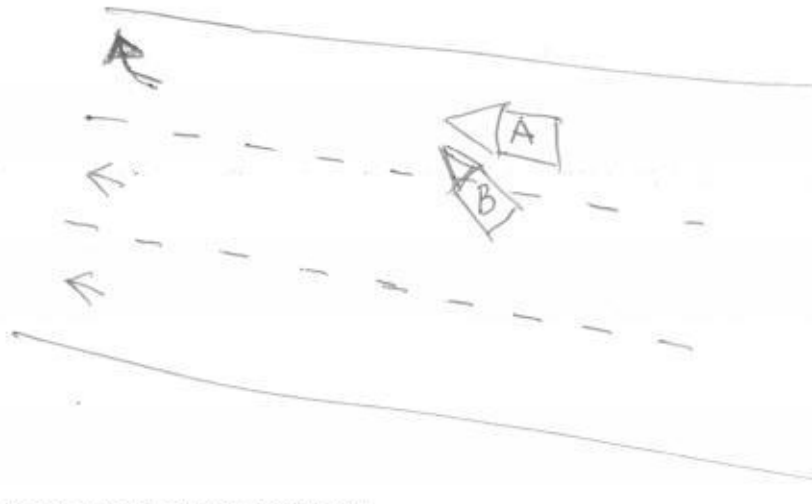
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Shym* 15/07/21
NRIC/FIN No:

HAVELOCK ROAD

A SJU 2788 T
SLV
B ~~SLV~~ 56624



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20210713/2098

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:



SINGAPORE POLICE FORCE



T/20210713/2098

1 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20210713/2098

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 13/07/2021 16:00 | Vide Report No.: | Station Diary No.: 36 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: TAN JIAN HUI | | | Address: APT BLK 62B STRATHMORE AVENUE #10-58 SINGAPORE 143062 | | |
| ID Type / ID No.: NRIC NO / S8829930B | | | Contact No.: Home/Office: Mobile: 81255339 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 32 | Date of Birth: 22/08/1988 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: FINANCIAL ADVISOR | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 13/07/2021 09:05 | Type of Location: X-Junction |
| Location: HAVELOCK ROAD | | | | |
| Weather: Raining | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|----------------------------------|-------|---------------------|-----------------|
| SJU2788T | Car | SUBARU | FORESTER 2.0I-L CVT AWD SR | Brown | Slightly Damaged | 2 |
| SLV5662U | Car | | | | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
POLICE FORCE**



T/20210713/2098

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 3

Report No. T/20210713/2098

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Sgt 3 NGIO HAN BOON, DARREN

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

13/07/2021 16:00

Officer In Charge Of Case:

TP / HRT /

SI STEPHANIE, CHEUNG TSZ YING

Contact No.: 96208032

Classification Of Case:

SN 156

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20210713/2098

Police Station Of Origin:

2 of 3

Serangoon N.P.C

Report No. T/20210713/2098

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

CONTINUATION OF REPORT

Tel No: 1800-4880999

| Details of Vehicle Insurance | | | | |
|------------------------------|--|------------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJU2788T | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNW001639 72001 | 22/11/2020 | 21/11/2021 |

Brief Details.

On 13/07/2021 at about 0905hrs, I was driving my vehicle (SJU2788T) along Havelock Rd towards New Bridge Rd. At the junction of Outram Rd, I was at lane 2 which is a right turning lane intending to turn right. Half way through while turning right, 1 vehicle (SLV5662U) suddenly overtook my vehicle from my left, which is not a right turning lane and collided into the front left bumper area of my vehicle while trying to cut in front of my vehicle. We did not exchange particulars as the driver did not stopped his vehicle and continued to drive on. My in-car camera had capture the whole incident.

neil: jbl@idac.com.sg Tel no: 6555 6111

to proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13 / 07 / 2021 (dd/mm/yy) Time of Accident: 0905 (24-HR-FORMAT)
Vehicle No.: SJ42788T Vehicle Make & Model / Engine (cc): Subaru Forester Private Hire: (Y/N) (N)
Exact location of Accident: Haileik Road towards New Bridge Road
Policyholder's Name / IC No.: SEB299308 ROC/UEN (Company):
Driver's Name / IC No.: TAN JIAN HUI SEB299308 (As Above) ☐
Driver's Contact No.: 8125 5339 Company Contact No / Owner Contact No: 8125 5339
Driver's Address: 62B Strathmore Avenue #D-58 SINGAPORE 147062
Owner Email address: vianong@gmail.com Insurance Company: CHINA TAIPIING
Driver Email address: Vianong@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): _____

*Passenger Name: KARILLA YONG

Gender: Male / Female x()

*Passenger Name: _____

Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No Remarks: _____

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: ~~SLV 562U~~ SLV 562U

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Motor Private Car

MX1F

R SN

AN0006A

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. | | DMPCSNW00163972001 | Engine No.: FB20YE44307 |
| | | | Cha. No.: JF1SJ5KC5JG112347 |
| 1. Index Mark and Registration Number of Vehicle | SJU2788T | | |
| 2. Name of Policy Holder | TAN JIAN HUI | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 22/11/2020 (00:00:00) | Named Drivers Ex Sect. I | \$S1,500.00 |
| | | Additional Ex Other than Named Drivers | |
| | | Ex Sect. I - Age <= 25 | \$S3,000.00 |
| | | Ex Sect. I - Age >= 26 | \$S500.00 |
| 4. Date of Expiry of Insurance | 21/11/2021 | * Age as at date of accident | |
| | | EX ON WINDSCREEN | \$S100.00 |
| 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 \$S500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year. | | | |

HIRE PURCHASE CO.: DBS BANK LTD AS HP OWNER

* 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:

ALFA CREDIT PTE LTD
Authorised Officer

Authorised Signatory