

NATIONAL Assessment Centre Services, [url | Jan 03], **540821890004**

| | | | |
|----------------------------------|----------------------------------------|-----------------------|---------|
| Date In: 16/08/2021 15:26 | Job description | Date & Time Completed | Done by |
| Ref No: NBAIC17210085004 | SAS e-illing | | |
| Veh No: 963 NAYK | E-mail (5 jobs 3hrs, AIG 2hrs) | | |
| D.O.A: 14/08/2021 10:20 | I-Motor Claim Form | | |
| OD: TP Reporting Only | I-Motor W/O (With/In OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Assl Report by Fax/Hand to Owner/VLisp | | |

Preferred Wkcp / INC Assign Wkcp / QWz: () Tel: () Fax: ()

TP Handwritten: Vch No: **822 4919U**, INC () / Non-INC ()

Owner / Drivers: () 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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO Refor of repair.

() 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 > \$9000] ()

Injury: _____

| | | |
|---------------------------------|-------------------------------------------------------|----------|
| N/A 2103590 | 1) All Accident Reporting (50) | |
| Driver/Owner: | 2) DA Damage Assessment (\$100) | INC (40) |
| Contract No: | 3) TP Towing Fee | \$120 |
| Damaged Portion: | 4) PT Follow Through Survey | \$30 |
| QC Checked by (Engr-In-Charge): | 5) PT Follow Through Survey (Resurvey) | \$30 |
| | 6) PT Follow Through Survey (Resurvey) (w/10 min 200) | \$70 |
| | 7) PT Follow Through Survey (Resurvey) | \$160 |
| | 8) PT Follow Through Survey (Resurvey) | |
| | 9) PT Follow Through Survey (Resurvey) | |
| | 10) PT Follow Through Survey (Resurvey) | |
| | 11) PT Follow Through Survey (Resurvey) | |
| | 12) PT Follow Through Survey (Resurvey) | |
| | 13) PT Follow Through Survey (Resurvey) | |
| | 14) PT Follow Through Survey (Resurvey) | |
| | 15) PT Follow Through Survey (Resurvey) | |
| | 16) PT Follow Through Survey (Resurvey) | |
| | 17) PT Follow Through Survey (Resurvey) | |
| | 18) PT Follow Through Survey (Resurvey) | |
| | 19) PT Follow Through Survey (Resurvey) | |
| | 20) PT Follow Through Survey (Resurvey) | |
| | 21) PT Follow Through Survey (Resurvey) | |
| | 22) PT Follow Through Survey (Resurvey) | |
| | 23) PT Follow Through Survey (Resurvey) | |
| | 24) PT Follow Through Survey (Resurvey) | |
| | 25) PT Follow Through Survey (Resurvey) | |
| | 26) PT Follow Through Survey (Resurvey) | |
| | 27) PT Follow Through Survey (Resurvey) | |
| | 28) PT Follow Through Survey (Resurvey) | |
| | 29) PT Follow Through Survey (Resurvey) | |
| | 30) PT Follow Through Survey (Resurvey) | |

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 16/08/2021 15:36 (SGT)
Date of Accident 14/08/2021 10:20 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information TOWARDS CTE/SLE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ484K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JIAN HAO RENOVATION
Company Reg No 5XXXX100D
Email Address alvinlee1904@gmail.com
Mobile Phone No (Phone) +65-96371371
Alternative Phone No +65-96371371

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
Transmission Manual
CC 2754

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00121592001
Cover Note Number -

DRIVER

Name of Driver ALVIN LEE BING RU
NRIC No SXXXX705E

| | |
|--------------------------------------------------------------|------------------------------------|
| Date Of Birth | 19/04/1989 |
| Occupation | Outdoor |
| Date Of Driving Pass | 13/07/2017 |
| Driving experience | 4 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-96371371 |
| Alt. Phone Number | - |
| Email Address | alvinlee1904@gmail.com |
| Address | BLK 844 WOODLANDS AVENUE 4 #02-606 |
| Address complement | - |
| Postcode | 730844 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 vehicle 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? | Yes |
| Police Station Name | Bedok Division Headquarters |
| Police Station Phone No | (Phone) +65-18002440000 |
| Alt. Police Station Phone No | (Fax) +65-64443009 |
| Police Station Address | 30 Bedok North Road Singapore 469676 |
| 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 | SLZ4919U |
| 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 | ALVIN LEE BING RU |
| Gender | Male |
| Phone No | (Phone) +65-96371371 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | GBJ484K |
| 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.



[Handwritten Signature]

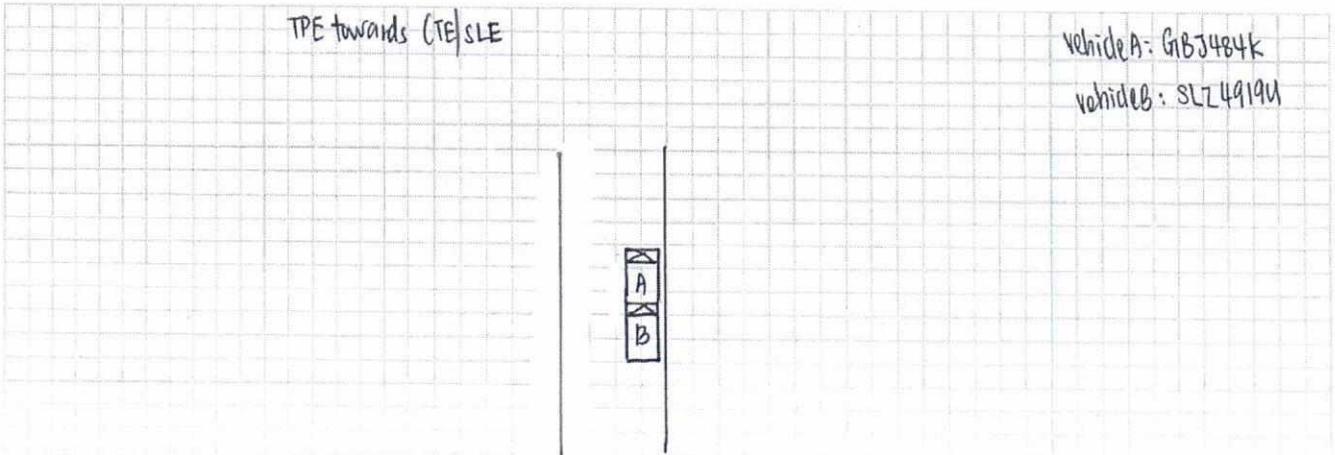
Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature] 16/08/2021
Witnessed by Reporting Centre Personnel

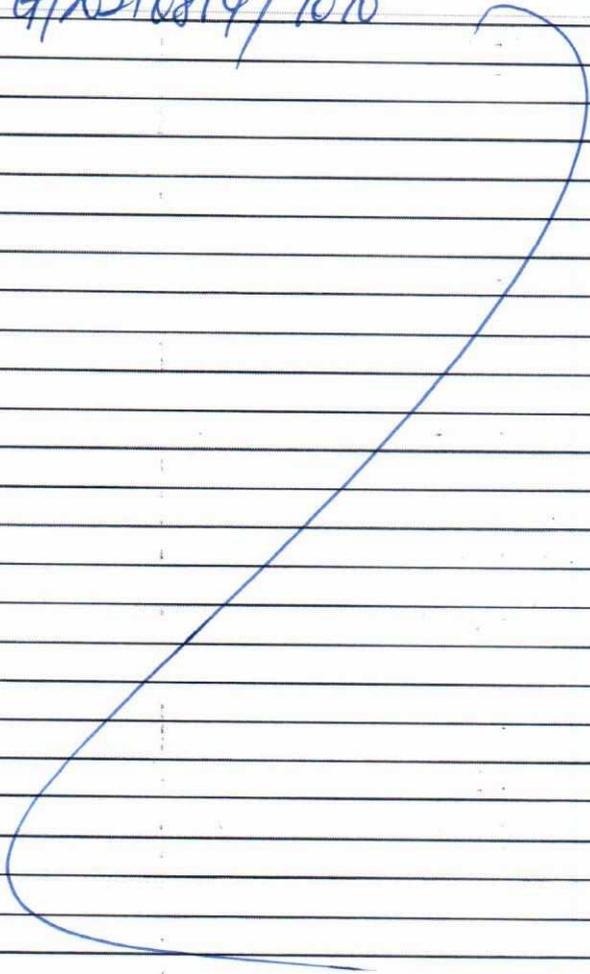
Sketch Plan



Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (G85484K) was travelling straight at the stated location on the extreme right lane. As the infront vehicle came to a stop, I followed suit. Suddenly, I felt a huge impact from the rear portion of my vehicle. I alighted & realised vehicle B (SLZ4919U) collided onto the rear portion of my vehicle causing damages.

Police Report G/20210814/7070



Declaration

We declare the foregoing particulars are true in every respect.



[Handwritten signature]

Policyholder's Signature / Date & Time

[Handwritten signature]

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

[Handwritten signature] 16/08/2021
Witnessed by Reporting Centre Personnel



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210814/7070

I alighted to realise that SLZ4919U had crashed into the rear of my vehicle.

Both the front of SLZ4919U and the rear of my van was badly damaged.

Later the same afternoon, I started experiencing soreness over my neck, shoulders and lower back areas.

As such, I went to a nearby clinic, Unihealth 24-Hr Clinic Jurong East, from where I was in the evening after work, to seek treatment.

I was given 3 days MC.

| | |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 14/08/2021 23:10 |
| Officer In-Charge Of Case: Authentication Stamp | Classification Of Case: |

3

Date of Accident : 14/8/2021 Accident Time: 10:20hrs (24-HR-FORMAT)
 Accident Place : TPE towards CTE/SLE After Tampines Ave 7 Exit
 Vehicle Reg. No (Car plate No.): G83484K Vehicle Make/Model: Toyota Hiace
 Insurance Company : China Taiping Policy No. DMCVSNW00121592001
 Name of Registered Owner : Company / Individual Jian Hao Renovation
 ID of Registered Owner : Co Reg No: 502901000 Owner's NRIC No: -
 Co Contact No: - Owner's Contact No: 96371371

DRIVER'S Name : Alvin Lee Bing Ru DRIVER'S NRIC No: S8913705E
 DRIVER'S Date of Birth : 19 Apr 1989 DRIVER'S License Pass Date 13 Jul 2017
 Relationship bet. Owner & Driver : Spouse (Parents (Children) Sibling (Employer) Others :
 DRIVER'S Address : MT. BIK 844 Woodlands Avenue 4 #02-606 Singapore 730844
 DRIVER'S Contact No./ Alt. No. : 1) 90048461 2) -
 DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : alvinlee1904@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): 01 Passenger Name: _____ 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: Alvin Lee Bing Ru
 Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose Injured Name: _____

Other Party Driver's Particulars (if any)

| | |
|--------------------------------|-------------------------------|
| Vehicle Reg No: <u>SU2419U</u> | Vehicle Reg No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC 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: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |

Motor Commercial

MZ300/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)

R SN

AN0478A

Cov. Type:C

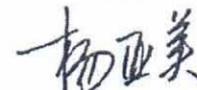
| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------|
| CERTIFICATE No. | DMCVSNW00121592001 | Engine No.: 1GD8334140 | |
| | | Cha. No.:GDH2012002781 | |
| 1. Index Mark and Registration Number of Vehicle | GBJ484K | AUTOSAFE | ===== |
| 2. Name of Policy Holder | JIAN HAO RENOVATION | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 08/12/2020 (00:00:00) | Excess Sect I . | S\$500.00 |
| | | EX ON WINDSCREEN . | S\$100.00 |
| 4. Date of Expiry of Insurance | 07/12/2021 | | |
| 5. Persons or Classes of Persons entitled to drive* | Any person who is driving on the Policyholder's order or with their 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:* | <ul style="list-style-type: none"> (1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic or pleasure purposes. | | |
| | <p>The Policy does not cover</p> <ul style="list-style-type: none"> (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. | | |
| HIRE PURCHASE CO. : JCWC CREDIT (S) PTE 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: _____
INSURE HUB PTE LTD
Authorised Officer



Authorised Signatory