

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|------------------------|----------|
| Date In: 04/12/21 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA/CTI21010182/13 | E-mail (within 2hrs, Aft 2hrs): | | |
| Veh No: EG8333R | i-Motor Claim Form | | |
| DOA: 29/09/21 2105 | i-Motor W/O (Within: OE 2hrs; TP 4hrs) | | |
| OD (TP) 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: 5245676M | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|--|---|-----------------------|-----------------------|
| NA2104064 | Invoice Preparation Checklist | Am't (\$) 1st Bill | Am't (\$) 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) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against JNC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| QC Checked by (Engr-In-Charge): | 8) NTUC Additional Services:- | | |
| | OD: | | |
| | * N5: Courtesy Car / Tpt Allowance \$5 | | |
| | * N6: Repair Co-ordination \$10 | | |
| Auditors' Comments :- | * N7: Post Repair Inspection \$25 | | |
| | * N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| Cat 1: | Invoice dated | Fee Charged | |
| Cat 2/3: | 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 | 04/10/2021 09:39 (SGT) |
| Date of Accident | 29/09/2021 21:05 (SGT) |
| Exact Location of Accident | 50 Bukit Batok East Ave 3, Singapore 659879 |
| Additional Location Information | SPC |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | EG8333R |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------|
| Is company? | No |
| Name Of Registered Owner | LIM HENG KWEE MICHAEL |
| NRIC No | SXXXX671Z |
| Email Address | mike8333@gmail.com |
| Mobile Phone No | (Phone) +65-96683177 |
| Alternative Phone No | +65-96683177 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | C180 |
| 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 | 1595 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNW00124332103 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-----------------------|
| Name of Driver | LIM HENG KWEE MICHAEL |
| NRIC No | SXXXX671Z |

| | |
|--|-----------------------|
| Date Of Birth | 05/09/1967 |
| Occupation | Outdoor |
| Date Of Driving Pass | 14/06/1993 |
| Driving experience | 28 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96683177 |
| Alt. Phone Number | +65-96683177 |
| Email Address | mike8333@gmail.com |
| Address | BLK 539 AMK AVE 10 |
| Address complement | #15-2575 |
| Postcode | 560539 |
| 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 - 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 | Jurong Division Headquarters |
| Police Station Phone No | (Phone) +65-18007910000 |
| Alt. Police Station Phone No | (Fax) +65-68965647 |
| Police Station Address | No. 2 Jurong West Avenue 5 Singapore 649482 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:J/20210930/7051

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 | SLG5676M |
| 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 | LIM HENG KWEE MICHAEL |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT |
| Injured person in which vehicle? | EG8333R |
| 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

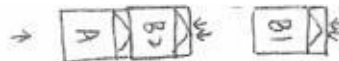
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

SPC BUKIT BATOK



Witnessed by Reporting Centre Personnel

04/10/21
150 BUKIT BATOK EASE AVE3

Vehicle A: EG 8333R

Vehicle B: SL 6576M

Describe Circumstances of the Accident

Refer to Police Report NO: J 202/0930/7051

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

 04/10/21

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



J/20210930/7051

1 of 2

POLICE REPORT (NP299)

Report No. J/20210930/7051

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

| | | |
|--|--|-------------------|
| Date/Time Report Made 30/09/2021 21:21 | Vide Report No. | Station Diary No. |
| Name Of Informant LIM HENG KWEE MICHAEL | Address 539 ANG MO KIO AVENUE 10 #15-2575 SINGAPORE 560539 | |
| ID Type / ID No. NRIC NO / S1810671Z | Contact No. Home/Office: Mobile: 96683177 | |
| Nationality SINGAPORE CITIZEN | Email Address mike8333@gmail.com | |
| Occupation Operations Manager | Sex Male | Age 54 |
| Institution/School Name | Date of Birth 05/09/1967 | Race Chinese |
| Date/Time Of Incident 29/09/2021 21:05 | Location Of Incident 50 BUKIT BATOK EAST AVENUE 3 SINGAPORE 659879 | |

Brief details.

On the stated date and time, I was in my vehicle EG8333R waiting in line to pump petrol at SPC Bukit Batok.

I was looking to my right to check on which petrol pump would be first to be available when suddenly, a huge impact knocked against my vehicle from the front.

| | |
|--|--|
| 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: 30/09/2021 21:21 |
| Officer In-Charge Of Case: | Classification Of Case: |



SINGAPORE
POLICE FORCE



J/20210930/7051

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210930/7051

I was caught completely off guard as my body lunged forward due to the unexpected impact.

I knocked my right knee against the underside of the dashboard as a result.

I looked to the front to realise that SLG5676M had reversed into my vehicle.

Initially, only right knee was painful. However, the next morning, I woke up with soreness over my neck area as well.

The pain got increasingly worse and I proceeded to the doctor at Intenedical Kovan that same evening for treatment.

I was given 3 days MC for my injuries suffered due to the accident.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
30/09/2021 21:21

Classification Of Case:

31/Jan

Date of Accident : 29/09/2001 Accident Time: 2105hrs (24-HR-FORMAT)
 Accident Place : SPE Bukit Batok (50 Bukit Batok East Ave 3)
 Vehicle Reg. No (Car plate No.) : EG 8333R Vehicle Make/Model: M/B (180)
 Insurance Company : China Taiping Policy No. DMPCSNW00124332103
 Name of Registered Owner : Company/ Individual Lim Heng Kwee Michael
 ID of Registered Owner : Co Reg No: — Owner's NRIC No: S18106712
 : Co Contact No: — Owner's Contact No: 96683177

DRIVER'S Name : Lim Heng Kwee Michael DRIVER'S NRIC No: S18106712

DRIVER'S Date of Birth : 05 Sep 1967 DRIVER'S License Pass Date 14 Jun 1993

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others? Owner

DRIVER'S Address : APT B1K 539 Ang Mo Kio Ave 10 H15-2575 (560539)

DRIVER'S Contact No / Alt No. : 1) 96683177 2) —

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an etc)

Email Address : mike8333@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: Lim Heng Kwee Michael
 Injured Name: —

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: <u>SLH 5676M</u> | Vehicle Reg No: <u>—</u> |
| Vehicle Make/Model: <u>—</u> | Vehicle Make/Model: <u>—</u> |
| Name DRIVER: <u>—</u> | Name DRIVER: <u>—</u> |
| IC No. DRIVER: <u>—</u> | IC No. DRIVER: <u>—</u> |
| DRIVER'S Contact & add: <u>—</u> | DRIVER'S Contact & add: <u>—</u> |

Other Party Driver's Particulars (if any)

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

Motor Private Car

MX1E

R SN

AN0478A

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. | DMPCSNW00124332103 | Engine No.: 27491030035140 Cha. No.: WDD2043312G059445 |
| 1. Index Mark and Registration Number of Vehicle | EG833JR | AUTOSAFE ***** |
| 2. Name of Policy Holder | LIM HENG KWEE MICHAEL | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 23/07/2021 (00:00:00) | 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 | 22/07/2022 | |
| 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. | <p>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.</p> | |
| 6. Limitations as to use* | <p>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\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.</p> | |
| <p>HIRE PURCHASE CO. : HL BANK 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.</p> | | |

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:




Authorised Signatory