

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 01/14/21 | Job description | Date & Time Completed | Done by |
| Ref No: NA/07321011140/13 | SAS e-filing | | |
| Veh No: SLH12619 | E-mail (within 5hrs. A/C 2hrs) | | |
| D.O.A: 30/10/21 1030 | i-Motor Claim Form | | |
| OD: (IP) Reporting Only | i-Motor W/O (Within OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SLN3389A 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars :- | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
|---------------------------------|---|-------------|----------|
| | | 1st Bill | Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$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) FT: 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:- | | |
| | O1*: | | |
| | *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 (Non INC) against INC \$20 | | |
| | 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 | 01/11/2021 16:12 (SGT) |
| Date of Accident | 30/10/2021 10:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | T-JUNC OF JURONG WEST ST 51 & JURONG WEST ST 41 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLH1261Y |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------------------|
| Is company? | No |
| Name Of Registered Owner | ELAINE NG CHOR CHENG(HUANG CHUZHEN) |
| NRIC No | SXXXX371D |
| Email Address | bumblebbb8888@gmail.com |
| Mobile Phone No | (Phone) +65-97909706 |
| Alternative Phone No | +65-97909706 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Vezel |
| 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 | 1496 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNW00209522100 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------------------------------|
| Name of Driver | ELAINE NG CHOR CHENG(HUANG CHUZHEN) |
| NRIC No | SXXXX371D |

| | |
|--|---------------------------|
| Date Of Birth | 14/09/1974 |
| Occupation | Indoor |
| Date Of Driving Pass | 22/09/1998 |
| Driving experience | 23 YEARS AND 1 MONTH |
| Gender | Female |
| Mobile Number | (Phone) +65-97909706 |
| Alt. Phone Number | +65-97909706 |
| Email Address | bumblebbb8888@gmail.com |
| Address | BLK 533 JURONG WEST ST 52 |
| Address complement | #07-441 |
| Postcode | 640533 |
| 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 | 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|-----------------|
| Name | EVE LOW SAU MIN |
| 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

PLS REFER TO THE ATTACHED 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 WORKSHOP |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLN2389A |
| 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 | ELAINE NG CHOR CHENG(HUANG CHUZHEN) |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SLH1261Y |
| 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.
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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 :

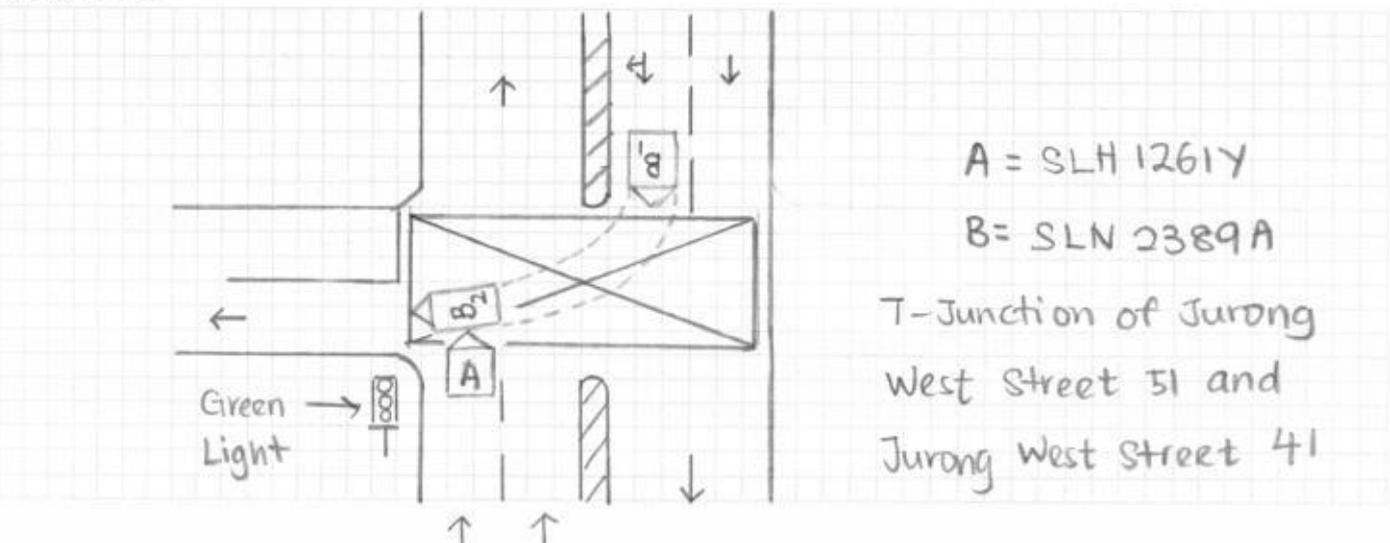
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Attached

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

 01/11/21

Witnessed by Reporting Centre Personnel

On 30.10.2021 at about 10.30 hours at T-Junction of Jurong West Street 51 and Jurong West Street 41, I was travelling straight on lane 2 (along Jurong West Street 51 towards Yuan Ching Road) and when I approached the above mentioned junction, the traffic light is green at my favour, hence I proceed to travel straight.

Suddenly, I saw vehicle (B) from Jurong West Street 51 turning right into Jurong West Street 41. I immediately stopped my vehicle (A) but the collision had happened. Hence, there was damages on the front portion of my vehicle (A).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): SLH 1261Y

Vehicle (B): SLN 2389A

A handwritten signature in cursive script, appearing to read 'Hani'.

SINGAPORE ACCIDENT STATEMENT

| | | |
|---|--------------------------|---|
| Accident Date: 30/10/2021 | Time: 10:30 | (hh:mm) 24 hr format |
| Location T-Junction of Jurong West Street 51 and Jurong West Street 41 | | |
| Vehicle Number SLH 1261Y | | |
| Insured Name Elaine Ng Chor Cheng | | |
| NRIC/FIN S7430371D | Contact Number 9790 9706 | |
| Make Honda | Model Vezel | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | |
| Insurance Company China Taiping | | |
| Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only | | |
| Policy Number DMPCSNW00209522100 | | |
| Name of Driver | | (<input checked="" type="checkbox"/>) Same as Insured |
| | | |
| NRIC / FIN | Contact Number | |
| Date of Birth 14/09/1974 | | |
| Driving Pass Date 22 Sep 1998 | | |
| Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor | | |
| Gender () Male (<input checked="" type="checkbox"/>) Female | | |
| Email Address bumblebbb8888@gmail.com | () NO EMAIL | |
| Address of Driver BLK 533 Jurong West Street 52 # 07-441 | | |
| Singapore 640533 | | |
| Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No | | |
| If No, Relationship of the Driver with the Insured | | |
| (<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling | | |
| Does the Driver Own Any Other Vehicle? () Yes () No | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | |
| Insurance Company of Driver's Own Vehicle | | |
| Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others | | |
| Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | |
| Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No | | |
| If yes, injured detail Elaine Ng Chor Cheng - Body Pain | | |
| Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No | | |
| Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report | | |
| DETAILS OF 3 rd party | Name / Nric | Contact |
| Veh B SLN 2389A | | |
| Veh C | | |
| Veh D | | |
| Veh E | | |
| Veh F | | |

Passenger: EVE LOW SAM MIN (F)

Motor Private Car

MX1F

N SN

AN0644A

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)

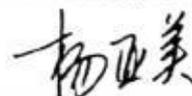
| | | | |
|---|---|--|-------------|
| CERTIFICATE No. | DMPCSNW00209522100 | Engine No.: L15Z1000671 | |
| | | Cha. No. RV31000687 | |
| 1 Index Mark and Registration Number of Vehicle | SLH1261Y | AUTOSAFE | ***** |
| 2 Name of Policy Holder | ELAINE NG CHOR CHENG (HUANG CHUZHEN) | | |
| 3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 08/10/2021 (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 |
| 4 Date of Expiry of Insurance | 07/10/2022 | Ex Sect. I - Age >= 26 | S\$500.00 |
| | | * Age as at date of accident | |
| | | EX ON WINDSCREEN . | S\$100.00 |
| 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 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. | | |
| | HIRED PURCHASE CO - HL BANK * 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 CAR HOUSE ENTERPRISE (S) PTE LTD
Authorised Officer



Authorised Signatory