

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 08/11/2021 | Job description | Date & Time Completed | Done by |
| Ref No: NA/21021011326/13 | SAS e-filing | | |
| Veh No: SMS23337 | E-mail (within 3hrs, A/C 2hrs) | | |
| D.O.A: 02/11/21 1636 | 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: SLR1472 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|--|---|-------------|-----------|
| NA2104406 | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
| | | 1st Bill | Add Bill |
| Claimant's Particulars :- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) RT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments :- | For claiming against INC Only (wef 10 Jan 2005) | | |
| Cat. 1: | 6) TR: Re-inspection \$75 | | |
| Cat. 2 / 3: | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD: | | |
| | *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 | 08/11/2021 09:37 (SGT) |
| Date of Accident | 02/11/2021 16:36 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | TREVISTA CARPARK(BASEMENT) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMS2333Y |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | ZHOU JINGSONG |
| NRIC No | SXXXX773B |
| Email Address | zhou0294@gmail.com |
| Mobile Phone No | (Phone) +65-90702172 |
| Alternative Phone No | +65-90702172 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | C63 AMG S (R19 LED SR) |
| 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 | 3982 |

INSURANCE COMPANY

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | SD20V14367/VPS/R00 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------|
| Name of Driver | ZHANG WENXI |
| NRIC No | SXXXX996A |

| | |
|--|----------------------|
| Date Of Birth | 31/07/1996 |
| Occupation | Indoor |
| Date Of Driving Pass | 26/12/2019 |
| Driving experience | 1 YEAR AND 11 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-93668968 |
| Alt. Phone Number | - |
| Email Address | zhou0294@gmail.com |
| Address | 929 BUKIT TIMAH RD |
| Address complement | #10-19 |
| Postcode | 589642 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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? | 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? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SLR147Z |
| 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) | - |

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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

TREVISTA CARPARK (BASEMENT)



A-5ms2333y.

B-5LR147Z.

On 2/11/21 around 4:36pm. I was driving my vehicle.
SMS 2333y (Vehicle A) at the basement carpark of Trevisan Condo.
Then, the vehicle in front (Vehicle B) reverse and hit onto
the front of my vehicle. and causes damage at the front of my car.
No police report made.

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

VEHICLE NO: SMS 2333y

MAKE & MODEL : MB C63s. Amg

AUTO / MANUAL

05/11/2

| | | |
|--|--|-------------------|
| DATE OF ACCIDENT | 02 / 11 / 2021 | *C.C. 4000. |
| TIME OF ACCIDENT | 4:36 AM / PM | |
| LOCATION OF ACCIDENT | TREVISTA Carpark. (basement) | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | |
| NAME OF OWNER | ZHU JINH SONG. | |
| EMAIL : ZHU0294@gmail.com. | Office: | MOBILE: 90702172. |
| NRIC 59474773B. | | |
| CLAIM TYPE | OD / THIRD PARTY / REPORTING ONLY | |
| FLEET POLICY: | YES / NO ? | |
| INSURANCE CO. | Liberty Insurance. | |
| TYPE OF COVERAGE | Comprehensive / Third Party / Third Party Fire & Theft | |
| POLICY NO. | SD 20V 14347 / VPS / R00. | |
| NAME OF DRIVER | AS ABOVE / IF NO. | |
| NRIC | | |
| DATE OF BIRTH | 31 / 07 / 1996. | |
| ANY PASSENGER | YES / NO : | |
| NAME OF PASSENGER | | |
| GENDER OF PASSENGER | MALE / FEMALE | |
| OCCUPATION | Outdoor / Indoor | |
| DATE OF DRIVING PASS | 26 / 12 / 2019. | |
| GENDER | Male / Female | |
| CONTACT NO. | Mobile: 97668968. Office. | Home. |
| EMAIL: | | |
| ADDRESS | 929 Bukit Timah Road #10-19 SC 589642 | |
| DOES DRIVER OWN OTHER VEHICLES? | NO / If yes, Reg No. | INSURER. |
| RELATIONSHIP | Employee / If No. | Spouse. |
| WEATHER CONDITION | Clear / Raining / Other. | |
| ROAD SURFACE | Dry / Wet / Other. | |
| ANY INJURIES | No / If yes, Who? | |
| CONTACT NO. | | |
| POLICE REPORT | No / If yes, Where? | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | NO/IF YES, WHO? | |
| VEHICLE B NO. | B-5LR 1472. | Any Passenger. |
| NAME | | |
| CONTACT NO. | | |
| VEHICLE C NO. | | Any Passenger. |
| VEHICLE D NO. | | Any Passenger. |
| VEHICLE E NO. | | Any Passenger. |
| VEHICLE F NO. | | Any Passenger. |
| ANY WITNESS | | |
| WITNESS CONTACT NO. | | |
| WAS THERE ANY VIDEO CAPTURE? | YES / NO | |
| WAS THERE ANY AUDIO RECORDED? | YES / NO | |
| SCENE ACCIDENT PHOTOS TAKEN? | YES / NO | |
| **WORKSHOP: | | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / NO | |

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 | SD20V14367 /VPS /R00 | | | | | | | | | | |
| Form | MX3 | | | | | | | | | | |
| Date Of Issue | 10-NOV-2020 | | | | | | | | | | |
| 1.Index Mark and Registration No. of Vehicle: | SMS2333Y | | | | | | | | | | |
| 2.Chassis number of Vehicle: | WDD2050872F182277 | | | | | | | | | | |
| 3.Name of Policyholder: | ZHOU JINGSONG | | | | | | | | | | |
| 4.Effective date of Commencement of Insurance for the purposes of the Act: | 10-DEC-2020 00:00 AM | | | | | | | | | | |
| 5.Date of Expiry of Insurance: | 09-DEC-2021 23:59 PM | | | | | | | | | | |
| 6.Persons or Classes of Persons entitled to drive*: | ZHOU JINGSONG | | | | | | | | | | |
| <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> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p> | | | | | | | | | | | |
| <p>7.Limitations as to use*:</p> <p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> | | | | | | | | | | | |
| <p>8.The Policy does not cover:</p> <p>A) Use for hire or reward. B) Use for racing, pace-making, reliability trials or speed-testing. C) Use for the carriage of goods (other than samples) in connection with any trade or business. D) Use for any purpose in connection with the Motor Trade.</p> | | | | | | | | | | | |
| <p>*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 are not to be included under these headings.</p> | | | | | | | | | | | |
| <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.</p> | | | | | | | | | | | |
| <p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> | | | | | | | | | | | |
|  _____ Authorised Signature | | | | | | | | | | | |
| <p>For Information only:</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE :</td> <td>Comprehensive, Unlimited Windscreen, Geographical Area: Singapore only</td> </tr> <tr> <td>SUM INSURED:</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS:</td> <td>All Claims - Singapore Only S\$10000, Windscreen Excess S\$500</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td>DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD</td> </tr> <tr> <td>PRODUCER NAME:</td> <td>ICARE SERVICES PTE. LTD.</td> </tr> </table> | | COVERAGE : | Comprehensive, Unlimited Windscreen, Geographical Area: Singapore only | SUM INSURED: | MARKET VALUE AT THE TIME OF LOSS | EXCESS: | All Claims - Singapore Only S\$10000, Windscreen Excess S\$500 | FINANCE COMPANY: | DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD | PRODUCER NAME: | ICARE SERVICES PTE. LTD. |
| COVERAGE : | Comprehensive, Unlimited Windscreen, Geographical Area: Singapore only | | | | | | | | | | |
| SUM INSURED: | MARKET VALUE AT THE TIME OF LOSS | | | | | | | | | | |
| EXCESS: | All Claims - Singapore Only S\$10000, Windscreen Excess S\$500 | | | | | | | | | | |
| FINANCE COMPANY: | DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD | | | | | | | | | | |
| PRODUCER NAME: | ICARE SERVICES PTE. LTD. | | | | | | | | | | |

PLYW/PLYW/10-NOV-20

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10-NOV-20