

NATIONAL Assessment Centre Services

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 14/12/21 | Job description | Date & Time Completed | Done by |
| Ref No: NIA/CTI21010625/13 | SAS e-filing | | |
| Veh No: GX7546L | E-mail (within 8hrs, MP 2hrs) | | |
| DQA: 11/12/21 1700 | 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: SJM7866X | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | | |
|--|--|---|--|-------------|----------|
| NIA21010669 | | Invoice Preparation Checklist | | Ant (\$) | Ant (\$) |
| | | | | 1st Bill | Add Bill |
| Claimant's Particulars :- | | 1) AR: Accident Reporting (\$30); | | | |
| | | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Driver/Owner: | | 3) TF: Towing Fee \$40/\$45 | | | |
| | | 4) FT: Follow-Through Survey \$120 | | | |
| Contact No: | | 5) RT: Follow-Through Survey (Resurvey) \$30 | | | |
| | | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Damaged Portion: | | 6) TR: Re-inspection \$75 | | | |
| | | 7) N1: Idac DA + SMRI Survey \$160 | | | |
| | | 8) NTUC Additional Services:- | | | |
| QC Checked by (Engr-In-Charge): | | OD* | | | |
| | | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | | *N6: Repair Co-ordination \$10 | | | |
| | | *N7: Post Repair Inspection \$25 | | | |
| | | *N8: DV / Collect Excess Coordination \$5 | | | |
| Auditors' Comments :- | | TP (N11): TP (Non INC) against INC \$20 | | | |
| Cat. 1: | | 9) N12: Idac Mobile \$0 | | | |
| Cat. 2 / 3: | | 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 | 14/12/2021 11:43 (SGT) |
| Date of Accident | 11/12/2021 17:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | LOR 35 GEYLANG ALONG CENTRAL LOFT CONDO |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | GX7546L |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------|
| Is company? | Yes |
| Name Of Registered Owner | SKY POOL SERVICES PTE LTD |
| Company Reg No | 2XXXXX602H |
| Email Address | skypool88@gmail.com |
| Mobile Phone No | (Phone) +65-93793922 |
| Alternative Phone No | +65-93793922 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Nissan |
| Model | P/UP D/CAB |
| 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 | 2664 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | No |
| Policy Number | DMCVSNW00026712100 |
| Cover Note Number | - |

DRIVER

| | |
|-----------------|---------------|
| Name of Driver | CHIN CHEE LIP |
| Passport No/FIN | FXXXX702N |

| | |
|--|-----------------------|
| Date Of Birth | 15/10/1980 |
| Occupation | Outdoor |
| Date Of Driving Pass | 17/12/2018 |
| Driving experience | 3 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-93793922 |
| Alt. Phone Number | - |
| Email Address | skypool88@gmail.com |
| Address | BLK 343 YISHUN AVE 11 |
| Address complement | #04-141 |
| Postcode | 760343 |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| 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) | 0 |
| 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 | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211213/7062

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 | SJM7866K |
| 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) | - |

— 11 —

- I understand, acknowledge, agree and consent that :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

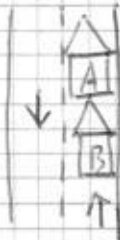
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and



Witnessed by Reporting Centre
Personnel

~~Sett~~ Central Loft Condo along Lot 35 geology



Vehicle A: GX7546L

Vehicle B: SIM7866K

Describe Circumstances of the Accident

My vehicle was stationary at Central Loft condo along Lor 3 Geylang. I was working upstairs at Central Loft condo, suddenly I heard a loud sound from below the condo. I got down and realised vehicle B (SJM786FK) had hit onto the rear of my vehicle. The impact was so huge causing my vehicle to shift forward and hit onto the wall in front of me.

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20211213/7062

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20211213/7062

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 13/12/2021 22:59 | Vide Report No.: G/20211211/0173 | Station Diary No.: |
|--|-------------------------------------|--------------------|

Informant's Particulars

| | | | | |
|--|--|--|---|--|
| Name of Informant: CHIN SEI SEI | | | Address: 343 YISHUN AVENUE 11 #04-141 SINGAPORE 760343 | |
| ID Type / ID No.: NRIC NO / S8364200I | | | Contact No.: Home/Office: | |

General Information of the Accident

| | | | | |
|--|----------------------------------|------------------------------------|---|--|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 11/12/2021 17:00 | Type of Location: Bend |
| Location: LORONG 35 GEYLANG | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 30 Km/h |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|-------|------|-------|-------|----------|-------|
| GX7546L | Lorry | | | | | 0 |
| SJM7866K | Car | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20211213/7062

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20211213/7062

CONTINUATION OF REPORT

| Owner wife | | | |
|-----------------------------------|--------------|-----------------------------------|-----------------------------------|
| Name | CHIN SEI SEI | ID No. | S8364200I |
| Related Vehicle | NIL | Contact No. | 93793922 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

My vehicle was stationery at lor 35 geylang outside Central loft condo. I was working at Central loft condo, suddenly I heard a loud sound from below the condo. I got down and realised my vehicle is hit by vehicle B(SJM7866K) the impact was so big causing my vehicle to be push forward and hit onto the wall in front of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20211213/7062

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20211213/7062

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
THABAGESH JEYATHESH
Contact No.: 65476178

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

Date/Time:
13/12/2021 22:59

Classification Of Case:

Date of Accident : 11/12/2021 Accident Time: 7.00pm (24-HR-Format)
Accident Place : Lor 35 geylang outside along central lot 4 Condo
Vehicle. No. (Car Plate No.) : 6X7546L Make/Model: NISSAN/P14P D/CAB
Insurance Company : China talping Policy No: DMCVSNW00026712100
Owner or Company Name /IC No. : SKY POOL Services Pte Ltd (201304602H)
Owner or Company Contact No. : 9379 3922 Owner's Hp — Company Tel —
DRIVER'S Name / IC No. : Chin Chee Lip (F8472702N)
DRIVER'S Date Of Birth : 15/10/1980 DRIVER'S License Pass Date 17/12/2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —
DRIVER'S Address : 3434ishun Avenll #04-141 S(76 0343)
DRIVER'S Contact No./ Alt No. : 1) 9379 3922 2) —
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : sky pool 88@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): 0
Was the accident reported to the police? (YES) NO
Was there any video Captured by car camera: YES \ (NO)
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): NIL

Other Party Driver's Particular (if any)

| | |
|---------------------------------|---------------------------------|
| Vehicle. No: <u>SJM7866K</u> | Vehicle. No: <u>—</u> |
| Vehicle Make\Model: <u>—</u> | Vehicle Make\Model: <u>—</u> |
| Name Driver: <u>—</u> | Name Driver: <u>—</u> |
| IC No. Driver/Contact: <u>—</u> | IC No. Driver/Contact: <u>—</u> |

*** NEW - Passenger's name & gender:**

Motor Commercial

MZ300/C

N SN

AN0586A

Cov. Type:F

CERTIFICATE OF INSURANCEMotor 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.

DMCVSNW00026712100

Engine No.: TD27737105

Cha. No.: JN1CHGD22Z0073312

1. Index Mark and Registration

GX7546L

Number of Vehicle

2. Name of Policy Holder

SKY POOL SERVICES PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment.06/03/2021
(00:00:00)

4. Date of Expiry of Insurance

05/03/2022

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.*

- (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.

The Policy does not cover

- (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.

* 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: GENERAL INSURANCE AGENCY PTE LTD

Authorised Officer



Authorised Signatory