

NATIONAL Assessment Centre Services SM082210000

Date In: <u>19/1/22</u> <u>17:52</u>	Ref No: <u>NBA/CT/22000762/T1</u>	Vehicle Description: <u>SAS e-Alling</u>	Date & Time Completed: <u>✓</u>	Done by: <u>✓</u>
Veh No: <u>9NA 8875T</u>	DOC: <u>19/1/22</u> <u>07:28</u>	E-mail (within 3hrs. After 2hrs):		
OD <u>(TP)</u> Reporting Only		I-Motor Claim Form		
		I-Motor W/O (Within 12hrs. After 10hrs)		
		I-Photo Uploaded		
TP Insurer:		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/VKSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: <u>SMQ 9899X</u>	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:-	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	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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) RT: Follow-Through Survey (Resurvey) \$30		
Est. 1:	For claiming against INC Only (wef 10 Jan 2015)		
Est. 2 / 3:	6) TR: Re-inspection \$75		
	7) NI: Idue DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) NI: Idue DA + SMRT Survey \$160		
	10) NI: Idue DA + SMRT Survey \$160		
	11) NI: Idue DA + SMRT Survey \$160		
	12) NI: Idue DA + SMRT Survey \$160		
	13) NI: Idue DA + SMRT Survey \$160		
	14) NI: Idue DA + SMRT Survey \$160		
	15) NI: Idue DA + SMRT Survey \$160		
	16) NI: Idue DA + SMRT Survey \$160		
	17) NI: Idue DA + SMRT Survey \$160		
	18) NI: Idue DA + SMRT Survey \$160		
	19) NI: Idue DA + SMRT Survey \$160		
	20) NI: Idue DA + SMRT Survey \$160		

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	19/01/2022 17:52 (SGT)
Date of Accident	19/01/2022 07:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TANGLIN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA8875T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ASHTON SEE YEOW LIN
NRIC No	SXXXX991I
Email Address	ASHTYLER1423@GMAIL.COM
Mobile Phone No	(Phone) +65-87777077
Alternative Phone No	(Office) +65-87777077

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xe
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	1999

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00007782100
Cover Note Number	-

DRIVER

Name of Driver	ASHTON SEE YEOW LIN
NRIC No	SXXXX991I

Date Of Birth	14/02/1980
Occupation	Indoor
Date Of Driving Pass	16/06/2003
Driving experience	18 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87777077
Alt. Phone Number	(Office) +65-87777077
Email Address	ASHTYLER1423@GMAIL.COM
Address	BLK 10B BOON TIONG ROAD
Address complement	#08-535
Postcode	16410
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	DRIVER'S SON
Gender	Male

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

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.

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 OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ9899X
Vehicle Manufacturer	Mazda
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)	-

 Accident report SN08221J0002

SKETCH PLAN

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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

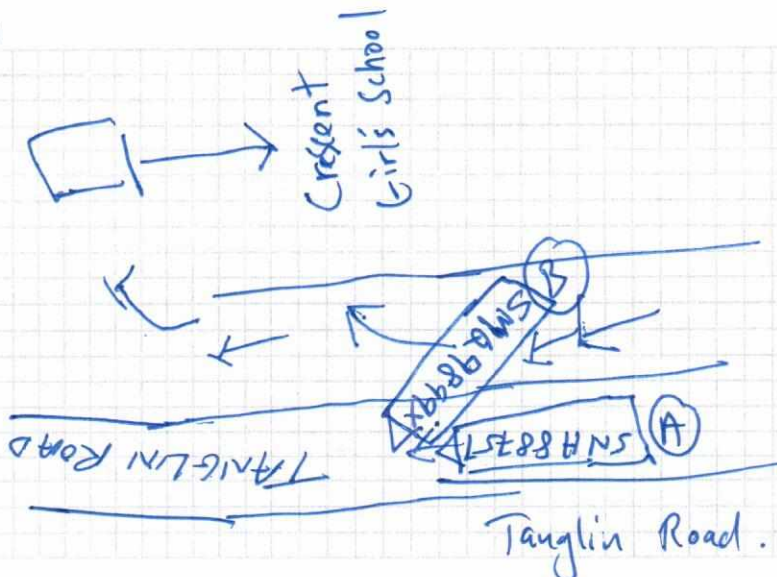
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A: SNH887ST
Veh B: SMQ9899X

Describe Circumstances of the Accident

On 19/01/22 at around 7.25am I was driving on a straight road on Tanglin Road toward Queensway Secods Secondary sending my son to school. There's a car which is a dark blue Mazda SMA 9899X cut into my lane forcing his way in which causes me to swerve my car to the left brushing against the kerb causing damage to my tyre and rims. I will file a Traffic police report online on the same day. I have in-car cam footage of how the accident happens where the car dash into into the lane almost causing hurt and damage to me my car and my son.

Declaration

I/We declare the foregoing particulars are true in every respect.

Aw 19/01/22
Policyholder's Signature / Date & Time

Aw 19/01/22
Driver's Signature (If driver is not the policyholder) / Date & Time

LPH.
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 01 / 2022) (DD/MM/YYYY), TIME: (07 : 25) (HH:MM)

LOCATION: Along Tanglin Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNA8875T
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMHCSNW00007782100
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: JAGUAR, XE 2.0
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: SENDING MY SON TO SCHOOL
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: ASHTON SEE YEOW LIN (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S80049912 CONTACT: 87777077
 C) ADDRESS: 10B BOONTONG ROAD #08-535 S164010

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (14 / 02 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 16/06/03

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Going to file a report online

8. THIRD PARTY VEHICLE SMA

- a) VEHICLE NUMBER: SMA 9899X MODEL: MAZDA
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger
 (including driver)
 (2)

No of passenger
 (including driver)
 (2)

No of passenger
 (including driver)
 ()

Email = ashtyler1423@gmail.com

VIDEO - with audio, file too big to upload

Motor Hire Car

MZ406L/B

N 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. DMHCSNW00007782100

Engine No. 016105025316204P1

Cha. No. SAJAB4AG1HA970173

1. Index Mark and Registration
Number of Vehicle

SNA8875T

AUTOSAFE
=====

2. Name of Policy Holder

ASHTON SEE YEOW LIN (XIE YANGLIN)

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

30/07/2021
(16:55:54)

Excess Sect. I	SS\$1,250.00
Excess Sect. I (Outside Singapore)	SS\$2,500.00
Excess Sect. II	SS\$1,250.00
Excess Sect. II (Outside Singapore)	SS\$2,500.00
EX ON WINDSCREEN	SS\$100.00

4. Date of Expiry of Insurance

29/07/2022

5. Persons or Classes of Persons entitled to drive*
As per Named Driver(s) stated below.

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.

ASHTON SEE YEOW LIN (XIE YANGLIN)

6. Limitations as to use:

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : KENSO LEASING PTE LTD

* 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.

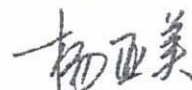
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:


INSURE HUB PTE LTD
Authorised Officer


Authorised Signatory