NATIONAL Assessment Coure				
Date In: 04/05/2022	Job description	Date &Time Completed	Done by	
Ref No NA CTI 22004115/m4	SAS e-filing			
0228/[1/1]	E-mail (widne 8hrs, AIC 2hr	s,		
DOA: 29/04/2022 21:50	i-Motor Claim Form			
OD (P) Reporting Only	i-Motor W/O (Within: OI	2 hrs. TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repo			
	Ass't Report by Fax / Ha			
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fax:		
TP Particulars: Veh No: S	SHD 141K IN			
Owner / Driver: (		Tel:	)	
Policy No: ( ) Per	riod: (	) Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
		0-20%; P: 21-79%. F: 80-100	<b>%</b> ]	
The state of the s	Warranty: YES ( ) / NO (	)		-
Excess: (\$ ) Loading: \$1,00	00 ( ) / \$2,000 ( )			
General Remarks:-			i. 15.	
( ) Walk-In Customer: Customer's infor	mation strictly Confidential a	& Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insure	r URGENTLY.			
Drive-In ( ) / Towed-In ( ); Invoice	: YES ( ) / NO ( )	; Towing Co. (		)
<ol> <li>Apply for Transport Allowance ( )/C</li> <li>QC Check / Post Repair Inspection</li> <li>Upload Resurvey Photo [Repair Cost &gt; \$3</li> </ol> Injury:	( ) (000] ( )			
Injury:				
		·	aliche ( an	<del></del>
Date/Time Actions		•	angere vere e Kontoerren	
Date/Time Actions				
Date/Time Actions		•		
Date/Time Actions				
Date/Time Actions			\$104545	
Date/Time Actions				
	Invoice	Preparation Checklist		
NA 2201173	1) AR : Ac	cident Reporting (\$30);		
NA 2201173	1) AR : Ac 2) DA : Da	cident Reporting (\$30); mage Assessment (\$100); INC (\$80)	Ist Bill	
NA 2201173 Claimant's Particulars :-	1) AR : Ac 2) DA : Da 3) TF : Tov 4) FT : Fol	cident Reporting (\$30); mage Assessment (\$100); INC (\$80) ving Fee \$40/\$4 low-Through Survey \$12	1st Bill 5	
NA 2201173 Claimant's Particulars :- Oriver/Owner:	1) AR : Ac 2) DA : Da 3) TF : Tov 4) FT : Fol	cident Reporting (\$30); mage Assessment (\$100); INC (\$80) ving Fee \$40/\$4 low-Through Survey \$12 low-Through Survey (Resurvey) \$3	1st Bill 5	
NA 2201173 Claimant's Particulars :- Priver/Owner: Contact No:	1) AR : Ac 2) DA : Da 3) TF : Tov 4) FT : Fol 5) FT : Fol For clair 6) TR : Re-	cident Reporting (\$30); mage Assessment (\$100); INC (\$80) ving Fee \$40/\$4 low-Through Survey (Resurvey) \$3 ning against INC Only (wef 10 Jan 2005) inspection \$7	1st Bill   5   5   0   0   5	
NA 2201173 Claimant's Particulars :- Oriver/Owner: Contact No:	1) AR : Ac 2) DA : Da 3) TF : Tov 4) FT : Fol 5) FT : Fol For clair 6) TR : Re- 7) N1 : Ida	cident Reporting (\$30); mage Assessment (\$100); INC (\$80) ving Fee \$40/\$4 (ow-Through Survey (Resurvey) \$3 ning against INC Only (wef 10 Jan 2005)	1st Bill   5   5   0   0   5	
NA 2201173 Claimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion:	1) AR : Ac 2) DA : Da 3) TF : Tov 4) FT : Fol 5) FT : Fol For clair 6) TR : Re- 7) N1 : Ida 8) NTUC A	cident Reporting (\$30); mage Assessment (\$100); INC (\$80) ving Fee \$40/\$4 low-Through Survey (Resurvey) \$3 ning against INC Only (wef 10 Jan 2005) inspection \$7 e DA + SMRT Survey \$16 Additional Services:-	1st Bill   5   5   0   0   5   0	
NA 2201173  Claimant's Particulars :-  Oriver/Owner:  Contact No:  Damaged Portion:	1) AR : Ac 2) DA : Da 3) TF : Tov 4) FT : Fol 5) FT : Fol For clair 6) TR : Re- 7) N1 : Ida 8) NTUC / OII* *N5: Co *N6: Re-	cident Reporting (\$30); mage Assessment (\$100); INC (\$80) ving Fee \$40/\$4 low-Through Survey (Resurvey) \$3 ning against INC Only (wef 10 Jan 2005) cinspection \$7 e DA + SMRT Survey \$16 Additional Services:- urtesy Car / Tpt Allowance \$1 pair Co-ordination \$1	1st Bill   5   5   0   5   0   5   0	
NA 2201173  Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:  OC Checked by (Engr-In-Charge):	1) AR : Ac 2) DA : Da 3) TF : Tov 4) FT : Fol 5) FT : Fol For clair 6) TR : Re- 7) N1 : Ida 8) NTUC A OD'* *N5: Co *N6: Re- *N7: Fo	coident Reporting (\$30); mage Assessment (\$100); INC (\$80) ving Fee \$40/\$4 low-Through Survey (Resurvey) \$3 ning against INC Only (wef 10 Jan 2005) cinspection \$7 e DA + SMRT Survey \$16 Additional Services:- urtesy Car / Tpt Allowance \$1 pair Co-ordination \$1 st Repair Inspection \$2	1st Bill   5   5   0   5   0   5   5   5   5   5	Amt (\$)
NA 2201173  Claimant's Particulars :-  Oriver/Owner:  Contact No:  Damaged Portion:  OC Checked by (Engr-In-Charge):  Auditors' Comments :-	1) AR : Ac 2) DA : Da 3) TF : Tov 4) FT : Fol 5) FT : Fol For clair 6) TR : Rc 7) N1 : Ida 8) NTUC / OI)* *N5: Co *N6: Re *N7: Fo	cident Reporting (\$30); mage Assessment (\$100); INC (\$80) ving Fee \$40/\$4 low-Through Survey (Resurvey) \$3 ming against INC Only (wef 10 Jan 2005) inspection \$7 c DA + SMRT Survey \$16 Additional Services:- urtesy Car / Tpt Allowance \$10 pair Co-ordination \$1 st Repair Inspection \$2 f / Collect Excess Coordination \$3 c): TP (Non INC) against INC \$3	1st Bill   5   5   0   5   5   5   0	
	1) AR : Ac 2) DA : Da 3) TF : Tov 4) FT : Fol 5) FT : Fol For clair 6) TR : Rc 7) N1 : Ida 8) NTUC / OI)* *N5: Co *N6: Re *N7: Fo	cident Reporting (\$30); mage Assessment (\$100); INC (\$80) ving Fee \$40/\$4 low-Through Survey \$12 low-Through Survey (Resurvey) \$3 ning against INC Only (wef 10 Jan 2005) inspection \$7 low-Through Survey \$16 additional Services:-  urtesy Car / Tpt Allowance \$1 low-Through Survey \$16 at Repair Inspection \$2 low-Through Survey \$16 conditional Services:-  2 / Collect Excess Coordination \$2 low-Through Survey \$3 low-Thr	1st Bill   5   5   0   5   5   5   0   0   0	





# 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 witholding 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 Submission04/05/2022 19:54 (SGT)Date of Accident29/04/2022 21:50 (SGT)Exact Location of AccidentSingaporeAdditional Location InformationHAVELOCK ROAD OUTSIDE JUSTICE COURTCountry/State of LossSingapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLZ2497H

#### INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner UNICOAT PTE LTD

Company Reg No 2XXXXX424R

Email Address Dilyslee10@gmail.com

Mobile Phone No (Phone) +65-65708311

Alternative Phone No (Office) +65-65708311

#### VEHICLE PARTICULARS

#### INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

No

DMPCSNW00094062101

-

1497

#### DRIVER

CC

Name of Driver DILYS LEE
NRIC No SXXXX473G

Date Of Birth 14/03/1996 Occupation Indoor Date Of Driving Pass 20/08/2016 Driving experience 5 YEARS AND 8 MONTHS Gender Female Mobile Number (Phone) +65-92227218 Alt. Phone Number Email Address Dilyslee10@gmail.com Address **BLK 1 LEICESTER ROAD** Address complement #01-06 Postcode 358828 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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? Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHD141K Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver

Address complement

Contact Number Address

## 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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, acknow ledge, 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' law yers/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' 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
- (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 law yers/law firms), which may be sited cutside 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

A B	A:SLZ 240AH B:SHD141K
	Havelock Road outside Justice court.

Describe Circumstances of the Accident	
i was travelling on the second lane of Havelock Road	011
1 MAC CHOCKETTA ON LOCALITY OF THE TOTAL POLICE	and
1 felt a huge impact on the rear portion and regised vehicle	MIV B
had collided one that real portion of me vehicle	
The contract of the fall prints of the topics.	
es established to the state of	
	***************************************

# Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

- Form.

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

Pu 4/5/22

Witnessed by Reporting Centre Personnel

# SINGAPORE ACCIDENT STATEMENT

# **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies. Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	29/04/2022	(DD/MM/YY)
Time of accident	9:50pm (2150hrs)	(HH:MM)
Exact location of accident	Havelock road outside Justice	

DETAILS OF VEHICLE *		
Vehicle registration number	SLZ 2497H	
Vehicle make and model	toyuta vios (A) (1497cc)	
Type of vehicle	Saloon MPV CRV Van C	
	Lorry  Bus  Motorcycle  Others:	
Vehicle category	Private Commercial  Motorcycle	
Purpose of using at said time		
Are you claiming under your	Yes   No if no, please select:	
own insurance company?	Third part claim Reporting only	

	INSURANCE IN	FORMATION	
Insurance company	China tai	Ding	
Policy number		+ )	V
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only □

INSURED / POLICY HOLDER		
Name	WYLDAT nte # Male - Female -	
NRIC / Fin / Passport number	200603424R	
Contact	6570 8311	
Address	I BUKH BOHOK CIB S (658064)	

DRIVER	SAME AS INSURED ABOVE □ (SKIP TO D.O.B)	
Name	DILVS 188 Male -	Female 🖂
NRIC / Fin / Passport number	596114736	
Contact	9222 7218	
Address	BIK 1 leicester road #01-06 5(358828)	
Email address	Dilysteelo@gmait.com	
Date of birth	14/03/1996	
Occupation	Indoor D Outdoor D	
Driving date pass	20/08/2016	

化学 医生态性性 医克拉克氏病	GENERAL INFORMATION OF THE ACCIDENT	75,15(3)2
Was driver an employee of	Yes D No Z	
the insured's company?	If no, relationship of the driver and insured:	
Accident captured by camera?	Yes D No D	
Weather condition	Clear P Raining Others:	
Road surface	Dry Wet 🗆	
No of passenger	(Inclusive of	driver
	(ilicidate of t	unverj
	PASSENGER 1	
Name	- AJJENGEN I	
Gender	Male  Female	-
	PASSENGED 2	
Name	PASSENGER 2	
Gender	Mala = Famala =	
Gender	Male   Female	
	PASSENGER 3	
Name		
Gender	Male   Female	
all that the first the second	PASSENGER 4	+ 14
Name		
Gender	Male   Female	
	PASSENGER 5	
Name /		
Gender	Male - Fema; e -	
	PASSENGER 6	
Name		
Gender	Male  Female	
	The state of the s	
	OTHER INFORMATION	
Was anybody injured?	Yes D No Z	
Was other vehicle damaged?	Yes No -	
	, reger notes	
	DETAILS OF POLICE STATION ACTION	
Reported to police?		
Police station name	Yes No If yes, please state which police station.	
. C. Se Station name		
Namo	WITNESS 1	
Name		
	WITNESS 2	
Name		

	THIRD PARTY VEHICLE 1
Vehicle registration number	SHOILIK
Vehicle make model	Situlities
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	)
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
1000 1000 1000 1000 1000 1000 1000 100	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	· .
Societies William States	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Valida	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number Contact	
Contact	

		INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 2
Name		7
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No □
hospital by ambulance?		
		* /
· ·		INJURED PERSON 3
Name		/
Injuries sustained		
Which vehicle person in?	-	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆
nospital by ambulance:		
		INTURED DEDCEMA
Name		INJURED PERSON 4
Injuries sustained	-	
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No Ø
hospital by ambulance?		
· 100 · 100	7	INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No □
Was injured conveyed to	Yes 🗆	No □
hospital by ambulance?		
and the second s		INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1	



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX4F

SN

AN0678A

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.

DMPCSNW00094062101

Engine No.: 1NZX892039

Cha. No.:MR053HY9305108928

1. Index Mark and Registration

SLZ2497H

**AUTOSAFE** 

Number of Vehicle

2. Name of Policy Holder

UNICOAT PTE LTD

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

20/06/2021

Named Drivers Ex Sect 1

\$\$500.00

(00:00:00)

Additional Ex Other than Named Drivers:

\$\$3,000.00

4. Date of Expiry of Insurance

19/06/2022

Ex Sect. I - Age >= 26 \* Age as at date of accident

Ex Sect. I - Age <= 25

\$\$500.00

EX ON WINDSCREEN.

S\$100.00

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

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.

HIRE PURCHASE CO.: TOKYO CENTURY LEASING (S) 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: LEE KOK LEONG (LI GUOLIANG)

**Authorised Officer** 

**Authorised Signatory**