NATIONAL Assessment Contre	Services (me	Ci Jan Minj				
Date In: 05/05/2022	Jeb description		&Time Completed	Done	by:	
	SAS e-filing					
Ref No. NA / CTI 22004128/m4 Vch No: SNA 9943 Z	E-mail (within 8hrs	, AIC 2hrs;				
D.O.A: 29/04/2022 18:45	i-Motor Claim I	form				
i-Moto		ithin: OD 2hrs, TP 4hrs))		AMERICAN MARKS TOO	
OD TP / Reporting Only	i-Photo Uploaded					
Th	Assessment/Surve	y Report				
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:			
TP Particulars: Veh No: Roac	d Kerb .	. INC()/N	Ion-INC ()			
Owner / Driver: (Tel:)	nagene 12 man and California & Colle	
Policy No: () Peri	iod: () Cover	Type: ()		
Confirmed by : (1	Date:	Time:)		
Insured/Driver Liability: (%) [N	lote-Est. Status (WO): N: 0-20%; P:	21-79%. F: 80-100%	6]		
Year of Registration: () W	/arranty: YES ()	/NO()				
Excess: (\$) Loading: \$1,00	00 () / \$2,000 ()				
General Remarks;-				i.		
() Walk-In Customer: Customer's inform	mation strictly Confid	ential & Strictly No	O refer of repairer.			
() Total Loss Case : to e-mail Insurer	r URGENTLY.					
Drive-In () / Towed-In (); Invoice:	YES () / NO	(); Towing	Co. ()	
Remarks:- (INC horline: 6788 6616)		Dated	¿Time Completed	Done	by	
	ourtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$30	0001 ()					
Injury:		ı				
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Date/Time Actions				<u> Parameter</u>	<u> </u>	
				-		
	Titos			Anıt (\$)	Amt (\$	
NA 2201169		nvoice Preparatio		1st Bill	Add Bil	
Claimant's Particulars :-		AR: Accident Reportin DA: Damage Assessme				
	(3)	TF: Towing Fee	\$40/\$45	-		
Oriver/Owner:		FT: Follow-Through S	urvey (Resurvey) \$30			
Contact No:		For claiming against IN	C Only (wef 10 Jan 2005) \$75			
Damaged Portion:		TR: Re-inspection N1: Idac DA + SMRT				
	8)	NTUC Additional Servi	ces:-			
C Checked by (Engr-In-Charge):		*N5: Courtesy Car / Tp				
		*N6: Repair Co-ordinat *N7: Post Repair Inspec		4		
Auditors' Comments :-		*N8: DV / Collect Exce	ss Coordination \$3	5		
at. 1:		<u>TP</u> (N11) : TP (Non IN N12: Idae Mobile	C) against INC \$20		·	
at. 2 / 3:		voice dated	Fee Chargea		Mary T	
	In	voice dated	Fee Charged	0.01115		

SN0922550008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 05/05/2022 10:35 (SGT) SUBMITTED BY: Renee VERSION: 1 (05/05/2022 10:35 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 Submission 05/05/2022 10:35 (SGT) Date of Accident 29/04/2022 18:45 (SGT) **Exact Location of Accident** Scotts Rd, Singapore Additional Location Information FAR EAST PLAZA TAXI - STAND Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SNA9943Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **ALAN LAM PING** NRIC No. SXXXX540D Email Address alanlam.sg@gmail.com Mobile Phone No (Phone) +65-98222770 Alternative Phone No +65-98222770

VEHICLE PARTICULARS

GLB200 Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to Yes your vehicle? Vehicle Category Private car Transmission Auto 1332

Manufacturer

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00215612100 Cover Note Number

DRIVER

Name of Driver ALAN LAM PING NRIC No SXXXX540D

Date Of Birth 17/06/1976 Occupation Indoor Date Of Driving Pass 03/12/2003 Driving experience 18 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-98222770 Alt. Phone Number +65-98222770 Email Address alanlam.sg@gmail.com 75 FLORA DRIVE Address #04-18 Address complement 506883 Postcode 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 Collided into Property Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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 WIFE 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? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **UNKNOWN** Vehicle Manufacturer Vehicle Model

NA / Unknown

Vehicle Colour

Vehicle Variant

Vehicle Category

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	ROAD KERB
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.
- 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)

Lunderstand, 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' 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 outside of Singapore, for one or more of the above Purposes.

Julyny	Julyy	R 5/5/22
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time 04 05 2 05 1645 wm	Witnessed by Reporting Centre Personnel
Sketch Plan	1 91-2 0	

Sketch Plan

A = SNM99432

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Note: Please	note that your insurer	may have 14 days	time frame for	you to submit an	own damage claim u	under your own policy,
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Declaration

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

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time Offus 22 & 1645m

R- 5/5/22

Witnessed by Reporting Centre Personnel

PROFI AUTOMOTIVE

10 KAKI BUKIT ROAD 2 #01-05, FIRST EAST CENTRE. SINGAPORE 417868

TEL: 94335558 EMAIL: profi.automotive@asia.com

Date of Accident	: 29 04 2022 Accident Time: 1845 ws (24 HR Format)
Accident Place	Scotts Rd, Far East Plaza Taxi - Stand
Vehicle Number	: SNA 99432 Make/Model: Merceles GLB 200 (13320
Insurance Co.	: CN Teiping Policy No. : DMPCSNW00215612100
Owner/Company Name & IC No.	: Alan Lang Ping S7619540D
Owner/Company Tel No.	9822 2770
Driver Name and IC No.	: He sweet
Driver Date of Birth	: A. 06. 1976 License Pass Date: 03.12.2003
Driver Address	: 75 Flora Dive #04-18 5506883
Driver Contact No	: Driver Occupation: Idoor Outdoor
Relationship of Owner & Driver	: Spouse Parents Children Sibling Employee Others:
Email Address	alanlam. 89 egmail.com
Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passenger (Including Di	iver) : \$\display 2 \text{Vehicle Usage Purpose} : Frevate Use Work Purpose
Was there any Video Capture	by Car Camera : Yes No
Any Injury (State, if Yes)	· •
Road karb	. <u>Details of Other Vehicle</u>
Vehicle No. :	
Make/Model :	Make/Model :
Driver Name :	Driver Name :
Driver Contact No. :	
* NEW - Passenger Name & Ger	nder: 1 . (-)



Motor Private Car

MX1F

SN

AN0687A

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.

DMPCSNW00215612100

Engine No.: 28291480311571

1. Index Mark and Registration

SNA9943Z

Cha. No.:W1N2476872W032347

Date of Expiry of Insurance

Number of Vehicle

Name of Policy Holder

ALAN LAM PING

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

17/10/2021

Named Drivers Ex Sect. I

\$\$500.00

(00:00:00)

Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25

24/02/2023

Ex Sect. I - Age >= 26

\$\$3,000.00 \$\$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\$1,000 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: CREDENCEL INSURANCE AGENCY

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 👚 3 Anson Road #16-00 Springleaf Tower Singapore 079909

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6222 1033

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