| NATIONAL Assessment Contre | Services | ef i Jawii, | | : | makan dana kay daharan da | |
|--|--|---|--|--|--|--------------|
| Date In: 23/05/2022 | Jeb description | | Date & Time Com | pleted | Done by | |
| | SAS e-filing | and the second sec. The second sec. A process shall be suppressed by the second | | | | |
| Ref No. NA / CTI 2200 4808/m4 Veh No: SMD 4705Z | E-mail (widna 81 | irs. AIC 2hrs) | and the second s | | | |
| D.O.A: 21/05/2022 13:40 | i-Motor Claim | Form | | | | |
| | i-Motor W/O | (Within: OD 2hrs | . TP 4hrs) | | | |
| OD (TP) Reporting Only | i-Photo Uploa | ded | | | | |
| (CD) | Assessment/Sur | vey Report | | | | |
| TP Insurer: | Ass't Report by | Fax / Hand t | o <u>Owner/Wksp</u> | | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: | Fax: | |) |
| TP Particulars: Veh No: XD | 7048L | . INC (|)/Non-INC (|) | | |
| Owner / Driver: (| | | Tel: | |) | |
| Policy No: () Perio | od: (|) | Cover Type: (| |) | |
| Confirmed by : (| | Date: | Time: | E. 20 1000/1 | | |
| | | | 0%; P: 21-79%. | r. 50-100%] | | |
| | arranty: YES (|)/NO(|) | | | |
| Excess: (\$) Loading: \$1,000 | 0 () / \$2,000 (|) | | | · · · · · · · · · · · · · · · · · · · | |
| General Remarks:- () Walk-In Customer: Customer's inform | nation strictly Con | fidential & St | rictly NO refer of a | enairer. | | |
| () Walk-In Customer: Customer's morn () Total Loss Case : to e-mail Insurer | | indefitial & Ot | Hotely 140 spice of spice | | | |
| | | O():T | Cowing Co. (| THE RELEASE OF THE PARTY OF THE | 10.61 |) |
| Drive-In () / Towed-In (); Invoice: | 128(), 1 | | | | Done l | ~ |
| Remarks:- (INC horline: 6788 6616) | | | Date&Time Com | pterad | . Dono. | |
| -, PP-, 10- 1-1-1-1 | ourtesy Car (|) | | | | |
| 2) QC Check / Post Repair Inspection | () | 1 | | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$30 | | | | | | |
| Injury: | | | | | | |
| Date/Time Actions | | | | | | |
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| -503 | | . n | tion Checkl | ict | Amt (\$) | Amt (\$) |
| NA 2201389 | | 1) AR : Accide | eparation Checkl | 151 | 1st Bill | Add Bill |
| Claimant's Particulars :- | | 2) DA : Damag | e Assessment (\$100); | INC (\$80) \$40/\$45 | | |
| Driver/Owner: | | 3) TF : Towing 4) FT : Follow- | Through Survey | \$120 | | |
| Contact No: | | 5) FT : Follow- | Through Survey (Resur against INC Only (wef | vey) \$30 10 Jan 2005) | | |
| | | 6) TR : Re-insp | pection | \$75 \$160 | | |
| Damaged Portion: | - Ann there are a second as a | 7) N1 : Idac D2 8) NTUC Addi | A + SMRT Survey tional Services:- | | | |
| QC Checked by (Engr-In-Charge): | and the Commence of the Commen | <u>OD*</u> *N5: Courte | sy Car / Tpt Allowance | \$5 | | |
| Z Successor of (only an only of | | *N6: Repair | Co-ordination | \$10 \$25 | | |
| Auditors' Comments :- | | *N8: DV / C | epair Inspection Collect Excess Coordinat | ion \$5 | | |
| Cat. 1: | | | TP (Non INC) against I? | | | |
| Cat. 2 / 3: | ng ama bergadur a carreta da anticipa de la carreta de la | Invoice dated | P | ee Charged | | Mary Francis |
| and the state of t | | Lunging dated | f- | ee Charged | DESCRIPTION OF THE PERSON OF T | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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

23/05/2022 11:40 (SGT) Date of Submission 21/05/2022 13:40 (SGT) Date of Accident **Exact Location of Accident** Singapore TPE TOWARDS CHANGI BEFORE PUNGGOL EXIT Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD4705Z

INSURED/POLICYHOLDER

No Is company? Name Of Registered Owner XIAO SHOUHAI SXXXX753H NRIC No shxiao2013@yahoo.com.sg Email Address (Phone) +65-96367023 Mobile Phone No +65-96367023 Alternative Phone No

VEHICLE PARTICULARS

Honda Manufacturer City Model 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 No - Claiming third party your vehicle? Private car Vehicle Category Transmission Auto 1497 CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00145402100 Cover Note Number

DRIVER

Name of Driver XIAO SHOUHAI SXXXX753H NRIC No

| Occupation Deter Of Driving Pass 14/10/2009 Driving experience 12 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +55-96367023 AR. Phone Number Holls Number Holl | Date Of Birth | 15/11/1976 |
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| Diving experience Gender Mobile Number Mobile Number Horbone y-65-96367023 All, Phone Number Fess-96367023 All, Phone Number Fess-96367023 All, Phone Number Fess-96367023 All, Phone Number Fess-96367023 Address BLK 1028 PUNGGOL FIELD Fostcode Regular Fostcode Regular Fostcode Regular Fostcode Regular Fostcode Regular Fost-Fost-Fost-Fost-Fost-Fost-Fost-Fost- | Occupation | Indoor |
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| Email Address Shaiae2013@yahoo.com.sg Shaiae2010@yas Shaiae2010@ya | | |
| Address Complement #13-424 Postcode 822102 Is the driver the policyholder? Yes Chelef Registration Number of Cherr Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Type of Accident Collision - Change/cross lane Clear Clear Collision - Change/cross lane Clear Clear Collision - Change/cross lane Clear Change/cross lane Clea | | |
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| Was the accident reported to the police? Was notice of intended Prosecution given? 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? Was there any audio recorded? No No | | |
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XD7048L

Vehicle Registration Number
Vehicle Manufacturer

| Vehicle Model | - |
|---|----------------------------|
| Vehicle Variant | |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | GNANA SAMMANTHAM SARAVANAN |
| Contact Number | (Phone) +65-91445682 |
| 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 <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, 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.

| | | | R 23/5/22 |
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| Policyholder's Signature / Date & Time | Driver's Signature (If driver is n & Time | not the policyholder) / Date | Witnessed by Reporting Centre Personnel |
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Declaration

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

Policy holder's Signature / Date & Time

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

R 23/5/22

Witnessed by Reporting Centre Personnel

| DAME OF COMME | MAKE & MODEL: Honda City AUTO MANUAL |
|--|--|
| * DATE OF ACCIDENT | 21 / 05 / 2022 ·C.C. 1498cc |
| TIME OF ACCIDENT | (1340hg) 1:40 AM / PM |
| LOCATION OF ACCIDENT | TPE towards Changi before Punggol Exit |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE |
| NAME OF OWNER | Xiao Shouhai |
| EMAIL Shxiao 2013 @ | MOBILE: 96367023 |
| NRIC / | S7683753H |
| CLAIM TYPE | OD / THIRD PARTD / REPORTING ONLY |
| FLEET POLICY: | VESTINO? |
| INSURANCE CO. | China |
| TYPE OF COVERAGE | Comprehensive Third Party / Third Party Fire & Theft |
| POLICY NO. | |
| | DMPCSNW00145402100 |
| NAME OF DRIVER NRIC | AS ABOVE / JENO |
| DATE OF BIRTH | S7683753H |
| ANY PASSENGER | 15 / 11 / 1976 · |
| NAME OF PASSENGER | Wan Dijing (F), Xiao Shungi (TM) |
| GENDER OF PASSENGER | MALE / FRANKE |
| OCCUPATION | Outdoor / (Indoor) |
| DATE OF DRIVING PASS | 14/10/2009 |
| GENDER | (Male) / Female |
| CONTACT NO. | Makit 01 27 70 20 000 |
| EMAIL: | |
| ADDRESS | shxiao 2013 @ yahoo.com.sg |
| DOES DRIVER OWN OTHER VEHICLES? | Blk 102B Runggol Field, #13-424 (8) 822102 |
| RELATIONSHIP | NO / If yes : Reg No INSURER. |
| | Employee / If No: |
| WEATHER CONDITION ROAD SURFACE | Clear / Raining / Other. |
| ANY INJURIES | Dry / Wet Other: |
| CONTACT NO. | No / If yes - Who? |
| | |
| NOTICE OF INTENDED PROSECUTION GIVEN | No Lift yes: Where? |
| VEHICLE B NO. | VA Tours |
| NAME | GNANA SAMMANTHAM SARAJANAN |
| CONTACT NO. | 9144 5682 / 8388 5005 |
| 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? | YHA YAX |
| WAS THERE ANY AUDIO RECORDED? | YES / NO YES / NO |
| SCENE ACCIDENT PHOTOS TAKEN? | YES / NO |
| **WORKSHOP: | |
| * | Lee Brothers Automotive Pte. Ltd |
| Haye you been approach by unknown persor | soliciting (s)/ |
| offering accident claims assistance? | YES NO |



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Private Car

MX1F

AN0444A

Cov. Type:C

CERTIFICATE OF INSURANCE

CERTIFICATE No.

DMPCSNW00145402100

Engine No.: L15Z16201862

Cha. No.:MRHGM6660KT000251

SMD4705Z

AUTOSAFE _____

Number of Vehicle

XIAO SHOUHAL

21/08/2021

Named Drivers Ex Sect. I

(00:00:00)

Additional Ex Other than Named Drivers:

Date of Expiry of Insurance

20/08/2022

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26 \$\$3,000.00 \$\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

\$\$100.00

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\$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.: STANDARD CHARTERED BANK(S)LIMITED

* 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: META AGENCY PTE LTD

Authorised Officer

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

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www.sg.cntaiping.com