

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 21/07/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI22006934/13	SAS e-filing		
Veh No: SKH50060	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 11/06/22 0925	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: SLN8233J	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

VA2201937

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	21/07/2022 14:07 (SGT)
Reported by	Driver
Date of Accident	11/06/2022 09:25 (SGT)
Exact Location of Accident	Telok Ayer St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH5006D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEE LIAN CHENG
NRIC No	SXXXX279B
Email Address	zhaoyouning88@gmail.com
Mobile Phone No	(Phone) +65-98801917
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00256382101

DRIVER

Name of Driver	ZHAO YOUNING
NRIC No	SXXXX601G
Date Of Birth	28/06/1986
Occupation	Indoor

Date Of Driving Pass	20/03/2006
Driving experience	16 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87487590
Alt. Phone Number	-
Email Address	zhaoyouning88@gmail.com
Address	6 TANAH MERAH KECHIL LINK
Address complement	#08-11 URBAN VISTA
Postcode	465419
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	AUNTY
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	Raining
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN3233J
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)	-

SKETCH PLAN

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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

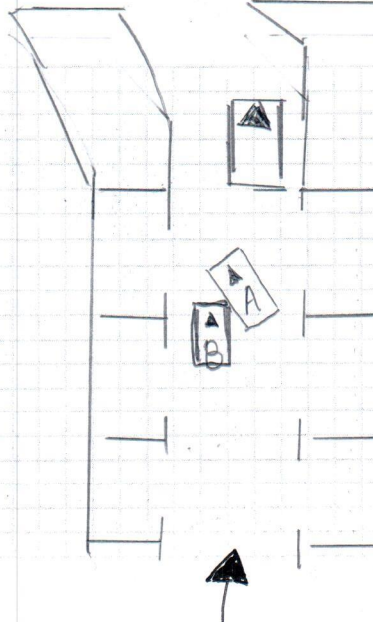
Witnessed by Reporting Centre Personnel

Sketch Plan

TELOK AYER ST

A-SKH5006D

B-SLN3233J




Describe Circumstances of the Accident

On 11 June 2022 at about 09:20, I was driving along Telok Ayer St and wanted to park my car into a parallel lot. During that time, there was a truck doing unloading work in front of me. As I have noticed the truck, I drove slowly with care to manoeuvre into the lot. About the same time, SLN3233J, hit me from the back to the side of my car. Telok Ayer St is a single lane road.

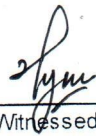
Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 21/7/22

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

 21/07/22

Witnessed by Reporting Centre Personnel

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SNU9227 L0004 Vehicle Registration No: SKH50060
Name (as shown in NRIC): ZHAO YOUNING NRIC/FIN/Passport No: SXXXXX6016
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: 6 TANAH MERAH KECIL LINTAK A108-11 Singapore (465419)
URBAN VISA
Contact (Tel): _____ Mobile No.: 87487590
Email Address: _____
Date of Accident: 11/07/22 Time of Accident: 0925
Place of Accident: TELOK AYER SI
Insurance Company: CHINA TAIPIING

(B) ADDITIONAL INFORMATION /AMENDMENTS:

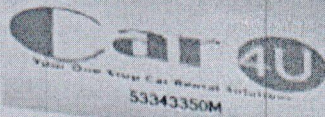
I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND ACCIDENT DATE: 11/06/22

Policyholder / Actual Driver's Signature
Date:

Shye 21/07/22

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:



PURCHASE AGREEMENT

126A CARPARK DECK 4A
SINGAPORE 161126
94529667 (IVAN)

SELLER DETAILS

Name : Tee Ling Chan
NRIC/FIN/UEN : _____
Contact No. : _____
Address : _____
: _____
: _____

Date : 2 July 2022

TERMS AND CONDITION

1. In the event of a breach of this Agreement by the Seller, the Seller will pay the Buyer twice the deposit amount.
2. The Seller is to preserve the condition of this Vehicle as of the Date of this Agreement and with all accessories intact.
3. All outstanding fines, if any, before handover of vehicle, are to be borne by Seller.

VEHICLE DETAILS

Vehicle Reg. No. : SKH 5006 D
Vehicle Scheme : Audi
Make & Model : A6
Engine No. : CDN 273772
Chassis No. : WAWZZZ4G5CH173591
Year of Make : 2012
Original Reg. Date : 13 Dec 2012
COE Expiry : 12 Dec 2022
Road Tax Expiry : —

REMARKS

PURCHASE DETAILS

Purchase Price : \$ 28700
Deposit : \$ 1000 pay now
Bank/Finance Co. : maybank
Settlement amt : _____
Net Balance : \$ 27700
Date of Handover : 8 July 2022

Seller Signature : JG

Name : ZHAO YOUNG-
S88176014

Buyer Signature : han

Name : Car 4U

Contact No. : _____

ACCIDENT STATEMENT

ACCIDENT DATE: (11/06/22) (DD/MM/YYYY), TIME: (09:25) (HH:MM)

LOCATION: Along Ayer
TELOS AYER
Along Amoy St

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH5006D
b) INSURANCE COMPANY: CHINA
c) POLICY NUMBER: DMPCCNA00256382101
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: AUDI A6 (AUTO) / MANUAL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: TEE LIAN CHENIU (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2658279B CONTACT: 98801917
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ZHAO YOUNING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S86176016 CONTACT: 87487590
c) ADDRESS: 6 TANAH MERAH ICEHIL LINK
#08-11 URBAN VISTA (465419)

* d) DATE OF BIRTH: (28/06/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 20/03/2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: AUNTY

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLN3233T MODEL: _____
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: _____

Email = Zhao youning 88@gmail.com

fax = _____

VIDEO = NO

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Motor Private Car

MX1E

R SN

AN0576A

Cov. Type:C

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.

DMPCSNA00256382101

Engine No.: CDN273772

Cha. No.:WAUZZZ4G5CN173591

1. Index Mark and Registration
Number of Vehicle

SKH5006D

AUTOSAFE
=====

2. Name of Policy Holder

TEE LIAN CHENG

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment13/12/2021
(00:00:00)

Named Drivers Ex Sect. I \$750.00

Additional Ex Other than Named Drivers:

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

Ex Sect. I - Age >= 26 \$500.00

* Age as at date of accident

EX ON WINDSCREEN . \$100.00

4. Date of Expiry of Insurance

12/12/2022

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. : MAYBANK SINGAPORE 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:

Lim Lee Choo

Authorised Officer



Authorised Signatory