

NATIONAL Assessment Centre Services

500822380006

Date In: 08/11/2022 17:34
 Ref No: N/A 17220/1164/1
 Vch No: SMC 12177
 D.O.A: 07/11/2022 19:36
 OD (TP) Reporting Only
 TP Insurer:

Job description
 SAS e-filing
 E-mail (within 3hrs, A/C 2hrs)
 I-Motor Claim Form
 I-Motor W/O (within 2hrs, A/C 1hr)
 I-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by Fax / Hand to Owner/Witness

Preferred Wksp / INC Assign Wksp / OW: ()
 TP Particulars: Vch No: SCF 7165A INC () / Non-INC ()
 Owner / Driver: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % (Note: Ltd Status (WO): N: 0-30%, 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 repeller.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC Hotline: 6788 6616)
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()
 Date: () Time: ()
 Actions: ()

11/02203141
 Inmate's Particulars:
 Driver/Owner:
 Contact No:
 Damaged Portion:
 Checked by (Sng-In-Charge):
 All force Comments:

| Invoice Preparation Checklist | | AMT | Acc/Bill |
|---|-------------|-----|----------|
| 1) AR: Accident Reporting (\$30) | | | |
| 2) DA: Damage Assessment (\$100) | INC (\$50) | | |
| 3) TP: Towing Fee | \$10/\$40 | | |
| 4) PT: Follow-Through Survey | \$150 | | |
| 5) FT: Follow-Through Survey (Resurvey) | \$30 | | |
| Establishing a new INC File (as of 12 Jan 2023) | | | |
| 6) TR: Re-inspection | \$75 | | |
| 7) NI: NI: DA + SMRT Survey | \$140 | | |
| 8) NTUC Additional Services | | | |
| OD: | | | |
| *NI: Courtesy Car / Tol Allowance | \$5 | | |
| *NI: Repair Coordination | \$10 | | |
| *NI: Post Repair Inspection | \$25 | | |
| *NI: DV / Collect Excess Coordination | \$5 | | |
| *TP (H1): TP (Non-INC) against INC | \$10 | | |
| 9) NI: 16hr Mgmt | \$0 | | |
| Invoice dated | Fee Charged | | |
| Invoice total | | | |

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 Actual 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 | 08/11/2022 17:34 (SGT) |
| Reported by | Driver |
| Date of Accident | 07/11/2022 19:36 (SGT) |
| Exact Location of Accident | SLE, Singapore |
| Additional Location Information | BEFORE WOODLANDS AVENUE 2 EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SML1217T |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | HENG SOON COLLECTION PTE LTD |
| Company Reg No | 2XXXXX525H |
| Email Address | hengsoonabi@gmail.com |
| Mobile Phone No | (Phone) +65-91547267 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Vios |
| 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 | Commercial vehicle |
| Transmission | Auto |
| CC | 1497 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNW00180252202 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | SEE ZHEN PENG |
| NRIC No | SXXXX290A |
| Date Of Birth | 06/04/1998 |
| Occupation | Outdoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 22/07/2020 |
| Driving experience | 2 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91547267 |
| Alt. Phone Number | - |
| Email Address | zhenpeng19988@gmail.com |
| Address | BLK 504A MONTREAL DRIVE #05-44 |
| Address complement | - |
| Postcode | 750504 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Friend |
| 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 | 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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

PLEASE REFER TO SKETCH PLAN

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 |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SKF7165A |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | SEE ZHEN PENG |
| Gender | Male |
| Phone No | (Phone) +65-91547267 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SML1217T |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that:

(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
(Name as in NRIC/ID card)

Sketch Plan

Sketch Plan

The sketch plan is drawn on graph paper. It features a vertical line on the left, followed by a dashed line, and then a solid line. To the left of the solid line, the label 'SLE' is written vertically. To the right of the solid line, there are two small rectangular boxes, one labeled 'A' and one labeled 'B', stacked vertically. To the right of these boxes, there is a list of items:

- (A) SML 1 217T
- (B) SKF 165A

Describe Circumstance of the Accident

I WAS TRAVELLING ALONG SLE TOWARDS WOODLANDS

ON LANE 1. THE VEHICLE IN FRONT SLOWED DOWN AND

STOPPED. I FOLLOWED TO SLOW DOWN AND STOP.

SUDDENLY, I FELT AN IMPACT FROM THE REAR.

Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 07 / 11 / 2022 (dd/mm/yy) Time of Accident: 19 : 36 (24-HR-FORMAT)

Vehicle No.: SM1217T Vehicle Make & Model / Engine (cc): TOYOTA VIOS Private Hire: (Y/N) (N)

Exact location of Accident: SLE BEFORE WOODLANDS AVENUE 2 EXIT

Policyholder's Name / IC No.: HENG SOON COLLECTION PTE LTD ROC/UEN (Company): 201728525H

Driver's Name / IC No.: SEE ZHEN PENG 89811290A (As Above) ☐

Driver's Contact No.: 9154 7267 Company Contact No / Owner Contact No: _____

Driver's Address: BLK 504A MONTREAL DRIVE #05-44 SINGAPORE 751504

Owner Email address: HENGSOONABI@GMAIL.COM Insurance Company: CHINA TAIPING

Driver Email address: ZHENPENG19988@GMAIL.COM

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / (Friend) Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 1

*Passenger Name: - Gender: Male / Female (M)

*Passenger Name: - Gender: Male / Female (M)

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No Remarks: _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: DRIVER

Injuries Sustain: _____ Injured Person in Which Vehicle: SM1217T

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SKF7165A

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

* Independent Witness (if Any): _____ Contact No: _____

Witnessed by: _____ Contact No: _____

Motor Private Car

MX1

R SN

AN0420A

Cov. Type:T

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.

DMPCSNW00180252202

Engine No.: 1NZY102066

Cha. No.:MR053HY9305168848

1. Index Mark and Registration
Number of Vehicle

SML1217T

2. Name of Policy Holder

HENG SOON COLLECTION PTE LTD

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

06/08/2022
(00:00:00)

4. Date of Expiry of Insurance

05/08/2023

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.

* 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



Issued By: INXPRESS INSURANCE AGENCY PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory