

NATION W. Assessment Centre Services

| | | | |
|-----------------------|--|------------------------|----------|
| Date: 11/12/2022 | Description: | Time & Time Completed: | Done by: |
| Ref: NA/CT/2012041/04 | SAS e-filing | | |
| Phone: SNC 1487R | E-mail: (w/In-Site W/ Days) | | |
| Ref: 30/11/2022 1845 | i-Motor Claim Form | | |
| Ref: Paper Only | i-Motor W/O (Within 01 Day IP 4hrs) | | |
| IP Insurer | i-Photo Uploaded | | |
| | Assessment Survey Report | | |
| | Ass't Report by Fax / Hand to Owner (Wksp) | | |

| | | |
|---|------------------------------------|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW. (| Tel: | Fax: |
| IP Particulars: | Veh No: SLN 7490 G | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-----------------------|-----------------------|
| NA2203358 | Invoice Preparation Checklist | Am't (\$) 1st Bill | Am't (\$) 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) rT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments :- | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | Q1: | | |
| | *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 \$10 | | |
| | Invoice dated | Fee Charged | |
| | 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 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 | 01/12/2022 15:52 (SGT) |
| Reported by | Driver |
| Date of Accident | 30/11/2022 18:45 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PIE TOWARDS AIRPORT AFTER BEDOK NORTH ROAD EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SNC1487R |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------------|
| Is company? | No |
| Name Of Registered Owner | TAN WEI YOUNG (CHEN WEIYANG) |
| NRIC No | SXXXX099J |
| Email Address | ladyvanessatan@gmail.com |
| Mobile Phone No | (Phone) +65-81396956 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Mercedes |
| Model | Gla180 |
| 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 | 1595 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNW00261122100 |

DRIVER

| | |
|----------------|-------------------------|
| Name of Driver | TAN YU BEE (CHEN YIWEI) |
| NRIC No | SXXXX597G |
| Date Of Birth | 08/02/1980 |
| Occupation | Indoor |

| | |
|--|-------------------------------|
| Date Of Driving Pass | 11/01/2002 |
| Driving experience | 20 YEARS AND 10 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-91080171 |
| Alt. Phone Number | - |
| Email Address | ladyvanessatan@gmail.com |
| Address | BLK 93 YISHUN AVENUE 1 #13-21 |
| Address complement | - |
| Postcode | 769136 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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 | Chain Collision |
| Weather Conditions | Raining |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| 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

PLEASE REFER TO ATTACHED REPORT

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 | VIDEO WITH WORKSHOP |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SLN7490G |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SME7353E |
| 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

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. 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' 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

| | |
|---|---|
|  | <p>A = SNC 1487R</p> <p>B = SLN 7490G</p> <p>C = SME 753E</p> |
|---|---|

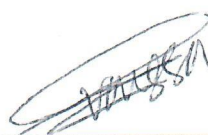
Describe Circumstances of the Accident


I was traveling on the right most lane when vehicle C suddenly
cut into the right lane. Vehicle ^B then collided into vehicle C. I stopped on
my brake but could not stop in time and ~~the~~ gently collided into
the rear of vehicle B.

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

 1/12/22
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 : 30.11.2022 Accident Time: 1845hrs (24 HR Format)
Accident Place : P16 towards Airport after Bedok North Rd exit
Vehicle Number : SNC1487E Make/Model: Mercedes Benz GLA 180
Insurance Co. : CJ TRIPING Policy No. : DMPCSNW00261122100
Owner/Company Name & IC No. : TAN WEI YOUNG (CHEN WEIYANG) , S7122099J
Owner/Company Tel No. : 81396956
Driver Name and IC No. : TAN YU ZEE , S8003597G
Driver Date of Birth : 08/02/1980 License Pass Date: 11/01/2002
Driver Address : 93 Yishun Ave 1 #13-21 S769136
Driver Contact No : 91080171 Driver Occupation: Indoor | Outdoor
Relationship of Owner & Driver : Spouse | Parents | Children | Sibling | Employee | Others: _____
Email Address : LadyVanessatan@gmail.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 Driver) : 01 Vehicle Usage Purpose : Private Use | Work Purpose
Was there any Video Capture by Car Camera : Yes | No
Any Injury (State, if Yes) : _____

Details of Other Vehicle

| | |
|--------------------------------|---------------------------------|
| Vehicle No. : <u>SLN 74904</u> | Vehicle No. : <u>SME 7353E</u> |
| Make/Model : <u>Kia Cerato</u> | Make/Model : <u>Toyota Noah</u> |
| Driver Name : _____ | Driver Name : _____ |
| Driver Contact No. : _____ | Driver Contact No. : _____ |

* NEW - Passenger Name & Gender :

Motor Private Car

MX1E

N SN

AN0717A

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.

DMPCSNW00261122100

Engine No.: 27091031056490

Cha. No.: WDC1569422J289480

1. Index Mark and Registration
Number of Vehicle

SNC1487R

AUTOSAFE
=====

2. Name of Policy Holder

TAN WEI YOUNG (CHEN WEIYANG)

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

15/12/2021
(16:59:31)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

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

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

* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

14/12/2022

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.: OCBC BANK 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

Issued By:

JIN LI PTE LTD

Authorised Officer

JIN LI PTE LTD
2 Kallang Avenue #00-16
CT Hub S(339407)
Off : 6444 4116
Fax : 6444 0010

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory