

NATIONAL Assessment Centre Services

| | | | |
|------------------------|--|-----------------------|---------|
| Date In 14/12/2022 | Job description | Date & Time Completed | Done by |
| RefNO NA/CT1220125191W | SAS e-filing | | |
| VehNo SSU 8634P | E-mail (within 8hrs, APT 2hrs) | | |
| DOA 12/12/2022 | i-Motor Claim Form | | |
| OD/TP/Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SFG 5115 L | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| NA 2203467 | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | 1st Bill | Add Bill |
| 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) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON* | | |
| | *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 date: | 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 | 14/12/2022 17:24 (SGT) |
| Reported by | Owner |
| Date of Accident | 12/12/2022 22:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | Bulim Avenue towards Corporation Road |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJU8634P |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------|
| Is company? | No |
| Name Of Registered Owner | Zaheerah Begum D/O Abdul Kader |
| NRIC No | SXXXXX039A |
| Email Address | outlander.rooban@gmail.com |
| Mobile Phone No | (Phone) +65-97397230 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Chevrolet |
| Model | Cruze |
| 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 | Private car |
| Transmission | Auto |
| CC | 1598 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNW00246872200 |

DRIVER

| | |
|----------------|-----------------------|
| Name of Driver | Rooban S/O Yoganathan |
| NRIC No | SXXXXX039A |
| Date Of Birth | 06/02/1991 |
| Occupation | Indoor |



| | |
|--|----------------------------|
| Date Of Driving Pass | 05/06/2021 |
| Driving experience | 1 YEAR AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97397230 |
| Alt. Phone Number | - |
| Email Address | outlander.rooban@gmail.com |
| Address | Blk 206 Boon Lay Drive |
| Address complement | #14-45 |
| Postcode | 640206 |
| 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 | Collision - Cross Junction |
| Weather Conditions | Clear |
| Road Surface | Dry |

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

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 | SFG5115L |
| 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) -

Date of Accident : 12/12/2022 Accident Time: 22:30 (24-HR-FORMAT)
Accident Place : Bulim Ave towards Corporation Road
Vehicle Reg. No (Car plate No.) : SJ08634P CC: 1.6A Vehicle Make/Model: Chevrolet Cruze
Insurance Company : China Taiping Policy No. DMPCSNW00246872200
Name of Registered Owner : Company / Individual Zaheerah Begum p/o Abdul Kader
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S9101039A
OWNER EMAIL ADDRESS: : Co Contact No: _____ Owner's Contact No: 9139 7230
DRIVER'S Name : Rooban S/O Mooganthan DRIVER'S NRIC No: S9101039A
DRIVER'S Date of Birth : 6/2/1991 DRIVER'S License Pass Date 5/6/2021
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Self
DRIVER'S Address : Boon Bk 206 Boon Lay Drive #14-45 S(640206)
DRIVER'S Contact No./ Alt No. : 1) 9139 7230 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : outlander.rooban@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 1 Name & Gender: _____
Was the accident reported to the police? YES \ NO
Was there any video captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes(name of the injured person) _____

Other Party Driver's Particulars (if any)

| | |
|---------------------------------|-------------------------------|
| Vehicle Reg No: <u>SFG5115L</u> | Vehicle Reg No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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



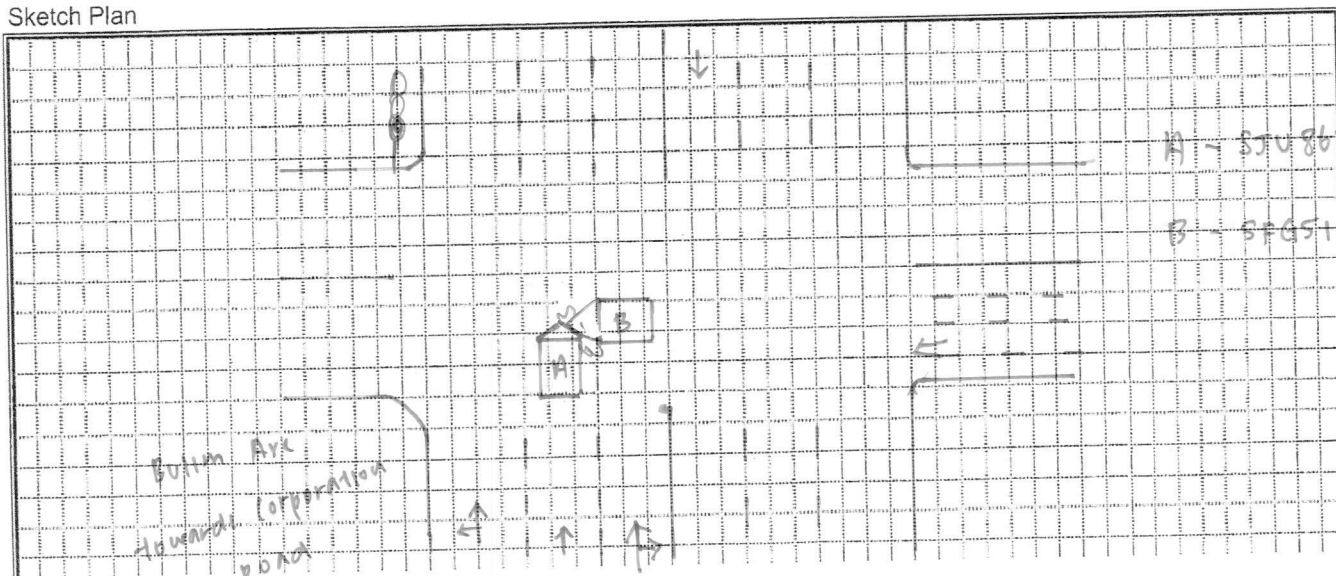
Driver's Signature (if driver is not the policyholder) / Date & Time



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

17/12/2022

Sketch Plan

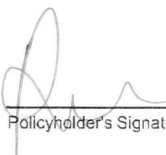


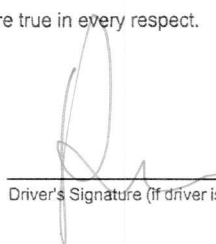
Describe Circumstance of the Accident

On 12/12/2022, I was stationary along the junction of
Bulim Avenue towards Corporation Road waiting for the green
light on the 2nd Lane. As the light turns green, I started
to move forward. As I was crossing the junction, I felt
a great impact from my vehicle front right portion.
As I got down of my vehicle, I realised I was knocked
by SFHSIBL.

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


14/12/2022
Witnessed by Reporting Centre Personnel



Motor Private Car

MX1F

N SN

AN0397A

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. | DMPCSNW00246872200 | Engine No.: F16D35156541 | Cha. No.: KL1JA6961AK587960 |
| 1. Index Mark and Registration Number of Vehicle | SJU8634P | AUTOSAFE | ===== |
| 2. Name of Policy Holder | ZAHEERAH BEGUM D/O ABDUL KADER | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 23/10/2022 (00:00:00) | Named Drivers Ex Sect. I | \$S500.00 |
| 4. Date of Expiry of Insurance | 22/10/2023 | Additional Ex Other than Named Drivers: | |
| | | Ex Sect. I - Age <= 25 | \$S3,000.00 |
| | | Ex Sect. I - Age >= 26 | \$S500.00 |
| | | * Age as at date of accident | |
| | | EX ON WINDSCREEN . | \$S100.00 |
| 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 \$S500 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: INDEX AGENCY PTE LTD
Authorised Officer

张世义
Authorised Signatory

ORIGINAL

THE SCHEDULE

| | | |
|-------------------|-------------------------------------|---------------------------------|
| Agency : AN0397A | Class of Policy : Motor Private Car | Policy No. : DMPCSNW00246872200 |
| Account : AN0397A | Issued on : 21/10/2022 in SINGAPORE | |
| Client : 3241949 | Acceptance Date : 21/10/2022 | |

Period of Insurance : 23/10/2022 to 22/10/2023 , both dates inclusive

| | |
|----------------|---|
| Insured's Name | : ZAHEERAH BEGUM D/O ABDUL KADER |
| Address | : 332 TAH CHING ROAD #05-167 Singapore 610332 |

Business/Occupation : JOURNALIST

| | | |
|---------|--------------------------|---------------|
| Premium | : Basic Annual Premium | : S\$1,695.00 |
| | Less 20% Autosafe Scheme | : S\$ 339.00 |
| | Total Annual Premium | : S\$1,356.00 |
| | Premium Due | : S\$1,356.00 |
| | Premium GST | : S\$94.92 |
| | Total Due | : S\$1,450.92 |

| | | | |
|--------------------|-----------------------------|------------------|----------|
| Risk No.1 | Motor Private Car | | |
| Make/Model | : Chevrolet Cruze 1.6 (A) | No. of seats | : 5 |
| Registration | : SJU8634P | Body Type | : Saloon |
| Engine No. | : F16D35156541 | Capacity cc's | : 1598 |
| Chassis No. | : KL1JA6961AK587960 | Certificate Ref. | : MX1F |
| Year of Manuf/Regn | : 2009/2009 | | |
| Type of Cover | : Comprehensive | | |
| Financial Interest | : MAYBANK SINGAPORE LIMITED | | |

Sum Insured: Market value at the time of loss

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

*An additional excess of \$3,000 shall apply for Inexperienced Driver with less than 1 year Singapore Driving Licence.

The maximum additional excess of \$3,500 shall apply if the driver is both Young (Age <=25) and Inexperienced (less than 1 year Singapore Driving Licence). Unless otherwise stated in the policy.

* Age as at date of accident

EX ON WINDSCREEN . : S\$100.00

Named Drivers THE INSURED : ZAHEERAH BEGUM D/O ABDUL KADER

Continued on page 2