

NATIONAL Assessment Centre Services

| | | | |
|--------------------------|--|-----------------------|---------|
| Date: 27/12/2022 | Job description | Date & Time Completed | Done by |
| Ref No: NAICT122012845/W | SAS e-filing | | |
| Veh No: GBE 8294 R | E-mail (within 8hrs. APT 2hrs) | | |
| DOA: 26/12/2022 | i-Motor Claim Form | | |
| OD/TP/Reporting Only | 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: SMD 6247 R | 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: | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (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 |
|-----------|---------|
| | |
| | |
| | |
| | |

| NA2203552 | | Invoice Preparation Checklist | | Amf (\$) | Amf (\$) |
|---------------------------------|--|---|-------------|----------|----------|
| | | | | 1st Bill | Add Bill |
| Claimant's Particulars: | | 1) AR: Accident Reporting (\$30); | | | |
| Driver/Owner: | | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Contact No: | | 3) TP: 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:- | | | |
| | | 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 | | |
| | | 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 | 27/12/2022 11:45 (SGT) |
| Reported by | Driver |
| Date of Accident | 26/12/2022 21:50 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | SLE/BKE before Woodlands Ave 12 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBE8294R |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------|
| Is company? | Yes |
| Name Of Registered Owner | Le Butler (SG) Pte Ltd |
| Company Reg No | 2XXXXX119E |
| Email Address | optionsgarage@hotmail.com |
| Mobile Phone No | (Phone) +65-96281590 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Mitsubishi |
| Model | Canter |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Reporting only |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 2998 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMCVSNW00143592201 |

DRIVER

| | |
|-----------------|----------------------|
| Name of Driver | Brar Balwinder Singh |
| Passport No/FIN | GXXXX423W |
| Date Of Birth | 15/11/1983 |
| Occupation | Outdoor |

| | |
|--|---------------------------|
| Date Of Driving Pass | 22/12/2017 |
| Driving experience | 5 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-90836120 |
| Alt. Phone Number | - |
| Email Address | optionsgarage@hotmail.com |
| Address | 96 Punggol Drive |
| Address complement | #18-14 |
| Postcode | 828797 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 | 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 | SMD6247R |
| 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) -

VEHICLE NO: GBE 8294 R

MAKE & MODEL: FUSO CANTER

AUTO/MANUAL

| | | |
|--|--|---------------------------|
| DATE OF ACCIDENT | 06 / 12 / 2022 | CC 3.0 |
| TIME OF ACCIDENT | 0150HRS | AM / PM |
| LOCATION OF ACCIDENT | SHE / BKE BEFORE WOODLANDS AVE 12. | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | (EMPLOYMENT / PRIVATE USE / PRIVATE HIRE) | |
| NAME OF OWNER | LE BUTLER (SG) PTE. LTD. | |
| EMAIL | OPTIONSGARAGE@HOTMAIL.COM | OFFICE: MOBILE: 9628 1596 |
| NRIC | 8018131198 | |
| CLAIM TYPE | OD / THIRTY PARTY / REPORTING ONLY | |
| FLEET POLICY | YES / NO | |
| INCURANCE CO. | CHINA TAIPING. | |
| TYPE OF COVERAGE | Comprehensive / Third Party / Third Party Fire & Theft | |
| POLICY NO. | DMCV9NW09143592201. | |
| NAME OF DRIVER | AS ABOVE / IF NO: BRAR BALWINDER SINGH. | |
| NRIC | A6502423W | |
| DATE OF BIRTH | 15 / 11 / 1983 | |
| ANY PASSENGER | YES / NO | |
| NAME OF PASSENGER | | |
| GENDER OF PASSENGER | MALE / FEMALE | |
| OCCUPATION | Outdoor / Indoor | |
| DATE OF DRIVING PASS | 22 / 12 / 2017. | |
| GENDER | MALE / FEMALE | |
| CONTACT NO. | Mobile: 9083 6100 Office: Home: | |
| EMAIL | | |
| ADDRESS | 96 PUNGOL DRIVE #18-14 828 797. | |
| DOES DRIVER OWN OTHER VEHICLES? | NO / If yes, Reg No: INSURE: | |
| RELATIONSHIP | Employee / If No: | |
| WEATHER CONDITION | Clear / Raining / Other: | |
| ROAD SURFACE | Dry / Wet / Other: | |
| ANY INJURIES | No / If yes, Who? | |
| CONTACT NO. | | |
| ROLICE REPORT | No / If yes, Where? | |
| NOTICE OF INTENDED PROSECUTION? | No / If yes, Who? | |
| VEHICLE B NO. | SMD 6247 R | Any Passenger: |
| NAME | | |
| CONTACT NO. | | |
| 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? | YES / NO | |
| WAS THERE ANY AUDIO RECORDED? | YES / NO | |
| SCENE ACCIDENT PHOTOS TAKEN? | YES / NO | |
| WHO IS REPORTING | DRIVER / OWNER / BOTH | |
| Original Language Used | English / Mandarin / Others: | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / NO | |

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

Belinda Sun

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

Jil

27/12/2022

Witnessed by Reporting Centre Personnel

Sketch Plan


| | | | |
|----------------------------------|--|---------------|--|
| | | A: GBE 8294 R | |
| | | B: SMD 6247 R | |
| | | | |
| SLE/RKE BEFORE WOODLANDS AVE 12. | | | |

ON 26/12/2022 ABOUT 2150HRS. I WAS MAKING
AN URGENT DELIVERY FOR A CLIENT. I WAS TRAVELING
ON THE 2ND LANE OF SLE/BKE. OUT OF A SUDDEN
IN FRONT OF MY VEHICLE DID A SUDDEN BRAKE
AND I COULDN'T STOP IN TIME AND COLLIDED ONTO
FRONT VEHICLE.

We declare the foregoing particulars are true in every respect.



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


27/12/2022
Witnessed by Reporting Centre
Personnel

Motor Commercial

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)

MZ300/C

R SN

AN0597A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00143592201

Engine No.: 4P10C05211

Cha. No.: FEA01BA20094

1. Index Mark and Registration
Number of Vehicle

GBE8294R

AUTOSAFE
=====

2. Name of Policy Holder

LE BUTLER (SG) PTE. LTD.

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

15/12/2022

(00:00:00)

Excess Sect I .

\$S\$950.00

EX ON WINDSCREEN .

\$S\$100.00

4. Date of Expiry of Insurance

14/12/2023

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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:*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : ABS FINANCIAL PTE 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Issued By: ABS INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory