

NAITF JAL Assessment Centre Services

Date In 13/02/2023

Ref No NA/C123001551/d4

Veh No SNK 8388E

DOA 12/02/2023 00:00

OD/ TP (Reporting Only)

TP Insurer:

referred Wksp / INC Assign Wksp / QW: (

P Particulars:

Veh No: SNK 2954E

Tel:

Fax:

Owner / Driver: (

INC () / Non-INC ()

Policy No: (

Tel:

Confirmed by: (

Period: (

Cover Type: (

Insured/Driver Liability: (

Date:

Time:

Year of Registration: (

%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Excess: (\$

Warranty: YES () / NO ()

General Remarks:-

Loading: \$1,000 () / \$2,000 ()

Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

Total Loss Case : to e-mail Insurer URGENTLY.

ive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

anks: (INC hotline: 6788 6616)

Apply for Transport Allowance () / Courtesy Car ()

Check / Post Repair Inspection ()

Upload Resurvey Photo [Repair Cost > \$3000] ()

ury:

Time: Actions:

NA2300439

Owner's Particulars:

Owner:

No:

Portion:

ked by (Ungr-In-Charge):

Comments:-

Invoice Preparation Checklist

Amt (\$)
1st Bill

Amt (\$)
Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

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:-

OR*

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

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	13/02/2023 19:58 (SGT)
Reported by	Driver
Date of Accident	12/02/2023 00:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG WATERLOO STREET 262 ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK8388E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SPACE ATELIER PTE LTD
Company Reg No	2XXXXX904G
Email Address	stanley@spaceatelier.com.sg
Mobile Phone No	(Phone) +65-92209010
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	640i
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	Commercial vehicle
Transmission	Auto
CC	2979

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00051932201

DRIVER

Name of Driver	SEAH CHEONG LEONG
NRIC No	SXXXX474E
Date Of Birth	29/07/1980
Occupation	Outdoor

Date Of Driving Pass	29/07/1980
Driving experience	42 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92209010
Alt. Phone Number	-
Email Address	stanley@spaceatelier.com.sg
Address	APT BLK 110 BUKIT PURMEI ROAD
Address complement	# 05-156
Postcode	090110
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	Side Swipe
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

PLEASE REFER TO THE ATTACHED STATEMENT
PLEASE BE INFORMED THAT VEHICLE HAS COMMENCED REPAIR AND PHOTOS WAS TAKEN AT THE WORKSHOP BY DRIVER

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN2954E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-90217917
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

SKETCH PLAN

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 payment of this report to the insurers, you hereby consent to the archiving of this report at the name and to copies of the report being made available elsewhere.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, enter and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my personal (and/or 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 the parties who have insured vehicle(s) involved in this accident, all insurers (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", and insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes of:

(i) processing, handling and/or dealing with my claim/submitting the settlement of the claim, and any necessary investigations relating to the claim;
(ii) investigating the accident and/or my claim;
(iii) carrying out and/or dealing with my instructions or responding to my enquiries by me;
(iv) administering my claims, including the tracing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data appropriate to bring about delivery of the same as well as on the external driver of service/claims packages; and/or
(v) complying with applicable law in relation to processing, handling and/or dealing with my claims.

(to achieve the "Purposes")

(c) all insurers who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(d) my Personal Information may be disclosed by any of the insurers and/or GIA to their third party service providers or agents including any third party service providers or agents, which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

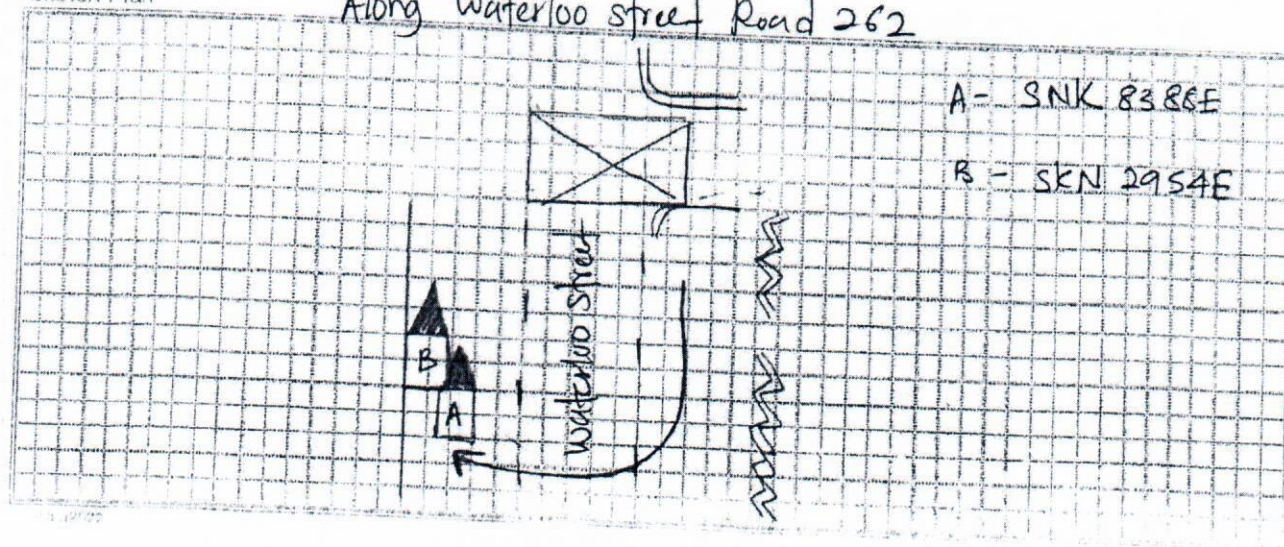
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

Along Waterloo street Road 262

A - SNK 8386E

B - SKN 2954E



Describe Circumstance of the Accident

I was heading to Bencoolen Road but I turned in wrongly to Waterloo street, so I make a U-turn and miss the car ahead and hit at his rear portion.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

13.02.23

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

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

[Signature] 13/2/23

ACCIDENT STATEMENT

ACCIDENT DATE: 12/02/2023 (DD/MM/YYYY) TIME: 00:00 (HH:MM)

LOCATION: Along Waterloo Street 282 Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNK 8388 E
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMPCSNA 00051932201
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: BMW 640I
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: After work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE? (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Space Atelier Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 2014079049 CONTACT: 92209010
c) ADDRESS: _____

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

- DRIVER
a) NAME: Seah Cheong leong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8022474E CONTACT: 92209010
c) ADDRESS: APT 8LK 110 Bukit Purmei Road # 05-156
8090110

* d) DATE OF BIRTH: 29/07/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 05/11/1999

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SKN 2954E MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: 9021 7917

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = stanley@spaceatelier.com.sg

Fax = _____

VIDEO = yes, with owner



Motor Private Car

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)

MX4E

E SN

AN0567A

Cov. Type:C

CERTIFICATE No.

DMPCSNA00051932201

Engine No.: 10159057N55B30A

Cha. No.: WBA6A02070DZ13526

1. Index Mark and Registration
Number of Vehicle

SNK8388E

AUTOSAFE
=====

2. Name of Policy Holder

SPACE ATELIER PTE LTD

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

09/01/2023
(00:00:00)

Named Drivers Ex Sect. I S\$2,500.00
Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

08/03/2023

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

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:*

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.: TOKYO CENTURY LEASING (S) 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: Muhammad Safwan Bin Mohamed

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

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