

NATIONAL Assessment Centre Services

(Call 1-800-222-2222)

SN09282000A

Date In: 27/07/2023 18:06

Ref No: X1A2300247/Y

Veh No: SAH 8967K

D.O.A: 26/07/2023 10:05

OC: TP Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-Mailing

E-mail (attach form, AIC 2013)

I-Motor Claim Form

I-Motor W/O (Vehicle: OD 2011, 27/07/2023)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Veh No: SH02428D

Tel:

Fax:

Owner / Driver: (

INC () / Non-INC ()

Policy No: (

Period: (

Tel:

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

% (Note: 1st Status (WO): 10-0-30%, F: 21-72%, F: 30-100%)

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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: (INC 2011: 06783-0014)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time:

Location:

Weather:

Other:

Notes:

Signature:

Date:

Initials:

Print Name:

Signature:

Date:

Initials:

Print Name:

Signature:

Date:

Initials:

Print Name:

Signature:

Date:

Initials:

Print Name:

Signature:

Date:

Initials:

Print Name:

Signature:

Date:

Initials:

Invoice Preparation Checklist

| Item | Amount | Inc | Non-Inc |
|---|-----------|------------|---------|
| 1) All: Accident Paperwork (330) | | | |
| 2) DA: Damage Assessment (\$1000) | | INC (\$55) | |
| 3) TP: Towing Fee | \$10/\$45 | | |
| 4) PT: Follow-Through Survey | \$150 | | |
| 5) PT: Follow-Through Survey (Resurvey) | \$50 | | |
| 6) TR: Resurvey Fee | \$75 | | |
| 7) NI: NI/DA + SMET Survey | \$140 | | |
| 8) NIUC Additional Fee (100) | | | |
| 9) NIUC | | | |
| *NI: Courtesy Car / Tot Allowance | \$5 | | |
| *NI: Repair Coordination | \$10 | | |
| *NI: Post Repair Inspection | \$20 | | |
| *NI: DV / Collect Evidence Coordination | \$1 | | |
| TP (NI) / TP (Non-INC) / Total INC | \$50 | | |
| TP (NI) / TP (Non-INC) | \$10 | | |

Invoice Total

Fees Charged

Invoice Total

Fees 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 | 27/02/2023 18:06 (SGT) |
| Reported by | Driver |
| Date of Accident | 26/02/2023 10:05 (SGT) |
| Exact Location of Accident | Airport Blvd., Singapore |
| Additional Location Information | TOWARDS ECP |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SNF8967K |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------|
| Is company? | Yes |
| Name Of Registered Owner | BOSS AUTOMOBILE |
| Company Reg No | 5XXXX842B |
| Email Address | mysincerelead@gmail.com |
| Mobile Phone No | (Phone) +65-88585822 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | E200 |
| 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 - Claiming third party |
| Vehicle Category | Commercial vehicle |
| Transmission | Auto |
| CC | 1991 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number | D22MFL0007320 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | ENG PENG LEE |
| NRIC No | SXXXX967G |
| Date Of Birth | 01/06/1972 |
| Occupation | Outdoor |

| | |
|--|----------------------------------|
| Date Of Driving Pass | 22/02/1995 |
| Driving experience | 28 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-88585822 |
| Alt. Phone Number | - |
| Email Address | mysincerelead@gmail.com |
| Address | BLK 713 YISHUN STREET 71 #05-200 |
| Address complement | - |
| Postcode | 760713 |
| 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 - U-Turn |
| 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? | 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? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230226/7037

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 | SHD2523D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|------|
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| 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 | ENG PENG LEE |
| Gender | Male |
| Phone No | (Phone) +65-88585822 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SNF8967K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | 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.
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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.



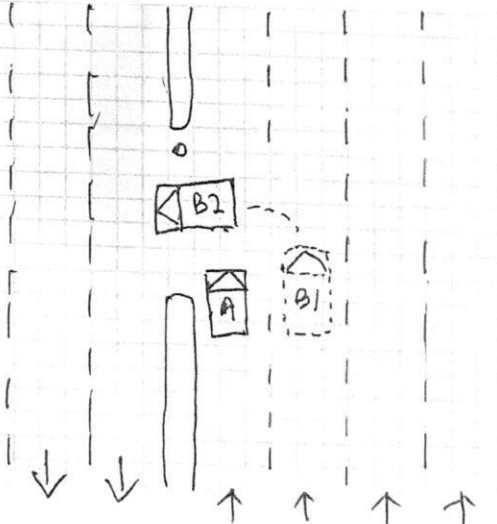
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Airport Boulevard



Veh A: SNF8967K

Veh B: SH02523 D

Describe Circumstances of the Accident

* PLS refer to Police Report. T/20230226/7037

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 27/02/2023
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230226/7037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230226/7037

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 26/02/2023 18:15 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: ENG PENG LEE | | | Address: 713 YISHUN STREET 71 #05-200 SINGAPORE 760713 | | |
| ID Type / ID No.: NRIC NO / S7219967G | | | Contact No.: Home/Office: Mobile: 81575788 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: flanaganepl@gmail.com | | |
| Sex: Male | Age: 50 | Date of Birth: 01/06/1972 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Limo driver | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|------------------------------------|---------------------------|--------------------|--|-------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 26/02/2023 10:05 | Type of Location: |
| Location: AIRPORT BOULEVARD | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| SNF8967K | Car | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20230226/7037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230226/7037

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|-----------------------------------|-----------------------------------|
| Driver | | | |
| Name | ENG PENG LEE | ID No. | S7219967G |
| Related Vehicle | SNF8967K (Car) | Contact No. | 81575788 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |

Brief Details.

On the stated date and time I vehicle SNF8967K was travelling straight along Airport Boulevard towards ECP.

I was on lane the extreme left lane of the 4 lane road.

There was this taxi SHD2523D who was on lane 3 on the right of my vehicle.

As there was a gap in between the road, the said taxi suddenly made an abrupt uturn to the left from lane 3.

The said taxi cut into my lane and I immediately jammed my brakes but to no avail.

I still collided onto the said vehicle right rear portion.

The said taxi managed to complete its Uturn after the collision.

The impact was great and both my knees hit onto the dashboard, my right hand slip and hit onto my steering.

Later Airport police and Staff came to the scene.

After a while I start to feel pain on my neck, shoulders and lower back areas.

I then proceeded to Unihealth 24-Hr Clinic yishun to seek treatment and I was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20230226/7037

3 of 3

Report No. T/20230226/7037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
Ahmad Syafiq Bin Harris
Contact No.: 65476201

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
26/02/2023 18:15

Classification Of Case:

Date of Accident : 26/02/2023 Accident Time: 1005HR (24-HR-Format)
Accident Place : Air Port Boulevard twds ECP
Vehicle No. (Car Plate No.) : SHF 8967K Make/Model: Mercs E200
Insurance Company : India Int Ins. Policy No: D22MFL007320
Owner or Company Name / IC No. : Boss Automobile 53441842B
Owner or Company Contact No. : 88585822 Owner's Hp — Company Tel —
DRIVER'S Name / IC No. : Eng Peng Lee 87219967G
DRIVER'S Date Of Birth : 01/06/1972 DRIVER'S License Pass Date 22/07/1995
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —
DRIVER'S Address : 713 Yishun Street 71 #05200 S(760713)
DRIVER'S Contact No./ Alt No. : 1) 81575788 2) —
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : mysincerelead@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): 01
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 Injury (If YES, Pls state): YES neck, shoulder, Back, Arms, Knees

Other Party Driver's Particular (if any)

| | | | |
|------------------------|----------|------------------------|--|
| Vehicle No: | SHD2523D | Vehicle No: | |
| Vehicle Make/Model: | | Vehicle Make/Model: | |
| Name Driver: | | Name Driver: | |
| IC No. Driver/Contact: | | IC No. Driver/Contact: | |

* NEW - Passenger's name & gender:

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MFL0007320

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle : SNF8967K
Chassis No : WDD2130802A737095
2. Name of Policyholder : BOSS AUTOMOBILE
3. Effective date of Insurance : 29 Sep 2022
4. Expiry date of Insurance : 03 Aug 2023

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with his/their permission.
The Hirer.

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 the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.
Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired

The Policy does not cover

- (1) Use for hire or reward (other than when the vehicle is hired for the carriage of passengers under Z10/Z11 for hire and reward).
- (2) Use for racing, pace-making, reliability trial, or speed-testing.
- (3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (4) 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.

| | | |
|-------------------------------------|----------------------|----------|
| Excess Section I WITHIN SINGAPORE | : SGD | 3,000.00 |
| Excess Section I OUTSIDE SINGAPORE | : SGD | 6,000.00 |
| Excess Section II WITHIN SINGAPORE | : SGD | 3,000.00 |
| Excess Section II OUTSIDE SINGAPORE | : SGD | 6,000.00 |
| Windscreen Excess | : SGD | 100.00 |
| Hire Purchase Company | : Auto Lease Pte Ltd | |

SUNROOF EXCESS: \$200.00

FOR DRIVERS BELOW 22 YEARS OLD OR ABOVE 75 YEARS OLD &/OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$2,000.00 ON SECTION I & II (SEPARATELY) WILL BE APPLICABLE

PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY

FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE AND WEST MALAYSIA.

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).

Agent/Broker : A000089/CFHQ PTE. LTD.
Date of Issue : 28/09/2022 19:05:13
MZ406 - Hire Car (G/R)

For India International Insurance Pte Ltd

Authorised Signatory