

NATIONAL Assessment Centre Services

| | | | |
|------------------------------------|--|-----------------------|---------|
| Date In 09/03/2023 | Job description | Date & Time Completed | Done by |
| Ref No NM/CT123062491/SD4 | SAS e-filing | | |
| Veh No SNF 48274 | E-mail (within 8hrs. Aft 2hrs) | | |
| DOA 09/03/2023 06:30 | i-Motor Claim Form | | |
| OD / TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SJT 1496Y | 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 |
|---|-----------------------|---------|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|-----------|
| NA2300701 / NA2300702 | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | 1st Bill | Add Bill |
| 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) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments:- | For claiming against INC Only (wef 10 Jan 2005) | | |
| Call 1: | 6) TR: Re-inspection \$75 | | |
| Call 2/3: | 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 \$0 | | |
| | 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 | 09/03/2023 13:56 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 09/03/2023 06:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | GEYLANG LORONG 11 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SNF4827H |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------------------|
| Is company? | No |
| Name Of Registered Owner | CHAN SIBO , GRAYSON (ZENG SIBO) |
| NRIC No | SXXXX614F |
| Email Address | graysonchan@hotmail.com |
| Mobile Phone No | (Phone) +65-96338084 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Audi |
| Model | R8 |
| 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 | 4163 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNW00146142200 |

DRIVER

| | |
|----------------|-----------------------------------|
| Name of Driver | CHAN SIBO , GRAYSON (ZENG SIBO) |
| NRIC No | SXXXX614F |
| Date Of Birth | 12/10/1988 |
| Occupation | Indoor |



| | |
|--|-------------------------|
| Date Of Driving Pass | 19/03/2007 |
| Driving experience | 16 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-96338084 |
| Alt. Phone Number | - |
| Email Address | graysonchan@hotmail.com |
| Address | 222 JALAN EUNOS |
| Address complement | # 02-103 |
| Postcode | 415871 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 | Collided into Parked Vehicle |
| 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) | 0 |
| 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

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 | SJT1496Y |
| 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) | - |

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 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)

Sketch Plan

Geylang Lorong 11

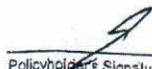
9/13/2023

Describe Circumstance of the Accident

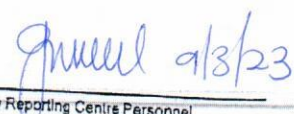
ON THE STATED DATE AND TIME, MY CAR WAS
PARKED AND I WAS AWAY FROM MY CAR. SOMEONE
CAME TO ME TO INFORM ME THAT MY CAR WAS
HIT BY VEH R. I WENT BACK AND THE 3rd PARTY
DRIVER TOLD ME THAT THEY HIT ONTO MY VEHICLE'S
REAR LAMP RIGHT PORTION.

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

 9/3/23
Witnessed by Reporting Centre Personnel

| | | | | | |
|--|--|--|--|---------------------------|--|
| VEHICLE NO: SNF 4827H | | MAKE & MODEL: AUDI R8. | | AUTO/MANUAL | |
| DATE OF ACCIDENT | | 09 / 03 / 2023 | | C.C. | |
| TIME OF ACCIDENT | | 0630 | | AM / PM | |
| LOCATION OF ACCIDENT | | GEYLANGH. LOR 11 | | | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE PARKED. | | | |
| NAME OF OWNER | | CHAN SIBO, GRAMSON (ZENGE SIBO). | | | |
| EMAIL | | GRAMSONCHAN@HOTMAIL.COM | | | |
| NRIC | | S8839614F. | | OFFICE: MOBILE: 96338084. | |
| CLAIM TYPE | | OD / THIRTY PARTY / REPORTING ONLY | | | |
| FLEET POLICY | | YES / NO? | | | |
| INCURANCE CO. | | CN TRIPING. | | | |
| TYPE OF COVERAGE | | Comprehensive / Third Party / Third Party Fire & Theft | | | |
| POLICY NO. | | DMPCSNW 04146142200 | | | |
| NAME OF DRIVER | | AS ABOVE / IF NO: . | | | |
| NRIC | | 12 / 10 / 88. | | | |
| DATE OF BIRTH | | YES / NO: NOBODY IN CAR. | | | |
| ANY PASSENGER | | - | | | |
| NAME OF PASSENGER | | MALE / FEMALE | | | |
| GENDER OF PASSENGER | | Outdoor / Indoor. | | | |
| OCCUPATION | | 19 / 03 / 07 | | | |
| DATE OF DRIVING PASS | | MALE / FEMALE | | | |
| GENDER | | Mobile: 96338084 Office: Home: | | | |
| CONTACT NO. | | GRAMSONCHAN@HOTMAIL.COM. | | | |
| EMAIL | | 222 JALAN EUNOS #02-103 S(415871). | | | |
| ADDRESS | | NO / If yes, Reg No: INSURE: - | | | |
| DOES DRIVER OWN OTHER VEHICLES? | | Employee / If No: SELF. | | | |
| RELATIONSHIP | | Clear / Raining / Other: | | | |
| WEATHER CONDITION | | Dry / Wet / Other: | | | |
| ROAD SURFACE | | NO / If yes, Who? | | | |
| ANY INJURIES | | NO / If yes, Where? | | | |
| CONTACT NO. | | NO / If yes, Who? | | | |
| POLICE REPORT | | SJT 14964. Any Passenger: 1 DRIVER. | | | |
| NOTICE OF INTENDED PROSECUTION? | | 1 PASSENGER. | | | |
| VEHICLE B NO. | | Any Passenger: | | | |
| NAME | | Any Passenger: | | | |
| CONTACT NO. | | Any Passenger: | | | |
| VEHICLE C NO. | | Any Passenger: | | | |
| VEHICLE D NO. | | Any Passenger: | | | |
| VEHICLE E NO. | | Any Passenger: | | | |
| VEHICLE F NO. | | Any Passenger: | | | |
| ANY WITNESS | | Any Passenger: | | | |
| WITNESS CONTACT NO. | | Any Passenger: | | | |
| 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. | | | |



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)

MX1/B

E SN

AN0613A

Cov. Type.C

CERTIFICATE No.

DMPCSNW00146142200

Engine No.: BYH011000

Cha. No.: WJAZZZ4279N003199

1. Index Mark and Registration
Number of Vehicle

SNF4827H

2. Name of Policy Holder

CHAN SIBO, GRAYSON

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

14/06/2022

(12:08:22)

Named Drivers Ex Sect. I

SS\$6,000.00

Excess Sect. I (Outside Singapore)

SS\$12,000.00

EX ON WINDSCREEN

SS\$500.00

4. Date of Expiry of Insurance

30/07/2023

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

CHAN SIBO, GRAYSON

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.

HIRE PURCHASE CO.: MONEymax LEASING 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: AUTO WORLD PTE LTD

Authorised Officer

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

张世义

Authorised Signatory