

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|------------------------|----------|
| Date In: 10/04/2023 15:36 | Job description: SAS e-tiling | Date & Time Completed: | Done by: |
| Ref No: N/A SMO28003626 | E-mail (within 24hrs, A/C 2hrs) | | |
| Veh No: SEU 197 | 1-Motor Claim Form | | |
| D.O.A: 29/03/2023 19:30 | 1-Motor W/O (Within 24hrs, A/C 2hrs) | | |
| QC: TP: Reporting Only | 1-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/Whse | | |

| | | |
|--|--|-----------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: Yeh No: SEU 9788Z | INC () / Non-INC () | |
| Owner / Driver: (| Tel: | |
| Policy No: () | Period: () | Cover Type: () |
| Confirmed by: (| Date: | Time: |
| Insured/Driver Liability: () | (Note: Hst Status (WO): N: 0-30M, P: 21-72%, F: 30-140M) | |
| 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 No: 0788, 0015) 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 | Action | By |
|------|------|--------|----|
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|--|-------------------------------|
| N/A2301022 | Invoice Preparation Checklist |
| 1) AR: Accident Paperwork (\$300) | |
| 2) DA: Damage Assessment (\$1000) | INC (\$56) |
| 3) TP: Towing Fee | \$10/\$45 |
| 4) PT: Follow-Through Survey | \$150 |
| 5) PT: Follow-Through Survey (Resurvey) | \$30 |
| 6) TR: Repair Cost | \$75 |
| 7) NI: New DA + Survey | \$140 |
| 8) NI: Additional Services | |
| 9) NI: Courtesy Car / Tot Allowance | \$5 |
| 10) NI: Repair Coordination | \$15 |
| 11) NI: Post Repair Inspection | \$35 |
| 12) NI: DV / Collect Excess Coordination | \$5 |
| 13) NI: TP (Non-INC) Repair INC | \$20 |
| 14) NI: Other Items | \$0 |
| Invoice Total | Fees Charged |
| | |

Checked by (Engr-In-Charge):

Customer's Comments:

Signature:

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 | 10/04/2023 15:56 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 29/03/2023 19:30 (SGT) |
| Exact Location of Accident | Upper Bukit Timah Rd, Singapore |
| Additional Location Information | AFTER HUME AVENUE TOWARDS WOODLANDS |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJU19T |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | YAP WAI LIAN |
| NRIC No | SXXXX605Z |
| Email Address | jaketay@gmail.com |
| Mobile Phone No | (Phone) +65-97439494 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Mercedes |
| Model | Gla180 |
| 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 | Private car |
| Transmission | Auto |
| CC | 1600 |

INSURANCE COMPANY

| | |
|-----------------------------------|-------------------------------------|
| Name of Insurance Company | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | D23MTPV01003419 |

DRIVER

| | |
|----------------|--|
| Name of Driver | TAY LIANG TECK JAKE (ZHENG LIANGDE JAKE) |
| NRIC No | SXXXX354A |
| Date Of Birth | 28/07/1974 |
| Occupation | Indoor |

| | |
|--|------------------------|
| Date Of Driving Pass | 06/02/1995 |
| Driving experience | 28 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-94379413 |
| Alt. Phone Number | - |
| Email Address | jaketay@gmail.com |
| Address | 6 HILLVIEW RISE #10-16 |
| Address complement | - |
| Postcode | 667980 |
| 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 - 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

PLEASE REFER TO SKETCH PLAN

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 | SLU9788Z |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Sienta |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | MANISAH BINTE SALLEH |
| NRIC No | SXXXX293Z |

| | |
|---|----------------------|
| Contact Number | (Phone) +65-91789932 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

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

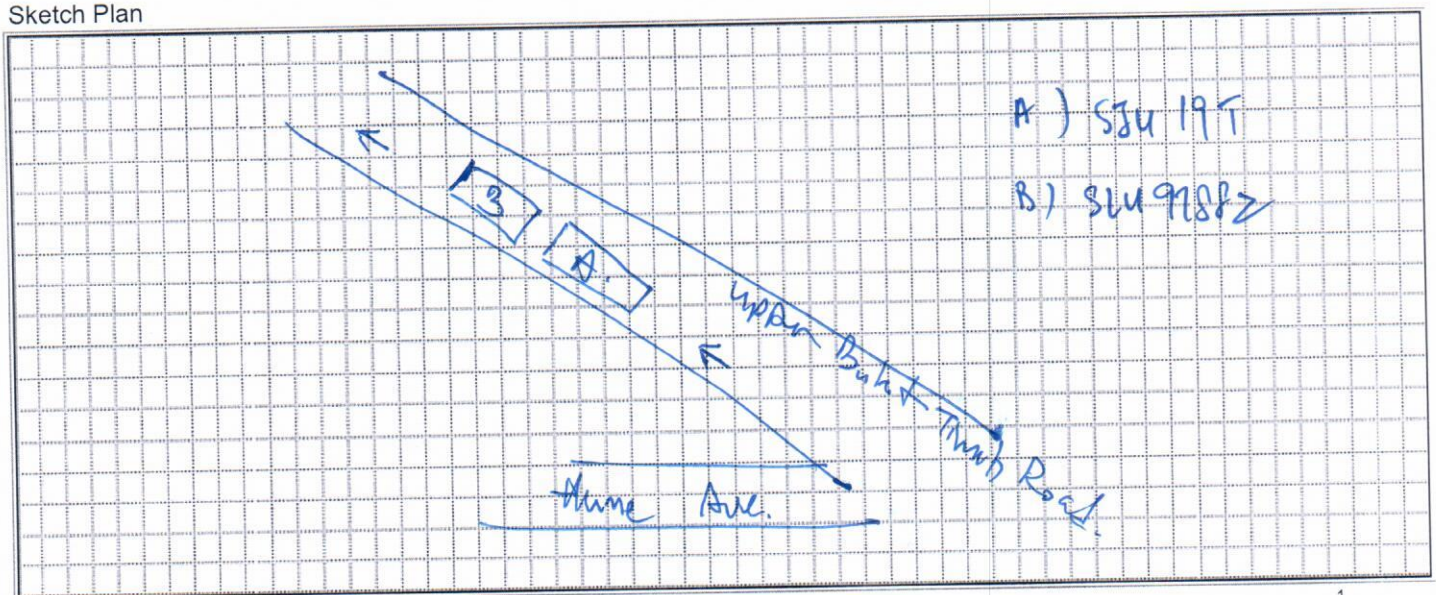
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident

Accident occurred on 29/03/23 at 1930 to 1946 hrs.

As I was changing lane from 1st lane to 2nd lane
to prepare to turn into Hillview Ave Road.

Vehicle SL13768Z suddenly jammed brakes as the
vehicle in front violently cut into their lane
to refer to their onboard camera

there was time for me to stop and, knowing my car
to hit their back.

I have to fly off the next day morning. There are reporting
the incident today.

Declaration

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

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)

ANA ECONOMY CLASS
30MAR
(NH802 OPERATING)

TAY/LIANGTECKJAKE MR

便名/FLIGHT NH 802
出発地/FROM SINGAPORE/SIN
到着地/TO TOKYO/NRT

出発時刻/DEP. TIME 06:15

座席番号 SEAT

BOARDING GROUP
GROUP4

搭乗口 GATE C25
搭乗時刻 Boarding Time 05:45

GROUP4

API ETKT 205241772339401
0094

A STAR ALLIANCE MEMBER
TAY/LIANGTECKJAKE MR

NH 802

30MAR

出発地/FROM SIN
到着地/TO NRT

お時間に余裕をもちて搭乗口へお越し下さい。出発10分前を過ぎますと、お乗り頂けないこととさせていただきます。 Please be at the gate 10 mins before the departure time. Otherwise you may not be able to board.

座席番号 SEAT 38J

0094

ANA ECONOMY CLASS
08APR
(NH801 OPERATING)

TAY/LIANGTECKJAKE MR

便名/FLIGHT NH 801
出発地/FROM TOKYO/NRT
到着地/TO SINGAPORE/SIN

出発時刻/DEP. TIME 18:15

座席番号 SEAT

BOARDING GROUP
GROUP5

搭乗口 GATE 25
搭乗時刻 Boarding Time 17:45

GROUP5

API ETKT 205241772339402
0063

A STAR ALLIANCE MEMBER

TAY/LIANGTECKJAKE MR

NH 801

08APR

出発地/FROM NRT
到着地/TO SIN

お時間に余裕をもちて搭乗口へお越し下さい。出発10分前を過ぎますと、お乗り頂けないこととさせていただきます。 Please be at the gate 10 mins before the departure time. Otherwise you may not be able to board.

座席番号 SEAT 38D

0063

BOARDING PASS

10/04/2023

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 03 / '23) (DD/MM/YYYY), TIME: (19:30) (HH:MM)

LOCATION: Upper Bukit Timah Road, after Hume Ave, towards direction of road (at)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJW19T
 b) INSURANCE COMPANY: Sampo Insurance
 c) POLICY NUMBER: 522MTA101003469
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes GLA150
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Tay Lian Lian (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 323376052 CONTACT: 97439494
 c) ADDRESS: 6, Hillview Rise, #10-16, S(667920)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER
 a) NAME: Tay Lian Lian (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 374243544 CONTACT: 98379413
 c) ADDRESS: 6, Hillview Rise, #10-16, S(667920)

- d) DATE OF BIRTH: (28 / 02 / 1974) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS: 06/02/1996
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Husband

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

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: SLH 97882 MODEL: Toyota Sienna
 b) DRIVER'S NAME: Monica Butler Sneh
 c) NRIC/FIN/PASSPORT: 372152932 CONTACT: 917 89932

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT:
 d) VEHICLE NUMBER:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT:

Email: jaketay@gmail.com
 VIDEO

PRIVATE CAR POLICY SCHEDULE

Policy No. : D23MTPV01003419

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE CAR Policy wordings, ref. MTP.30

Insured : YAP WAI LIAN
Address : 6 HILLVIEW RISE
#10-16
SINGAPORE 667980
Business/Profession : MANAGER

INSURED DETAILS

Date of Birth & Age : 15 OCT 1973 & 49 years old
Driving Experience in Singapore : 21 years
Marital Status : MARRIED
Gender : Female
Identification Type : NRIC(Singaporean)
Identification No. : S7337605Z

Period of Insurance : 27 FEBRUARY 2023 00:00 TO 26 FEBRUARY 2024 23:59
Persons or Classes of Persons entitled to drive : Refer to Certificate of Insurance
Limitations as to use : Refer to Certificate of Insurance

VEHICLE DETAILS

Vehicle Registration No. : SJU19T
Chassis No. : W1N1569422J692928
Engine No. : 27091031952008
Vehicle Make & Model : MERCEDES BENZ GLA180 1.6
Engine Capacity : 1600
NCD Entitlement : 50%
Year of Registration : 2020
NCD Protection : COVERED
Loss of Use : COVERED
Waiver of Excess : COVERED
Estimated Vehicle Value : MARKET VALUE AT TIME OF LOSS
Hire Purchase Owner : N.A

PREMIUM DETAILS

Premium after applicable discount(s) : S\$ 962.70
GST : S\$ 77.02
Premium (incl. GST) : S\$ 1,039.72

Coverage : Comprehensive - ExcelDrive PRESTIGE
Excess : S\$500 - Section I
Voluntary Excess : N.A
Additional Excess :
Named Young and/or Inexperienced Drivers S\$1,500
Un-named Young and/or Inexperienced Drivers S\$3,000
Un-named All Other Drivers S\$500

'Young Drivers' shall be defined as drivers (including the Insured) who are below 27 years old.
'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 1 year of driving experience in Singapore roads.

Windscreen Excess : S\$100 for each and every applicable claim

Endorsements Applicable :
Endorsement AA1 - ExcelDrive Prestige Plan
Endorsement D1 - Young and/or Inexperienced Drivers Excess
Endorsement E - Excess
Endorsement H - Total Loss
Endorsement M - Inclusion of Special Perils
Endorsement P6 - Riot and Strike
Endorsement V - NCD Protection
Endorsement Z - Loss of Use Benefit

Additional Cover : NIL

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

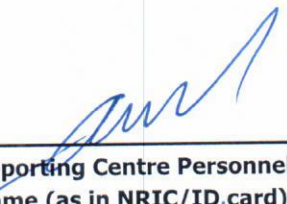
Original Report No: SM09234A000D Vehicle Registration No: SJU 197
Name (as shown in NRIC): Tay Liang Teck JACK NRIC/FIN/Passport No: SXXXX 354A
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 9437 9413
Email Address: _____
Date of Accident: 29/03/2023 Time of Accident: 19:30
Place of Accident: Upp Bukit Timah Rd After Hume Ave Towards Woodlands
Insurance Company: Sampo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

EMAIL ADDRESS To JAKETAY @ GMAIL.COM

Policyholder / Actual Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: 10/04/2023