

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date: 10/04/2023 | Job description | Date & Time Completed | Done by |
| Ref No NM/C1123003681/Wd4 | SAS e-filing | | |
| Veh No SCJ 4B | E-mail (within 8hrs. AP 2hrs) | | |
| DOA 07/04/2023 14:10 | 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: SLG 4817E | 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: (INC hotline: 6788 6616) | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----|
| NA2301024 / NA2301035 | Invoice Preparation Checklist | Amr (\$) | Ad |
| 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) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments: | For claiming against INC Only (wef 10 Jan 2005) | | |
| Cal 1: | 6) TR: Re-inspection \$75 | | |
| Cal 2/3: | 7) N1: Idao 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: Idao 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 | 10/04/2023 11:55 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 07/04/2023 14:10 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | UPPER PAYA LEBAR ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCJ4B

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | NG DEI WAH |
| NRIC No | SXXXX769D |
| Email Address | hazelng@live.com.sg |
| Mobile Phone No | (Phone) +65-96893168 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Vezel |
| 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 | 1496 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNA00193652201 |

DRIVER

| | |
|----------------|------------|
| Name of Driver | NG DEI WAH |
| NRIC No | SXXXX769D |
| Date Of Birth | 30/08/1984 |
| Occupation | Indoor |

| | |
|--|-------------------------------|
| Date Of Driving Pass | 28/01/2014 |
| Driving experience | 9 YEARS AND 3 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-96893168 |
| Alt. Phone Number | - |
| Email Address | hazelng@live.com.sg |
| Address | APT BLK 370 HOUGANG STREET 31 |
| Address complement | # 08-17 |
| Postcode | 530370 |
| 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 | 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | Yes |
| 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 | MacPherson Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18007449999 |
| Alt. Police Station Phone No | (Fax) +65-65476366 |
| Police Station Address | Blk 54 Pipit Road #01-82/84 Singapore 370054 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT

ATTACHMENT(S)

| | |
|---|---------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | WITH WORKSHOP |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLG4817E |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|--|
| Name of injured person | NG DEI WAH |
| Gender | Female |
| Phone No | (Phone) +65-96893168 |
| Address | APT BLK 370 HOUGANG STREET 31 |
| Address Complement | # 08-17 |
| Post Code | 530370 |
| Approximate Age Years Old | - |
| Injuries Sustained | PAIN ON ABDOMEN AREA, ACHE ON LEFT ARM AND BRUISED ON LEFT WRIST |
| Injured person in which vehicle? | SCJ4B |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

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:

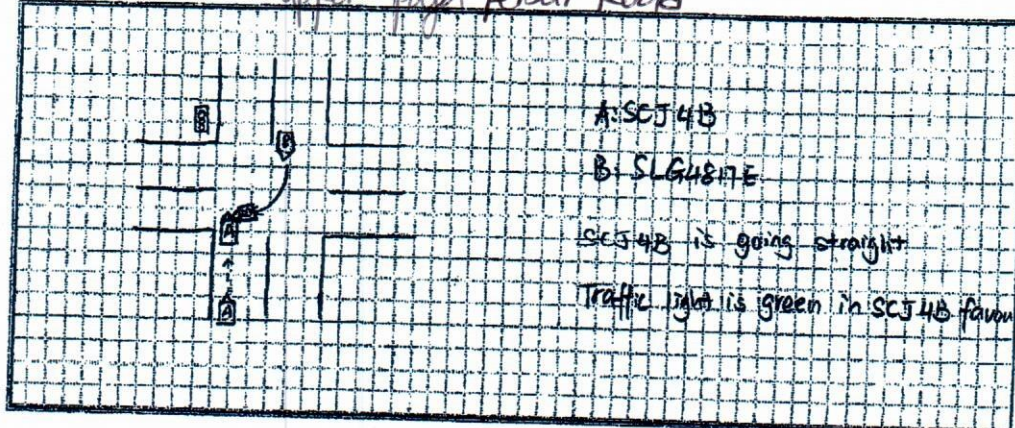
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 card)

Sketch Plan



Describe Circumstance of the Accident

VEHICLE NO: SCJ4B

ACCIDENT DATE & TIME: 07/04/2023 14:10

CONTACT NUMBER: 96893168

E-MAIL: hazeing@lme.com.sg

LOCATION: UPPER PAYA LEBAR ROAD

Please refer to the police report.

- T/20230408/2033 -

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN

OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE: ☐ CLAIM OWN POLICY ☒ CLAIM THIRD PARTY ☐ CLAIM OOTPA AT OTHER WORKSHOP ☐ REPORTING ONLY

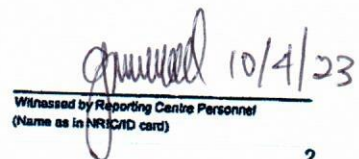
Declaration

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 & Time



10/4/23

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



**SINGAPORE
POLICE FORCE**



T/20230408/2033

Police Station Of Origin:
MacPherson NPP
54 Phipps Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 3

Report No. T/20230408/2033

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 08/04/2023 13:07 | Vide Report No.: E/20230407/0102 | Station Diary No.: 13 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|--|
| Name of Informant: NG DEI WAH | | | Address: APT BLK 370 HOUGANG STREET 31 #08-17 SINGAPORE 530370 | | |
| ID Type / ID No.: NRIC NO / S8426769D | | | Contact No.: Home/Office: Mobile: 96893168 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: hazelng@live.com.sg | | |
| Sex: Female | Age: 38 | Date of Birth: 30/08/1984 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: French | | |
| Occupation: florist tutor | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------------|-----------------------|---|--|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 07/04/2023 14:10 | Type of Location: Straight Road |
| Location: UPPER PAYA LEBAR ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: | | Traffic Volume: |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|-------|-------------------|-------|-----------|-----------------|
| SCJ4B | Car | HONDA | VEZEL 1.5G CVT | White | | 0 |
| SLG4817E | Car | | | | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|------------------------|------------|-------------|
| SCJ4B | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNA0019365 2201 | 16/09/2022 | 15/09/2023 |



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Pilt Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999



T/20230408/2033

Report No. T/20230408/2033 2 of 3

CONTINUATION OF REPORT

| | | | |
|------------------------------------|------------------------|--|---------------------------------|
| Details of Person Involved: | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver: | | | |
| Name | NG DEI WAH | ID No. | S8426769D |
| Related Vehicle | SCJ4B (Car) | Contact No. | 96893168 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 07/04/2023 | Date Discharge | 07/04/2023 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On 07 April 2023 at about 1406hrs I was driving my vehicle SCJ4B along Upper Paya Lebar Road extreme left lane towards Geylang Road direction. As I was approaching the junction before Oxley Bizhub, the traffic light was green and I continued to proceed straight. As I was proceeding a vehicle travelling from the opposite direction turned right and knocked on the right front portion of my vehicle. Due to the collision I was unable to open my car door and I felt pain on my abdomen area as I just had a surgery. I felt ache on my left arm and bruised on my left wrist. Traffic police and ambulance came to scene and I was subsequently conveyed to Tan Tock Seng Hospital by the ambulance. I was given a case card and was advised to lodge a traffic accident report for this case.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999



T/20230408/2033

3 of 3

Report No. T/20230408/2033

CONTINUATION OF REPORT

Signature of Officer Recording The Report
G/
SR STAFF SGT LOI JUN FENG

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time
08/04/2023 13:07

Officer In Charge Of Case
TP / GIT /
SR STAFF SGT Ahmad Syarif Bin Harris
Contact No.: 65476201

Classification Of Case

NP168

Date of Accident : 07/04/2023 Accident Time: 14:10 PM (24-HR-Format)
Accident Place : UPPER PAYA LEBAR ROAD
Vehicle Reg. No. (Car Plate No.) : SCJ 4B
Vehicle Make/Model : Honda Vezel
Insurance Company : CHINA Taiping Policy No. DMPCSNA0019365
Owner or Company Name /IC No. : NG DEI WAH SB426769D
Owner or Company Contact No. : _____ Owner's Hp 96893168 Company Tel _____
DRIVER'S Name / IC No. : NG DEI WAH S8426769D
DRIVER'S Date Of Birth : 30 Aug 1984 DRIVER'S License Pass Date 28 Jan 2014
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BLK 370 Hougang Street 31 #08-17 (530370)
DRIVER'S Contact No./ Alt No. : 1) 96893168 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : hazelng@live.com.sg
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): 1

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

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLG4817E

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____



Motor Private Car

MX1F

R SN

AN0509A

Cov. Type:C

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)

CERTIFICATE No.

DMPCSNA00193652201

Engine No.: L15Z1000952

Cha. No.:RV31000765

1. Index Mark and Registration
Number of Vehicle

SCJ4B

2. Name of Policy Holder

NG DEI WAH

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

16/09/2022
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

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

4. Date of Expiry of Insurance

15/09/2023

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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\$500 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.: OCBC BANK 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: Lee Kian Heng Fred
Authorised Officer

Authorised Signatory