

NATIONAL Assessment Centre Services

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In 11/04/2023 | Job description | Date & Time Completed | Done by |
| Ref No NA/CT123003748/04 | SAS e-filing | | |
| Veh No SLV 3175B | E-mail (within 8hrs, Aft 2hrs) | | |
| DOA 10/04/2023 17:50 | I-Motor Claim Form | | |
| OD/TP Reporting Only | I-Motor W/O (Within OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: GBG 3182C | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|-----|
| NA2301056 | Invoice Preparation Checklist | Amc (\$) | Amc |
| Claimant's Particulars | 1) AR: Accident Reporting (\$30); | 1st Bill | Add |
| 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: Idau 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: Idau Mobile \$0 | | |
| | 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 | 11/04/2023 18:51 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 10/04/2023 17:50 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | KJE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLV3175B |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | 1AXIS PRESTIGE LEASING PTE LTD |
| Company Reg No | 2XXXXX962N |
| Email Address | CHARLOTTEVEHICLES@GMAIL.COM |
| Mobile Phone No | (Phone) +65-90055295 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Sienta |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1496 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMHCSNA00017352200 |

DRIVER

| | |
|----------------|-----------------------------|
| Name of Driver | LIM KOK CHYE (LIN GUOCAI) |
| NRIC No | SXXXX718B |
| Date Of Birth | 29/08/1971 |
| Occupation | Outdoor |



| | |
|--|------------------------------|
| Date Of Driving Pass | 25/10/1995 |
| Driving experience | 27 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90055295 |
| Alt. Phone Number | - |
| Email Address | CHARLOTTEVEHICLES@GMAIL.COM |
| Address | APT BLK 109D EDGEDALE PLAINS |
| Address complement | # 15-139 |
| Postcode | 824109 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | RENTAL-LEASING |
| 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 | DRIZZLING |
| Road Surface | Wet |

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) | 2 |
| 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 | - |

PASSENGER 1

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|-------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Hougang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18004890999 |
| Alt. Police Station Phone No | (Fax) +65-63128989 |
| Police Station Address | 60 Hougang Ave 9 Singapore 538775 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230411/2014

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 | GBG3182C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | BRINA |
| Contact Number | (Phone) +65-91501529 |
| 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 | LIM KOK CHYE (LIN GUOCAI) |
| Gender | Male |
| Phone No | (Phone) +65-90055295 |
| Address | APT BLK 109D EDGEDALE PLAINS |
| Address Complement | # 15-139 |
| Post Code | 824109 |
| Approximate Age Years Old | - |
| Injuries Sustained | BACK PAIN - GIVEN 3 DAYS OF MC |
| Injured person in which vehicle? | SLV3175B |
| Were seat belts worn? | - |
| 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 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.

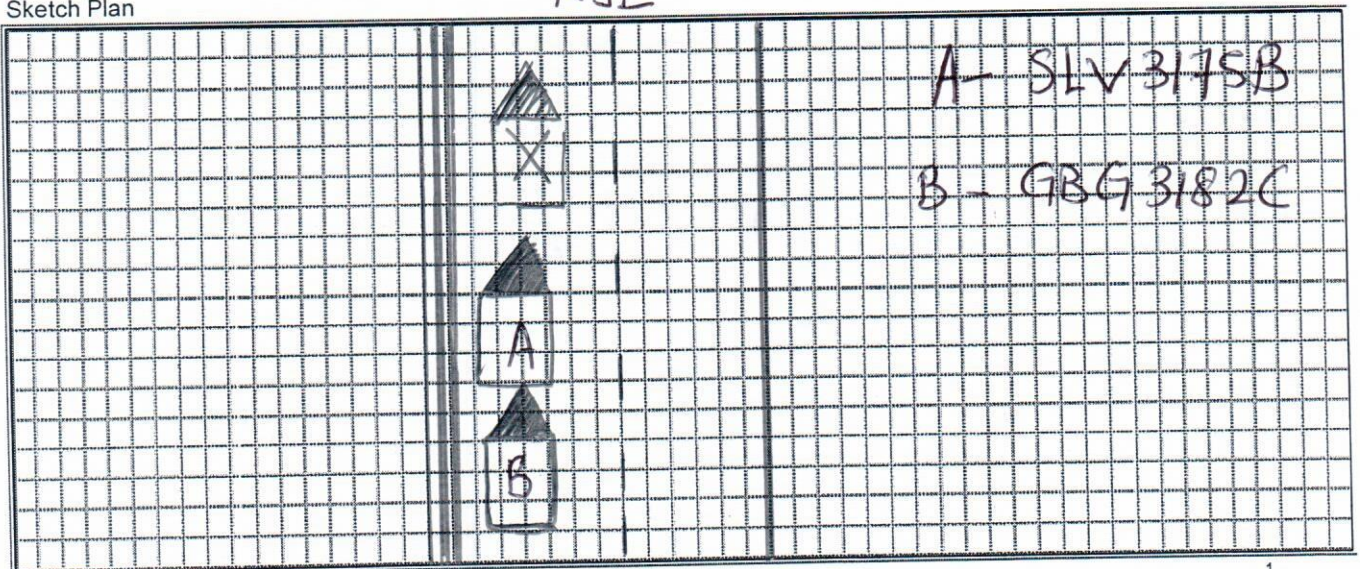


Policyholder's Signature / Date & Time

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

Please Refer to the attached police
Report - 7/20230411/2014 -

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 11/4/23

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

[Signature] 11/4/23

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



SINGAPORE POLICE FORCE



T/20230411/2014

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20230411/2014

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|--|
| Date/Time Report Made: 11/04/2023 09:17 | | Vide Report No.: | | Station Diary No.: 21 | |
| Informant's Particulars | | | | | |
| Name of Informant: LIM KOK CHYE | | | Address: APT BLK 109D EDGEDALE PLAINS #15-139 SINGAPORE 824109 | | |
| ID Type / ID No.: NRIC NO / S7130718B | | | Contact No.: Home/Office: Mobile: 90055295 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 51 | Date of Birth: 29/08/1971 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | |
| Occupation: PRIVATE HIRE DRIVER | | | Driving Licence Information: Class: 3,4 Date of Expiry: | | |

| | | | | |
|--|------------------|-----------------------|---|--|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 10/04/2023 17:50 | Type of Location: EXPRESSWAY |
| Location: KRANJI EXPRESSWAY | | | | |
| Weather: Drizzling | | Road Surface: Wet | | |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|------|------|-------|-------|----------------------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| GBG3182C | Van | | | | Slightly Damaged | 1 |
| SLV3175B | Car | | | | Seriously Damaged | 1 |

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



**SINGAPORE
POLICE FORCE**



T/20230411/2014

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20230411/2014

CONTINUATION OF REPORT

| Driver | | | | |
|-----------------------------------|----------------|--|--|-----------------------------------|
| Name | LIM KOK CHYE | | ID No. | S7130718B |
| Related Vehicle | SLV3175B (Car) | | Contact No. | 90055295 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | 03 | | Degree of Injury | Slight |
| Driver | | | | |
| Name | BRINA | | ID No. | NIL |
| Related Vehicle | NIL | | Contact No. | 91501529 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |

Brief Details.

At about 1750 hrs, I was driving along KJE at the most left lane. There was slow traffic at that point of time. Thus, I slowed down and followed behind the vehicle in front of me slowly while maintaining my distance. At the point of time, I was with a passenger.

Out of a sudden, a van from (GBG3182C) behind collided into the rear of my vehicle (SLV3175B). I immediately checked with my passenger if he was alright, and he told me that he was fine.

I went out of my vehicle and saw that there were damages to the rear of my vehicle. I then exchanged details with the driver of the van (GBG3182C) and thus, we both went our separate ways.

After the event, I was not feeling well. Thus, I went to see a Doctor and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20230411/2014

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20230411/2014

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /

SGT 2 Chee Wei Sin

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Signature Of Informant:

Date/Time:

11/04/2023 09:17

Classification Of Case:

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 10/04/2023 (DD/MM/YYYY), TIME: 17.50 (HH:MM)

LOCATION: _____ KJB

7. DETAILS OF VEHICLE

Q/VEHICLE NUMBER: SLV 3175B

INSURANCE COMPANY: China Taiping

C/POLICY NUMBER: DMH CSNA00017352200

5) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT

ENGINE MAKE & MODEL: _____ AUTO / MANUAL _____

VEHICLE CATEGORY: SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS

8) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

1) PURPOSE OF USING AT ACCIDENT TIME Private fire.

ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE THIRD PARTY CLAIM

IF NO, PLEASE STATE THIRD PARTY CLAIM // REPORTING ONLY

2. INSURED / POLICY HOLDER

A) NAME: Taxis prestige leasing Pte Ltd (MALE / FEMALE)

D) NRIC / FIN / PASSPORT: 282121962N CONTACT: _____

C) ADDRESS: .

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER
C) NAME Lim Kok Chye (Lin Guocai) (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 87130718B CONTACT: 90055295.

C/ADDRESS: APT Bldg 109D Edgemoor Plains # 15-139
S824.109

d) DATE OF BIRTH: (29 / 08 / 1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

7) YEARS OF DRIVING EXPERIENCE 25/10/1995

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Rental - leasing

5. WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Drizzling

B) ROAD SURFACE: (DRY / WET / OTHERS) _____

B) ROAD SURFACE (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Back pain (driver only)

7. ☐ REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

B. THIRD PARTY VEHICLE

0) VEHICLE NUMBER: GBG 3182C MODEL: _____

5) DRIVER'S NAME Brinda MODEL: _____

C) NRIC/FIN/PASSPORT: _____ CONTACT: 91501529

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME _____

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

Email = charlottevehicles@gmail.com

$\rho_{\text{ex}} =$

Yes, with the whisk



Motor Hire Car

MZ406L/B

E SN

AN0055A

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.

DMHCSNA00017352200

Engine No.: 1NZ8340804

Cha. No.:NHP1707104934

1. Index Mark and Registration
Number of Vehicle

SLV3175B

AUTOSAFE

=====

2. Name of Policy Holder

1AXIS PRESTIGE LEASING PTE LTD

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

04/01/2023

Excess Sect. I . S\$2,000.00

Excess Sect. I (Outside Singapore) S\$4,000.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

18/09/2023

Excess Sect.II (Outside Singapore). S\$3,000.00

EX ON WINDSCREEN . S\$100.00

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.

6. Limitations as to use:*

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

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : SKYWAY CREDIT & 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: _____

Chai Huilin Lynn

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

www.sg.cntaiping.com