

TTI Assessment Centre Services

| | | | | |
|------------------------|-----------------|--|-----------------------|---------|
| Date In | 23/05/2023 | Jch description | Date & Time Completed | Done by |
| Ref No | NAICT23005212/W | SAS e-filing | | |
| Veh No | SFW 9A05 M | E-mail (w/ins Mtr. At 2hrs) | | |
| DOA | 22/05/2023 | I-Motor Claim Form | | |
| OD/ TP/ Reporting Only | | I-Motor W/O (Within OD 2hrs, TP 4hrs) | | |
| TP Insurer: | | I-Photo Uploaded | | |
| | | Assessment/Survey Report | | |
| | | Ass't Report by Fax/Hand to Owner/Vksp | | |

| | | |
|-------------------------------------|--|---------------|
| referred Wksp/INC Assign Wksp/QW: (| Tel: | Fax: |
| P Particulars: | Veh No: | |
| Owner/ Driver: (| GBJ 1820 S. INC ()/Non-INC () | |
| 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. ()

| | | |
|--|--|--|
| Apply for Transport Allowance ()/Courtesy Car () | | |
| QC Check/Post Repair Inspection () | | |
| Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Ref/Time | Actions |
|----------|---------|
| | |
| | |
| | |
| | |

| | | | | |
|------------------------------|-----------|---|-----------|-----------|
| Instant Particulars | NA2301516 | Invoice Preparation Charge | Am't (\$) | Am't (\$) |
| Owner/Owner: | | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Assigned Portion: | | 3) TF: Towing Fee \$30/\$45 | | |
| Checked by (Engr-In-Charge): | | 4) FT: Follow-Through Survey \$120 | | |
| Items/Comments: | | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | | For claiming against INC Only (wef 10 Jan 2005) | | |
| | | 6) TR: Re-inspection \$75 | | |
| | | 7) NI: Ideas DA + SMRT Survey \$160 | | |
| | | 8) NTUC Additional Services - | | |
| | | 9) NS: Courtesy Car / Tpl Allowance \$5 | | |
| | | 10) NR: Repair Co-ordination \$10 | | |
| | | 11) NT: Post Repair Inspection \$25 | | |
| | | 12) ND: DV / Collect Excess Coordination \$5 | | |

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 23/05/2023 17:42 (SGT)
Reported by Actual Driver
Date of Accident 22/05/2023 15:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information Changi Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFW9905M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Teo Hark Piang (Zhang Xuebin)
NRIC No SXXXX160B
Email Address chenyong0912@gmail.com
Mobile Phone No (Phone) +65-98295555
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E300
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 1991

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00043822200

DRIVER

Name of Driver Chen Yong
NRIC No SXXXX824E
Date Of Birth 12/09/1983
Occupation Indoor

| | |
|--|------------------------|
| Date Of Driving Pass | 16/09/2009 |
| Driving experience | 13 YEARS AND 8 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-82687817 |
| Alt. Phone Number | - |
| Email Address | chenyong0912@gmail.com |
| Address | 48 La Salle Street |
| Address complement | - |
| Postcode | 456949 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| 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 | 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

Refer to Police Report no. T/20230523/7059.

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 | GBJ1820S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | Nur Irfan Bin Sazali |
| NRIC No | SXXXX705Z |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SBH8899E |
| Vehicle Manufacturer | Hyundai |
| Vehicle Model | Avante |
| 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 | - |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBJ1820S |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

IDAC ACCIDENT STATEMENT

| | |
|---|--|
| DATE OF ACCIDENT : 22/05/2023 | TIME OF ACCIDENT : 1500hrs |
| VEHICLE NO : SFW 9905 M | TRANSMISSION : AUTO / MANUAL |
| MAKE & MODEL : Mercedes E300 | LOCATION : Changi Road |
| EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY |
| INSURANCE COMPANY : CTI | POLICY NO : DMPCSNW00043822200 |
| TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT | VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE) |
| NAME OF OWNER : Teo Hark Piang (Zhang Xuebin) | NRIC : 57801160B |
| ADDRESS : 48 La Salle Street 456949 | CONTACT NO : 9829 5555 |
| EMAIL ADDRESS : chen.yongod12@gmail.com | VIDEO RECORDING : YES / NO |
| NAME OF DRIVER : AS ABOVE / IF NO : Chen Yong | NRIC : 58366824E CONTACT NO : 8268 7817 |
| DRIVER OWNER RELATIONSHIP : Spouse | PASSENGER : 01 MALE () FEMALE () |
| DATE OF BIRTH : 12 / 09 / 1983 | DRIVING PASSING DATE : 16 / 09 / 2009 |
| OCCUPATION : INDOOR / OUTDOOR | ADDRESS : 48 La Salle Street 456949 |
| ANY INJURIES : NO, IF YES : | POLICE REPORT : NO/ IF YES WHERE ? Traffic Police |
| WEATHER CONDITION : CLEAR / RAINING / OTHERS | ROAD SURFACE : DRY / WET / OTHERS |
| VEHICLE B REG NO : SBH 8899 E | VEHICLE C REG NO : GBJ 1820 S |
| DRIVER NAME : _____ | DRIVER NAME : Nur Irfan Bin Sazali |
| NRIC : _____ | NRIC : 59916705 Z |
| CONTACT : _____ | CONTACT : _____ |
| VEHICLE D REG NO : _____ | ANY WITNESS ? NO, IF YES : |
| DRIVER NAME : _____ | NAME : _____ |
| NRIC : _____ | CONTACT : _____ |
| CONTACT : _____ | |
| WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM : _____ | WERE SEAT BELTS WORN ? : YES / NO |
| | WERE INJURY CONVEYED BY AMBULANCE : YES / 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.

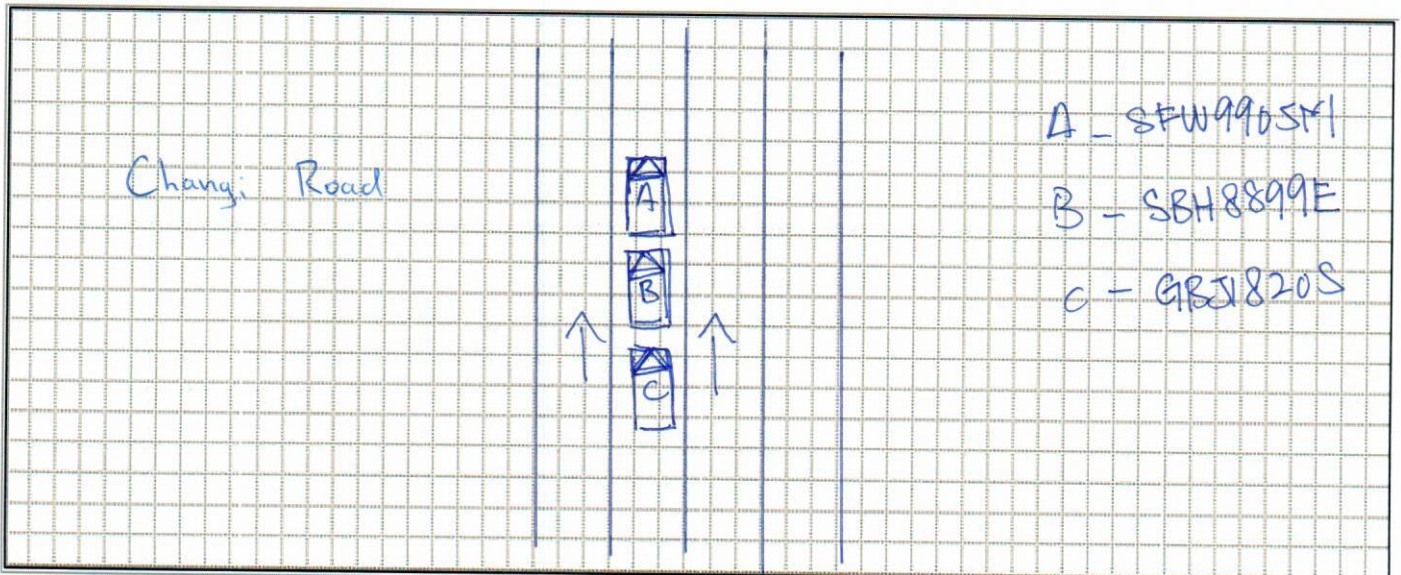
Policyholder's Signature / Date & Time

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

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

23/05/2023

Sketch Plan



Describe Circumstance of the Accident

to Police Report

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)

23/05/2023



SINGAPORE POLICE FORCE



T/20230523/7059

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

1 of 3

Report No. T/20230523/7059

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|--------------------|
| Date/Time Report Made: 23/05/2023 15:26 | | Vide Report No.: G/20230522/0107 | | Station Diary No.: |
| Informant's Particulars | | | | |
| Name of Informant: CHEN YONG | | Address: 48 LA SALLE STREET SINGAPORE 456949 | | |
| ID Type / ID No.: NRIC NO / S8366824E | | Contact No.: Home/Office: Mobile: 82687817 | | |
| Nationality: CHINESE | | Email: CHERRY_0912@HOTMAIL.COM | | |
| Sex: Female | Age: 39 | Date of Birth: 12/09/1983 | Type of Informant: Driver | |
| Race: Chinese | | Language: English | | |
| Occupation: Housewife | | Driving Licence Information: Class: 3 Date of Expiry: 16/09/2009 | | |

General Information of the Accident

| | | | | |
|------------------------------|------------------------------|-----------------------|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 22/05/2023 15:00 | Type of Location: Straight Road |
| Location: CHANGI ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|-------|---------|--------|-------|----------|-------|
| GBJ1820S | Lorry | | | | | 0 |
| SBH8899E | Car | HYUNDAI | AVANTE | White | | 0 |
| SFW9905M | Car | | | | | 0 |



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

Report No. T/20230523/7059

CONTINUATION OF REPORT

| Details of Person Involved | | | | |
|-----------------------------------|---|-----------|-----------------------------------|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | NUR IRFAN BIN SAZALI | | ID No. | S9916705Z |
| Related Vehicle | GBJ1820S (Lorry) | | Contact No. | NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight | |
| Driver | | | | |
| Name | CHEN YONG | | ID No. | S8366824E |
| Related Vehicle | SFW9905M (Car) | | Contact No. | 82687817 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: 16/09/2009 |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL | |
| Driver | | | | |
| Name | J RIJANTO @ JOH RIJANTO @ JOH KIE CHUNG | | ID No. | S2194509I |
| Related Vehicle | NIL | | Contact No. | 96658550 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL | |

Brief Details.

I was travelling straight along changi road near lamp post 13, suddenly a lorry (GBJ1820S) collided onto the white car (SBH8899E) which happened to be on my rear and because of the collision, the white car was push forward and thus collided onto my car rear side. Lorry driver was injured and conveyed to hospital by an ambulance. Both me and the SBH8899E driver was not injured.



**SINGAPORE
POLICE FORCE**



T/20230523/7059

3 of 3

Report No. T/20230523/7059

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

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD RAIMIE BIN ABDUL KARIM
Contact No.: 65476437

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

Date/Time:
23/05/2023 15:26

Classification Of Case:

Motor Private Car

MX1E

E SN

AN0450A

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.

DMPCSNW00043822200

Engine No.: 26492030384689

Cha. No.: W1K2384832F161696

1. Index Mark and Registration
Number of Vehicle

SFW9905M

2. Name of Policy Holder

TEO HARK PIANG (ZHANG XUEBIN)

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment12/02/2022
(00:00:00)

Named Drivers Ex Sect. I S\$950.00

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

28/06/2023

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\$1,000 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. : DBS 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: Lim Lee Choo
Authorised Officer

Authorised Signatory