

NATIONAL Assessment Centre Services (wef 1 Jan'06)

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 19/06/2023 | Job description | Date & Time Completed | Done by |
| Ref No: NA/C1123006209/d4 | SAS e-filing | | |
| Yeh No: SKW 3101X | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 17/06/2023 09:25 | 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: **Sgt 743 B** 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| NA2301801 | Invoice Preparation Checklist | | Amf (\$) | Amf |
|---------------------------------|---|-------------|----------|-----|
| | | | 1st Bill | Add |
| Claimant's Particulars :- | 1) AR : Accident Reporting (\$30); | | | |
| | 2) DA : Damage Assessment (\$100); INC (\$30) | | | |
| Driver/Owner: | 3) TF : Towing Fee \$40/\$45 | | | |
| Contact No: | 4) FT : Follow-Through Survey \$120 | | | |
| | 5) FT : Follow-Through Survey (Resurvey) \$30 | | | |
| Damaged Portion: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR : Re-inspection \$75 | | | |
| QC Checked by (Engr-In-Charge): | 7) N1 : Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| Auditors' Comments :- | ON* | | | |
| | *N5: Courtesy Car / Tpt Allowance | \$5 | | |
| | *N6: Repair Co-ordination | \$10 | | |
| | *N7: Post Repair Inspection | \$25 | | |
| Cat. 1: | *N8: DV / Collect Excess Coordination | \$5 | | |
| | TP (N11) : TP (Non INC) against INC | \$20 | | |
| Cat. 2 / 3: | 9) N12: Idac 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 19/06/2023 16:57 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 17/06/2023 09:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE (CHANGI)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW3101X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HUANG JIAMING
NRIC No SXXXX885A
Email Address h_jiaming90@gmail.com
Mobile Phone No (Phone) +65-82680351
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Golf
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 1197

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW0061582300

DRIVER

Name of Driver HUANG JIAMING
NRIC No SXXXX885A
Date Of Birth 16/10/1990
Occupation Indoor

Date Of Driving Pass 17/10/2010
 Driving experience 12 YEARS AND 8 MONTHS
 Gender Male
 Mobile Number (Phone) +65-82680351
 Alt. Phone Number -
 Email Address h_jiaming90@gmail.com
 Address APT BLK 266A COMPASSVALE BOW
 Address complement # 09-06
 Postcode -
 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 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 4
 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) 3
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

PASSENGER 1

Name WAN XIAN WEN
 Gender Female

PASSENGER 2

Name HUANG SI EN , ZELIA
 Gender Female

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 | SGT743B |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SLZ2617D |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 3

| | |
|---|-------------|
| Vehicle Registration Number | SHA6998G |
| 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 | HUANG JIAMING |
| Gender | Male |
| Phone No | (Phone) +65-82680351 |
| Address | APT BLK 266A COMPASSVALE BOW |
| Address Complement | # 09-06 |
| Post Code | 541266 |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK AND BACK |
| Injured person in which vehicle? | SKW3101X |

| | |
|---|---------------|
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |
| INJURED 2 | |
| Name of injured person | WAN XIAN WEN |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK AND BACK |
| Injured person in which vehicle? | SKW3101X |
| 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 Authorised 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. The 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.
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.

[Signature]

[Signature]

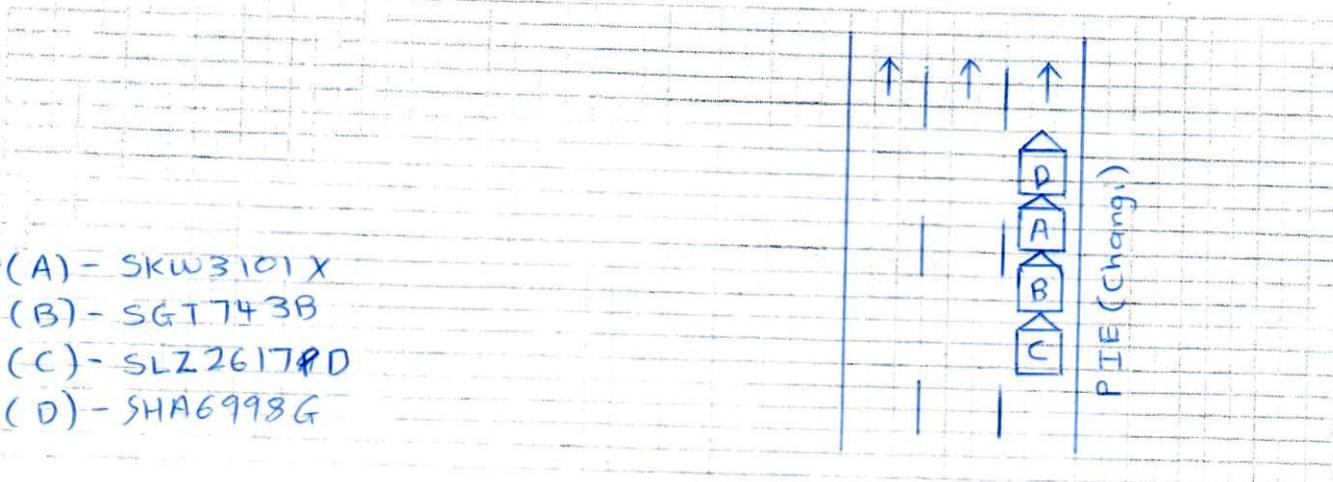
gmuul 19/6/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the 17/06/2023 @ about 9.25a.m, along PIE (Changi).
I was travelling on lane 1 of the above mentioned
expressway after Whitley Road exit. When my front vehicles
slowed down and stopped, hence I followed suit. Suddenly I
felt a huge impact from the rear, and the impact pushed my
Vehicle (A) forward to hit into Vehicle (D) in front of me when
I alighted, I realised it was Vehicle (B) who hit into the rear
portion of my Vehicle (A), and there was a Vehicle (C) who
hit into the rear portion of Vehicle (B). It was a chain collision
of 4 cars in total. I have 2 other passengers in my car.

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

 17/6/2023
Witnessed by Reporting Centre
Personnel

VEHICLE NO: SPW 3101X

MAKE & MODEL: Volkswagen Golf AUTO / MANUAL

| | | |
|--|---|---------------------------------|
| DATE OF ACCIDENT | <u>17 / 06 / 2023</u> | *CC: <u>1,200</u> |
| TIME OF ACCIDENT | <u>9.25</u> <u>AM</u> / PM | |
| LOCATION OF ACCIDENT | <u>PTE (Changi)</u> | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT <u>PRIVATE USE</u> / PRIVATE HIRE | |
| NAME OF OWNER | <u>Huang Jianing</u> | |
| EMAIL | <u>h.jianing90@gmail.com</u> | Office: MOBILE: <u>82680351</u> |
| NRIC | <u>S9038885A</u> | |
| CLAIM TYPE | OD / <u>THIRD PARTY</u> / REPORTING ONLY | |
| FLEET POLICY | YES / <u>NO</u> ? | |
| INSURANCE CO. | <u>China Taiping</u> | |
| TYPE OF COVERAGE | <u>Comprehensive</u> / Third Party / Third Party Fire & Theft | |
| POLICY NO. | <u>DMPCSNW00061582300</u> | |
| NAME OF DRIVER | <u>AS ABOVE</u> / IF NO: | |
| NRIC | <u>S9038885A</u> | |
| DATE OF BIRTH | <u>16 / 10 / 1990</u> | |
| ANY PASSENGER | <u>YES</u> / NO: <u>2</u> | |
| NAME OF PASSENGER | <u>Wan Xian Wen (F) / Huang Si En, Zelia (F)</u> | |
| GENDER OF PASSENGER | MALE / FEMALE | |
| OCCUPATION | Outdoor / <u>Indoor</u> | |
| DATE OF DRIVING PASS | <u>17 / 10 / 2010</u> | |
| GENDER | <u>Male</u> / Female | |
| CONTACT NO. | Mobile: <u>87680351</u> | Office: |
| EMAIL | | |
| ADDRESS | <u>Blk 266A Compassvale Bow #09-06 S(541266)</u> | |
| DOES DRIVER OWN OTHER VEHICLES? | <u>NO</u> / If yes, Reg No: | INSURER: |
| RELATIONSHIP | Employee / If No: <u>owner</u> | |
| WEATHER CONDITION | <u>Clear</u> / Raining / Other: | |
| ROAD SURFACE | <u>Dry</u> / Wet / Other: | |
| ANY INJURIES | No / If <u>yes</u> , Who? | |
| CONVEYED BY AMBULANCE | <u>No</u> / If yes, Who? | |
| POLICE REPORT | <u>No</u> / If yes, Where? | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | <u>NO</u> / IF YES, WHO? | |
| VEHICLE B NO. | <u>SGT 743B</u> | Any Passenger: <u>unknown</u> |
| NAME | | |
| CONTACT NO | | |
| VEHICLE C NO | <u>SLZ 2617D</u> | Any Passenger: <u>unknown</u> |
| VEHICLE D NO | <u>SHA 6998G</u> | Any Passenger: <u>unknown</u> |
| VEHICLE E NO | Any Passenger: | |
| VEHICLE F NO | Any Passenger: | |
| ANY WITNESS | | |
| WITNESS CONTACT NO | | |
| WAS THERE ANY VIDEO CAPTURE? | YES / <u>NO</u> | |
| WAS THERE ANY AUDIO RECORDED? | YES / <u>NO</u> | |
| SCENE ACCIDENT PHOTOS TAKEN? | YES / <u>NO</u> | |
| Who is Reporting | <u>Driver / Owner / Both</u> | |
| Original Language Used | <u>English</u> / Mandarin / Others: | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / <u>NO</u> | |

Motor Private Car

MX1E

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)

N SN

AN0014A

Cov. Type:C

| | | | |
|--|--------------------------|---|-------------|
| CERTIFICATE No. | DMPCSNW00061582300 | Engine No.: CJZ619869 | |
| | | Cha. No.: WVVZZZAUZFW352908 | |
| 1. Index Mark and Registration Number of Vehicle | SKW3101X | AUTOSAFE | ===== |
| 2. Name of Policy Holder | HUANG JIAMING | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 18/05/2023 (00:00:00) | Named Drivers Ex Sect. I | S\$1,500.00 |
| | | Additional Ex Other than Named Drivers: | |
| | | Ex Sect. I - Age <= 25 | S\$3,000.00 |
| 4. Date of Expiry of Insurance | 25/04/2024 | Ex Sect. I - Age >= 26 | S\$500.00 |
| | | * Age as at date of accident | |
| | | EX ON WINDSCREEN . | S\$100.00 |
| 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.

* 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: ASOKA INVESTMENT PTE LTD
Authorised Officer


Authorised Signatory