

NATIONAL Assessment Centre Services (011 1 800 236 0003) 21022360003

| | | | |
|---------------------------|--|------------------------|----------|
| Date In: 20/06/2023 16:33 | Job Description: SAS e-Jilling | Date & Time Completed: | Done by: |
| Ref No: N21022360003 | E-mail (attach this, AIC 2013) | | |
| Val No: 80164865 | 1-Motor Claim Form | | |
| D.O.A: 19/06/2023 08:45 | 1-Motor W/O (with/od this, AIC 2013) | | |
| OD: TP Reporting Only | 1-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Driver | | |

| | | |
|---|---|-----------------------|
| Preferred Wksp / INC Assgn Wksp / QW: () | Tel: () | Fax: () |
| TP Particulars: () | Yell No: 62320 | INC () / Non-INC () |
| Owner / Driver: () | Tel: () | |
| Policy No: () | Period: () | Cover Type: () |
| Confirmed by: () | Date: () | Time: () |
| Insured/Driver Liability: () | % (Note: Inc Status (W/O): N: 0-30%, F: 31-70%, P: 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 repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Other: ()

| XA2301817 Insured/Driver Liability: Contact No: Assigned Portion: 100% Checked by (Engr-In-Charge): Comments: Date: | Invoice Preparation Charge | |
|---|---------------------------------------|------------|
| | 1) AIC Accident Processing (\$300) | INC (\$50) |
| | 2) DA: Damage Assessment (\$1000) | \$1000 |
| | 3) TP: Towing Fee | \$100 |
| | 4) PE: Follow-Up Survey (\$100) | \$100 |
| | 5) PT: Post-Repairs Survey (Courtesy) | \$50 |
| | 6) TR: Recommendations | \$75 |
| | 7) NE: New DA & Short Survey | \$100 |
| | 8) NUC: Additional Services | |
| | 9) Other | \$50 |
| * No: Courtesy Car / Transport Allowance * No: Repair Coordination * No: Post Repair Inspection * No: DV / Collect Excess Coordination * No: (1) TP (Non-INC) / (2) Inc (INC) | | |
| 10) NUC: Other Services Invoice Total Date: | | |

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 | 20/06/2023 16:33 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 19/06/2023 08:45 (SGT) |
| Exact Location of Accident | Changi Rd, Singapore |
| Additional Location Information | TOWARDS GEYLANG |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKJ6486J |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | KWONG LONG BUILDING CONSTRUCTION |
| Company Reg No | 3XXXX500C |
| Email Address | aaronsiaky@gmail.com |
| Mobile Phone No | (Phone) +65-87777117 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | GLC300 COUPE |
| 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 | DMPCSNW00005352302 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | SIA AH KHENG |
| NRIC No | SXXXX590J |
| Date Of Birth | 12/02/1965 |
| Occupation | Outdoor |

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 22/03/1984 |
| Driving experience | 39 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87777117 |
| Alt. Phone Number | - |
| Email Address | aaronsiaky@gmail.com |
| Address | BLOCK 52 CHAI CHEE STREET #02-322 |
| Address complement | - |
| Postcode | 460052 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | DIRECTOR |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| 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 | GW6232D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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) | - |



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.

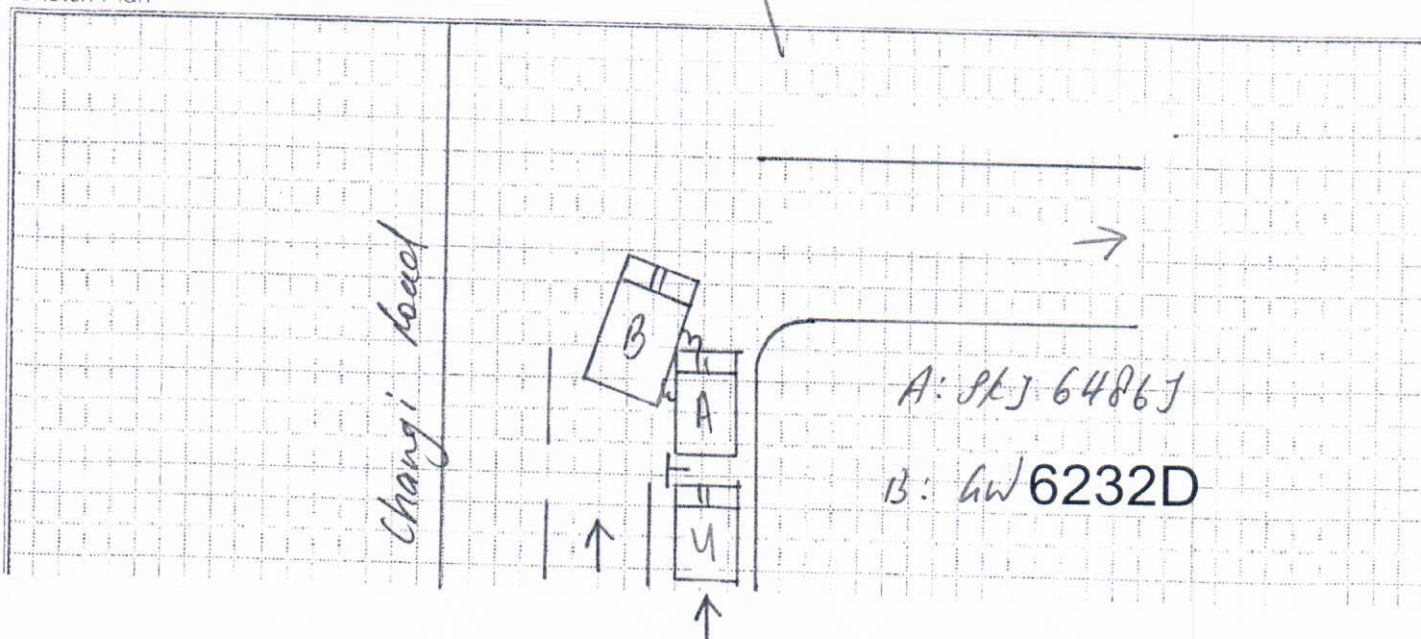
光榮工程公司
KWONG LONG BUILDING CONSTRUCTION

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/ID card)

Sketch Plan



Describe Circumstance of the Accident

I was stationary along Changi Road towards Geylang. Before I can move off, vehicle (A) cut in from my left and make a **RIGHT** turn. He then collideed onto my vehicle front left portion. We both got down and exchange particulars.

Declaration

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

光榮工程公司
KWONG LONG BUILDING CONSTRUCTION

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident : 19/06/13 Accident Time: 0845 (24-HR-FORMAT)
 Accident Place : Changi Road towards Heylang
 Vehicle Reg. No (Car plate No.) : SKJ 6486J CC: 2000 Vehicle Make/Model: Mercedes GLC300
 Insurance Company : CHINA TAIPING Policy No. 0MPC8N000005352302
 Name of Registered Owner : Company / Individual Kwong Hong Building Construction
 ID of Registered Owner : Co Reg No: 33369500c Owner's NRIC No: _____
 OWNER EMAIL ADDRESS: garon.sia.ky@gmail.com : Co Contact No: _____ Owner's Contact No: _____
 DRIVER'S Name : Sia Ah Kheng DRIVER'S NRIC No: S1562590J
 DRIVER'S Date of Birth : 12/02/65 DRIVER'S License Pass Date 22/03/84
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Director
 DRIVER'S Address : Block 50 Chai Chee St #02-322 S(460052)
 DRIVER'S Contact No./ Alt No. : 1) 87777117 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : _____
 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 Name & Gender: _____
 Was the accident reported to the police? YES \ NO
 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
 Any injuries, if yes (name of the injured person) _____

Other Party Driver's Particulars (if any)

| | |
|--------------------------------|-------------------------------|
| Vehicle Reg No: <u>GW6232D</u> | 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: _____ |

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

Motor Private Car

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MX4E

R SN

AN0394A

Cov. Type:C

| | | | |
|--|---|---|--------------|
| CERTIFICATE No. | DMPCSNW00005352302 | Engine No.: 26492080057433 | |
| | | Cha. No.: WIN2533842F809855 | |
| 1. Index Mark and Registration Number of Vehicle | SKJ6488J | | |
| 2. Name of Policy Holder | KWONG LONG BUILDING CONSTRUCTION | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 16/01/2023 (00:00:00) | Named Drivers Ex Sect. I | SS\$1,250.00 |
| | | Additional Ex Other than Named Drivers: | |
| 4. Date of Expiry of Insurance | 15/01/2024 | Ex Sect. I - Age <= 25 | SS\$3,000.00 |
| | | Ex Sect. I - Age >= 26 | SS\$500.00 |
| | | * Age as at date of accident | |
| 5. Persons or Classes of Persons entitled to drive* | Any person who is driving on the Policyholder's order or with their permission. | EX ON WINDSCREEN . | SS\$100.00 |
| <p>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.</p> | | | |

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.

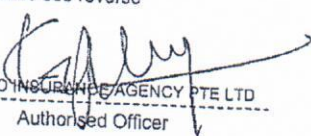
Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first SS\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : HL BANK

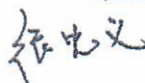
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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

Issued By: 
DENSO INSURANCE AGENCY PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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☎ 6222 1033

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