

NATIONAL Assessment Centre Services

(wef 1 Jan'06)

SK/08237P0001

| | | | |
|-----------------------------|--|-----------------------|---------|
| Date In: 25/01/2023 10:59 | Job description | Date & Time Completed | Done by |
| Ref No: N/38/C712800 7501/4 | SAS e-filing | | |
| Veh No: SKY 264 J | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 27/01/2023 10:00 | 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/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

| | | |
|-------------------------------|--|-----------------------|
| TP Particulars: | Veh No: 8ME 1127G | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

N/42302214

| Claimant's Particulars :- | Invoice Preparation Checklist | Amf (\$) | Amf |
|---------------------------------|---|-------------|-----|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | 1st Bill | Add |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| QC Checked by (Engi-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments:- | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Cat. 1: | For claiming against INC Only (wef 10 Jan 2005) | | |
| Cat. 2 / 3: | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac 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 (N'n INC) against INC \$20 | | |
| | 9) N12: Idac 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 First Submission | 25/07/2023 10:59 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 22/07/2023 10:00 (SGT) |
| Exact Location of Accident | Holland Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SKV264J |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | WAN QI |
| NRIC No | SXXXX921H |
| Email Address | lawrenceqwan@gmail.com |
| Mobile Phone No | (Phone) +65-96903756 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Subaru |
| Model | Forester |
| 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 | 1998 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNA00196772201 |

DRIVER

| | |
|----------------|------------|
| Name of Driver | WAN QI |
| NRIC No | SXXXX921H |
| Date Of Birth | 17/09/1982 |
| Occupation | Indoor |

| | |
|--|--|
| Date Of Driving Pass | 25/03/2017 |
| Driving experience | 6 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96903756 |
| Alt. Phone Number | - |
| Email Address | lawrenceqwan@gmail.com |
| Address | BLK 276 CHOA CHU KANG AVENUE 2 #06-315 |
| Address complement | - |
| Postcode | 680276 |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 4 |
| 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 | ZHAO XIAODAN |
| Gender | Female |

PASSENGER 2

| | |
|--------|-----------|
| Name | WAN ZIYAN |
| Gender | Female |

PASSENGER 3

| | |
|--------|-------------|
| Name | WAN ZIYOUNG |
| Gender | Male |

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 AND 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 | SME1127G |
| 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) | - |

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 willful 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' law yers/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;

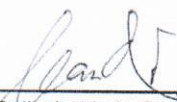
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

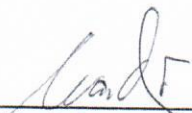
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

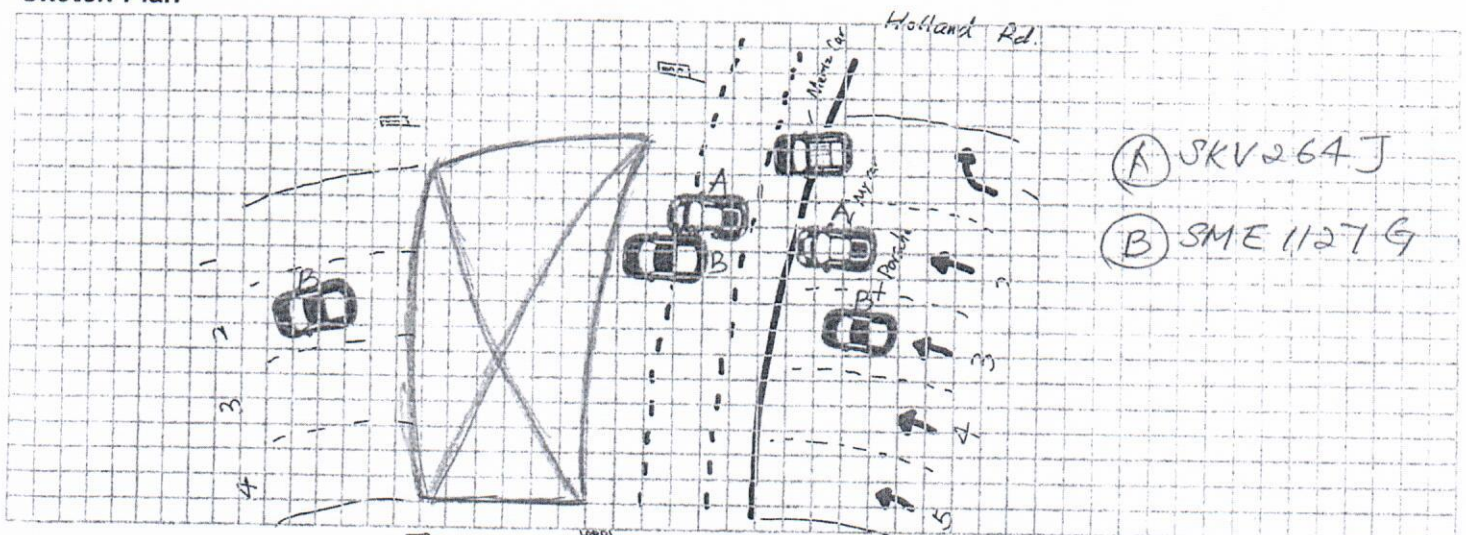
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


25/07/2013
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

The collision happened on Sat. morning (22 July 2023) around 10am along the Holland Road, at that time I was on Lane 2 behind the white-line waiting for traffic light to change, and the white Porsche car came later from behind at my left side lane (Lane 3), and my right side lane (Lane 1) is a right turn lane, there's a Mertz car with more than half of its car body upfront crossing the white line waiting for right-turn light, and when the go-straight light changed to green, my car quite slowly accelerated with the intention to first overtake right lane standstill Mertz car with its 3/4 car body protruded and then can filter into most right side lane (Lane 1), however due to the unique left bent curve of that traffic junction, Lane 1 un-aligned before and after traffic crossing, the most right lane (Lane 1) after crossroads is shifted quite to the right side, the lane directly linking ahead of my lane cross traffic light connects to Lane 2 (before traffic lights there has 5 lanes, after traffic lights reduced to 4 lanes), so I need to drive ahead overtaking right side protruded Mertz car then can turn into Lane 1 after crossroads.


Just my car started moving inching ahead no more than 2 meters, my left side Porsche with fast speed dashed ahead of my car (later during particulars exchange, the Porsche car owner admitted she was in a rush and she said she's already late for heading to Gym), the Porsche car front and middle parts overtook my car, while that car seemed suddenly dashed out from behind and drifted left, I immediately horned the Porsche car to alert it, but it was already too late due to its high speed, Porsche car right side rear wheel collided into my left front parts.

In summary of the accident;

1. My left lane Porsche car came behind and sprinted in a rush ahead of my slow moving car, the Porsche car stopped at least 20 meters ahead of my car where the collision happened, my car stopped at crossroads just 2 meters ahead of traffic waiting white-line, can imagine how fast Porsche car was driving at that time.
2. My car had to first inching ahead overtaking the right lane protruded Mertz car then can move into most right lane after traffic crossing, but far away from there yet, the Porsche car already hit my car, even though I horned the Porsche to alert it.
3. There's an un-alignment with left-turn curves for Lane 1 at that particular traffic junction before and after crossroads, initial 5 lanes merged into 4 lanes after the traffic junction.

Declaration

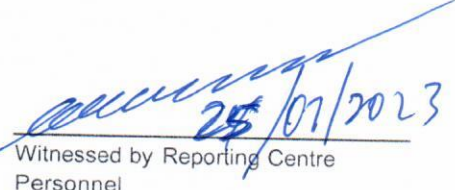
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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


25/07/2023
Witnessed by Reporting Centre Personnel

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 22/07/2023 (dd/mm/yy) Time of Accident: 10:00 (24-HR-FORMAT)

Vehicle No.: SKV264J Vehicle Make & Model: SUBARU FORESTER

*Transmission: ☐ Manual ☒ Auto *C.c.: 2000

Exact location of Accident: HOLLAND ROAD

Policyholder's Name: WAN QI NRIC/FIN/REG No.: S8265921H

*Policyholder's email address: lawrenwgwan@gmail.com

Driver's Name: WAN QI NRIC/FIN/REG No.: S8265921H

*Driver's email address: lawrenwgwan@gmail.com

Driver's Contact No.: 96903756 Company Contact No (If any): -

Date of birth: 17/09/1982 Driving Pass Date: 25/3/2017

Driver's Address: 276 CHOA CHU KANG AVENUE 2 #06-315 (S) 680276

Insurance Company: CHINA TAIPIING

Policy No.: DMPISNA00196772201 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner ☐ Spouse ☐ Children ☐ Friend ☐ Parents ☐ Sibling ☐ Relative ☐ Employee ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☐ Head To Rear ☒ Side Swipe ☐ Other _____

Occupation (nature job) ☒ Indoor ☐ Outdoor *No. of Passengers / Including Driver: 4

*Passanger Name: ZHAO XIAODAN, WAN ZIYAN Gender: ☒ Male ☐ Female

*Passanger Name: WAN ZIYONG Gender: ☒ Male ☐ Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry ☐ Raining & Wet ☐ After-Rain & Wet ☐ Drizzling & Wet ☐ Others: _____

Was there any video captured by your car Car camera? ☐ Yes ☒ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes ☐ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SME1127G

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Motor Private Car

MX1F

R SN

AN0695A

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. DMPCNA00196772201

Engine No.: FB201723789

Cha. No.: JF1SJ5KC5FG053636

1. Index Mark and Registration Number of Vehicle SKV264J

AUTOSAFE
=====

2. Name of Policy Holder WAN QI

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 24/09/2022 (00:00:00)

Named Drivers Ex Sect. I \$S1,500.00
Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance 23/09/2023

Ex Sect. I - Age <= 25 \$S3,000.00
Ex Sect. I - Age >= 26 \$S500.00

* Age as at date of accident
EX ON WINDSCREEN \$S100.00

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 \$S500 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: Chai HuiLin Lynn
Authorised Officer


Authorised Signatory