Date In: 20/0/0-17:77 Jeb	description	Date &Time Completed	Done b	οŅ
	AS e-filing	,		
	-mail (within Shrs, AIC 2hrs)		
	Motor Claim Form			
[i-j	Motor W/O (Within: OD	2hrs, TP 4hrs)		
OD : TP' Reporting Only	Photo Uploaded			
As	ssessment/Survey Repor	t		
TP Insurer:	ss't Report by Fax / Han	id to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	200
TP Particulars: Veh No: 5492120	. INC	()/Non-INC().	101	
Owner / Driver: (Tel:)	
Policy No: () Period: () Cover Type: ()	-
Confirmed by : (Date:	Time:)	
	Est Status (WO): N: 0	0-20%; P: 21-79%. F: 80-	100%]	
	nty: YES ()/NO ()		
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General Remarks:				
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() Total Loss Case : to e-mail Insurer URG				000
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Apply for Transport Allowance ()/Courtes QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000]	()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time: Actions NA1768045 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	() () () () () () () () () ()	dent Reporting (\$30); age Assessment (\$100); INC (\$ age Assessment (\$100); INC (\$ age Fee \$4 w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 200 aspection DA + SMRT Survey dilional Services:-	\$80) 40/\$45 \$120 \$30 \$75	600
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time: Actions NA17680V4 Claimant's Particulars:- Oriver/Owner: Contact No: Darnaged Portion: C Checked by (Engr-In-Charge): Auditors' Comments:-	() () () () () () () () () ()	dent Reporting (\$30); age Assessment (\$100); INC (\$30); age Assessment (\$100); INC (\$30); age Fee \$40 w-Through Survey w-Through Survey (Resurvey) age against JNC Only (wef 10 Jan 200) aspection DA + SMRT Survey diltional Services:- attest Car / Tpt Allowance att Co-ordination Repair Inspection / Collect Excess Coordination	55 510	600
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions NA1768044 Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge): Auditors' Comments:-	Invoice F 1) AR : Accided 2) DA : Dame 3) TF : Town 4) FT : Follow 5) FT : Follow For claims 6) TR : Re-in 7) N1 : Idacided 8) NTUC Add QD* *N5: Cour *N6: Repair *N7: Fost *N8: DV / TP (N11) 9) N12: Idacided 9) N12: Idacided 7) N12: Idacided	dent Reporting (\$30); age Assessment (\$100); INC (\$ age Assessment (\$100); INC (\$ ang Fee Sew-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 200 aspection DA + SMRT Survey ditional Services: attest Car / Tpt Allowance air Co-ordination Repair Inspection / Collect Excess Coordination : TP (Non INC) against INC Mobile	\$60 \$60	
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1 1 921 11 1 122

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of 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.

《公理·李本文》中《建筑规划中的	ACCIDENT STATEMENT
Date Of Report	29/12/2017 17:33
Date Of Accident	29/12/2017 05:45
Exact Location Of Accident	TIONG BAHRU RD TWDS ZION RD (OUTSIDE LINK HOTEL)
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU7153S
Insured/Policyholder	
Name Of Registered Owner	JENNIFER CHAN LAY CHENG
Co Reg No	S7237427D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82293012
Alternative Phone No	OFFICE-82293012
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 2.0L 5AT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3105511701
Cover Note Number	
Driver	
Name of Driver	LENARD TAN
NRIC No	S9231262C
Date Of Birth	08/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2012
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92317663

OFFICE-92317663

NOEMAIL

BLK 203E COMPASSVALE ROAD Address

#07-79

545203 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

NO

NO

SH9212D Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- By the lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

C

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

SKETCH PLAN	Tions B	ahra Road Tu	oward Ziou	n Roud Co	utside Link	Hotel).
		O CO	4	A-53 B:5H	u 71535 92121)	
	*		*			
DESCRIBE CIRCUI	MSTANCES OF	THE ACCIDENT				
		BELVE FOR STREET	, I was	. driving	along Tion	ny Bahru roud
toward Zio	n road o	n tu I lane	ufa 4	lands rou	el. Some wh	ere outside
lank hotel	, vehicle s	3 (511 9212)) that u	ins driving	on the le	eff Con my
left side)	. Sudden	ly filtered	to the r	ight, wi-	thout any	sigal thus
encroachin	s into 1	my puth. A	ts result	, The ric	ant portion	of vehicles
(54 9212	D) collide	d onto the	left po	rlan of 1	my vehicle	
A-534	71535					

DECLARATION

B-SH 92121)

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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ehicle No.	S34 71535 Model/Make Handa Civil
ate of Accident	79/12/17
ime of Accident	05.47 am HRS
ocation of Accident	Tiong Bahry Road Toward Zion Road Contside Link Hote
xact purpose use during accid	dent Private Use
Name of Owner	Jennifer Chun Luy Cheng
elephone No.	H/P: 8229 3012 Home: Office:
NRIC	572374271)
Address	BIK 186A Rivervale Dr #02-828 5(541186)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	II .
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	China Tuiping PMPCSN310511701
Name of Driver	As Above If No, Lenard Tan
NRIC	S9231262 C Any Passengers : N.
Date of birth	8/9/1992
Occupation	Outdoor / Indoor
Driving License Pass Date	15 May 2012
Gender	Male / Female
Contact No.	H/P: 9231 7663 Home: Office:
Address	BIK 203 E Compassivale Road #07-79 5(545203)
Driver have any own vehicle	The state of the s
Relationship	Employee, If no, state Son
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	SH 9212 i) Any Passengers : Ni
Name of Driver	Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers:
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Front Portion
Camera Recorder	Yes / No
Email Address	Lenaratyh agmail.com
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Amos 84812131



10 Sin Ming Drive Singapore 575701 Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 2610160501N052758789

26 Oct 2016

JENNIFER CHAN LAY CHENG APT BLK 186A RIVERVALE DRIVE #02-828 SINGAPORE 541186

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Dear MISS JENNIFER CHAN LAY CHENG

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. SJU7153S

000260

We are pleased to inform you that your application to transfer ownership of the abovementioned vehicle has been approved. The Business Transaction Reference No. is 20161026121100101650. You are the registered owner of the vehicle with effect from 26 Oct 2016.

The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

JENNIFER CHAN LAY CHENG Name 1. Singapore NRIC 2. Identification No. Type S7237427D 3. Identification No. Place Of Passport Issue 4. SJU7153S Vehicle No. 5. P10 - Passenger Motor Car Vehicle Type 6. : Normal 7. Vehicle Scheme : HONDA Vehicle Make 8.

: CIVIC 2.0L 5AT 9. Vehicle Model 10. Remarks

: COE rebate, if applicable, will be based on the QP of \$18,002.00. This is the lower of QP from Category E and the corresponding Category B in the same tender exercise. To renew the COE, the Prevailing Quota Premium payable is that of Category B.

The PARF eligibility of the vehicle will expire on 22 Dec 2019.

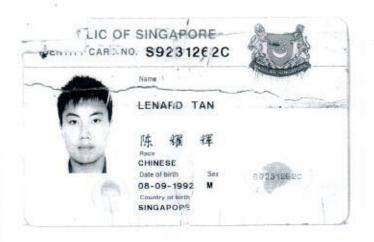
You can login to LTA's e-Services@ONE.MOTORING (http://www.onemotoring.com.sg) to access a wide range of vehicle-related services using your NRIC number/FIN and SingPass. Firm and organisation can login to LTA's e-Services using User ID and Password or EASY. You can apply for your EASY account at http://www.iras.gov.sg. A separate Transaction PIN is required for the following transactions via the Internet or at our Electronic Service Agents. Please apply for your Transaction PIN before performing any of these transactions. Visit http://www.onemotoring.com.sg > LTA Information & Guidelines > Transaction PIN & User Account for more information about obtaining Transaction PIN and the documents needed (e.g. Board Resolution for company).

- Vehicle PIN Transfer of Ownership and De-registration of Vehicle a.
- TCOE PIN Transfer of TCOE (For Category C and E COE bid under individual) b.
- Rebate PIN Transfer and Splitting of PARF/COE Rebate

The owner and vehicle particulars for Vehicle No. SJU7153S as at 26 Oct 2016 are as follows:

1. Name : JENNIFER CHAN LAY CHENG 2. Identification No. Type : Singapore NRIC : S7237427D 3. Identification No. Place Of Passport Issue 4. 5. Vehicle No. : SJU7153S 6. Previous Vehicle No. . -Effective Date of Ownership : 26 Oct 2016
Original Registration Date : 23 Dec 2009
First Registration Date : 23 Dec 2009 7. : 23 Dec 2009 8. : 23 Dec 2009 9. 10. Vehicle Type : P10 - Passenger Motor Car Vehicle Scheme : Normal 11. : No Attachment 12. Attachment 1 13. Attachment 2 14. Attachment 3 : -15. Vehicle Make : HONDA 16. Vehicle Model : CIVIC 2.0L 5AT Year of Manufacture : 2008 17. : Black 18. Primary Colour 19. Secondary Colour . -20. Passenger Capacity : 4 Chassis/Trailer Chassis No. 21. : JHMFD26409S200893 / -22. Propellant : Petrol 23. Engine No./Motor No. : K20Z24500889 / -Engine Capacity(cc)/Power Rating(kW) : 1998 / -24. 26. Unladen Weight(kg) : 1312 : 1760 27. Maximum Laden Weight(kg) Open Market Value 28. : \$27,851.00 29. PARF Eligibility : Yes : 22 Dec 2019 30. PARF Eligibility Expiry Date 31. Minimum PARF Benefit : \$13,925.00 32. No. of Transfers : 1 : 1123566846 33. IU Label No. COE No. : 2009120107000796M 34. 35. COE Expiry Date : 22 Dec 2019 36. COE Category : E - Open Category Quota Premium/Prevailing Quota Premium: \$18,002.00 / -37. Actual Quota Premium/PQP Paid : \$18,267.00 38. 39. Actual ARF Paid : \$27.851.00 44. Vehicle Lifespan Expiry Date . -45. Road Tax Amount 46. Road Tax Start Date : -47. Road Tax End Date Remarks : COE rebate, if applicable, will be based on the QP of 48. \$18,002.00. This is the lower of QP from Category E and the corresponding Category B in the same tender exercise. To renew the COE, the Prevailing Quota Premium payable is that of Category B. The PARF eligibility of the vehicle will expire on 22 Dec 2019.

000260/3/6











中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg. No. 200208384E

MXIF R SN AN0435A Cov. Type: C

PLM 306636

ORIGINAL

MOTOR PRIVATE CAR

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.

DMPCSN3105511701

Engine No : K20Z24500889 ChaNo: JHMFD26409S200893

 Index Mark and Registration Number of Vehicle

SJU7153S

2. Name of Policy Holder

JENNIFER CHAN LAY CHENG

AutoSafe

Additional Ex Other than Named Drivers:

4 Date of Expiry of Insurance

Ex Sect. I - Age <= 25...... \$\$3,000.00 22 December 2018 Ex Sect. I - Age >= 26...... \$\$500.00

* Age as at date of accident

EX ON WINDSCREEN \$\$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\$500 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. : AE AUTO CREDIT PTE, LTD. AS HP OWNER

* 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.

Authorised Signatory

Issued By:

Authorised Officer