

| | | | |
|---|--|---------------------|---------|
| Date In: 11/3/18 10:37 | Job description | Date File Completed | Done by |
| Ref No: NA/CTZ 18003944/h4 | SAS e-filing | | |
| Veh No: SLP1458E | E-mail (within 1hr, AOC 2hrs) | | |
| D/O A: 28/2/18 16:00 | 1-Motor Claim Form | | |
| OD: <input checked="" type="radio"/> Reporting Only | 1-Motor W/O (within 24hrs, TP 4hrs) | | |
| | 1-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

| | | |
|---|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / Q/W: (| Tel: | Fax: |
| TP Particulars: | Veh No: GDE 5126M | INC () / Non-INC () |
| Owner / Driver: (| Tel: | |
| Policy No: (| Period: (| Cover Type: (|
| Confirmed by: (| Date: | Time: |
| Insured/Driver Liability: (| % (Note: Est. Status (WO): N: 0-30%; 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | |
|---------------------------------|---|--------------|
| NA 1801345 | Invoice Preparation Checklist | APPROV: 3000 |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$100) | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$80) | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | |
| | For claiming assist. INC Only (wef 11 Jan 2018) | |
| | 6) TR: Re-inspection 375 | |
| | 7) NI: Idea DA - SMRT Survey \$160 | |
| | 8) NTUC Additional Services - | |
| | OD: | |
| QC Checked by (Engr-In-Charge): | *NS: Courtesy Car / Tpt Allowance 50 | |
| | *NS: Repair Coordination 110 | |
| | *NT: Post Repair Inspection 120 | |
| Auditors' Comments:- | *NS: DV: Coord: Excess Coordination 50 | |
| | TP (NI) / TP N-A INC against INC 120 | |
| | *NT: Idea Model 30 | |
| | Invoice date | Fax Chg |
| | Invoice date | Fax Chg |

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 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 ability.
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 Report | 01/03/2018 10:37 |
| Date Of Accident | 28/02/2018 16:00 |
| Exact Location Of Accident | BUKIT BATOK EAST AVE 3 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLP1458E |
| Insured/Policyholder | |
| Name Of Registered Owner | MR WONG HO KI |
| NRIC No | S2619873I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81814530 |
| Alternative Phone No | OFFICE-81814530 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | TOYOTA |
| Model | ESTIMA 2.4X A |
| 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 | DMPCSN3052681700 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | MR WONG HO KI |
| NRIC No | S2619873I |
| Date Of Birth | 19/11/1967 |
| Occupation | INDOOR |
| Date Of Driving Pass | 03/10/1991 |
| Driving Experience | 26 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81814530 |
| Fax Number | |
| Contact Number | OFFICE-81814530 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 470 TAMPINES ST 44 #02-186 |
| Postcode | 520470 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | GBE5126M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|-----------------|------------|
| Name | WONG HO KI |
| Approximate Age | |

Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

BODY
SLP1458E
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 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 GfA Records Management Centre established by the General Insurance Association of Singapore (GfA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. 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.

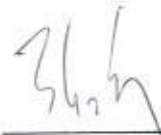
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:


- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GfA") 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 GfA 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.



Policyholder's Signature
Date & Time:

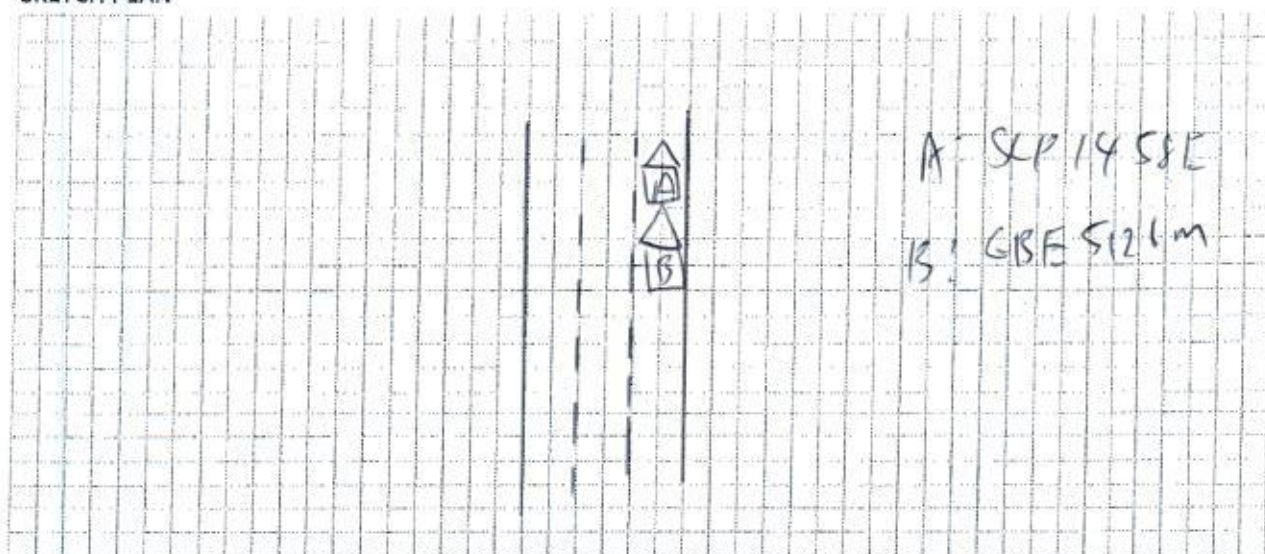


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bukit Batok East Ave 3. The vehicle in front slowed down & stop. I then slow down and stop. Suddenly, I felt a huge impact from the rear. I got down & realised vehicle B (GBE5126M) hit on the rear portion of my vehicle.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

claims & united sg

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ 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 traffic police department for investigation.

Accident details

| | |
|----------------------------|--|
| Date and time of accident | Date: 28/2/19 (DD/MM/YY) Time: 4:00 pm (HH:MM) |
| Exact location of accident | Bukit Batok East Ave 3 |

Details of vehicle

| | |
|--|--|
| Vehicle registration number | SLP 1453E |
| Vehicle make and model | Toyota Estima |
| Type of vehicle | Saloon <input type="checkbox"/> MPV <input checked="" type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category | Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

Insurance information

| | |
|-------------------|--|
| Insurance company | China Taiping |
| Policy number | |
| Type of policy | Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

Insured / Policy holder

| | | |
|------------------------------|----------------------------|--|
| Name | Wong Ho Ki | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S26198731 | |
| Contact | 881 8181 453 | |
| Address | 470 Tampines St 44 #02-151 | |

Driver

Same as insured above ☒ (skip to D.O.B)

| | | |
|------------------------------|---|---|
| Name | | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | | |
| Contact | | |
| Address | | |
| Email address | | |
| Date of birth | 19/11/1967 | |
| Occupation | Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> | |
| Driving date pass | 03/11/99 | |

General information of the accident

| | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> |
| No of passenger | 1 (Inclusive of driver) |

Passenger 1

| | |
|--------|--|
| Name | Wong Ho Ki |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

Passenger 2

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 3

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 4

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 5

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 6

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Other information

| | |
|----------------------------|--|
| Was anybody injured? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Details of police action

| | |
|---------------------|---|
| Reported to police? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. |
| Police station name | |

Third party vehicle 1

| | |
|------------------------------|-----------|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | CBE 5126M |
| Vehicle make model | |

Third party vehicle 2

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 3

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 4

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 5

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 6

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Witness 1

| | |
|------|--|
| Name | |
|------|--|

Witness 2

| | |
|------|--|
| Name | |
|------|--|

Injured person 1

| | | |
|--|---|--|
| Name | Wong Ho Ki | |
| Injuries sustained | Body | |
| Which vehicle person in? | SLP 1458E | |
| Were seat belts worn? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

Injured person 2

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Injured person 3

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Injured person 4

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

3014636



NRIC No: S2619873I



Blood Group: B+ Date of issue: 17-03-1998

APT BLK 470 TAMPINES STREET 44 #02-186
SINGAPORE 520470

NRIC No: S2619873I Date: 26/12/2008 No: 6077987


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 03 Oct 1991

NP 428A

Licence No: S2619873I



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2619873I



Name
WONG HO KI



王皓琦

Race
CHINESE

Date of Birth
19-11-1967

Sex
M

Country of Birth
HONG KONG

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2619873I

Name:
WONG HO KI

Birth Date: 19 Nov 1967
Issue Date: 12 Dec 2003



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. | DMPCSN3052681700 | Engine No : 2AZF180808 Chassis No: ACR507067071 |
| 1. Index Mark and Registration Number of Vehicle | SLP1458E | |
| 2. Name of Policy Holder | MR WONG HO KI | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 01 JULY 2017 (12:14 HOURS) 03 JULY 2018 | NAMED DRIVERS EX SECT. I.....S\$1,200.00 IN ADDITION TO NAMED DRIVERS EX: 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 | | |
| 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. : HONG LEONG FINANCE 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.**

Countersigned By:

Authorised Officer

Authorised Signatory