| Date In: 31 3/8-15:36 Job | b description | Date & Time Completed | Done | pi. |
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| Re[No: NA C7 1 18 0 0 19 10 24 S. | AS e-filing | | | |
| | E-mail (within Shrs, AIC 2hrs) | | | |
| | -Motor Claim Form | | | |
| 1-1 | -Motor W/O (Within: OD 2hr | s, TP 4hrs) | | |
| OD / TP-/ Reporting Only | Photo Uploaded | 1. | | |
| A: | ssessment/Survey Report | | | |
| TP Insurer: | ss't Report by Fax / Hand t | o Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: F | ax: | Allessee |
| TP Particulars: Veh No: 513259U | . INC(|)/Non-INC(). | \$1 | |
| Owner / Driver: (| | Tel: |) | |
| Policy No: () Period: (|) | Cover Type: (|). | |
| Confirmed by : (| Date: | Time: |) | |
| Insured/Driver Liability: (%) [Note-E | Est. Status (WO): N: 0-20 | 0%; P: 21-79%. F: 80-1 | 00%] | |
| Year of Registration: () Warran | nty: YES ()/NO (|) | | |
| Excess: (\$) Loading: \$1,000 (|)/\$2,000() | | | |
| General Remarks | ት እን ተ - እነት ፣ | | 5.0% | 7 |
| () Walk-In Customer : Customer's information | A THE PARTY OF THE | ictly NO refer of repairer. | | |
| () Total Loss Case : to e-mail Insurer URG | | S S | | |
| | | - C- / / | | |
| Drive-In ()/ Towed-In (); Invoice: YES | ()/NO();T | owing Co: (| | , |
| Remarks:- (INC hotline: 6788 6616) | | Date&Time Completed | Done | hw. |
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| Apply for Transport Allowance () / Courtesy QC Check / Post Repair Inspection | | | | |
| 1) Apply for Transport Allowance () / Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] | | | | |
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| 1) Apply for Transport Allowance () / Courtesy 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: | | | | |
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Figure 11 1.20

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.
- 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.
- 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.

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.

| aforesaid, | | |
|--|---------------------------------------|--|
| A STATE OF THE STA | ACCIDENT STATEMENT | |
| Date Of Report | 31/03/2018 15:26 | |
| Date Of Accident | 29/03/2018 07:30 | |
| Exact Location Of Accident | ALONG AMK AVE 5 BEFORE JUNC AMK ST 53 | |
| Country/State of Loss | SINGAPORE | |
| Market Market State Company | DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SJV1900L | |
| Insured/Policyholder | | |
| Name Of Registered Owner | MR POH GUAN LENG | |
| NRIC No | S1625891A | |
| Email Address | NOEMAIL | |

(LOCAL) +65-90227762

OFFICE-90227762

Alternative Phone No Vehicle Particulars

Mobile Phone No.

Manufacturer NISSAN

Model SYLPHY 2.0L CVT ABS D/AB 2WD 4DR

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 REPORTING ONLY
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 DMPCSN3000641803

Cover Note Number

Driver

 Name of Driver
 TEO ENG HUA

 NRIC No
 \$0154830A

 Date Of Birth
 13/05/1954

 Occupation
 INDOOR

 Date Of Driving Pass
 10/08/1973

Driving Experience 44 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96662880

Fax Number

Contact Number OFFICE-96662880

EMail Address NOEMAIL

Address BLK 333D YISHUN STREET 31

#12-151

Postcode 764333

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

···

-

Insurance Company of Driver's Own Vehicle

्

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number UNKNOWN (COMMERCIAL VEHICLE)

Number of vehicles involved in the accident 3
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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?

If Yes,against whom?

NO

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG AMK AVE 5 AS TRAFFIC LIGHT WAS RED. SUDDENLY VEHICLE B INCH FORWARD AND STEP ON HIS BRAKE OF HIS VEHICLE. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND MY VEHICLE SLIGHTLY TOUCH VEHICLE B REAR PORTION. VEHICLE B MOVED FORWARD AND HIT ONTO VEHICLE C REAR PORTION.

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 SJL3259U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

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)

3

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly 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:

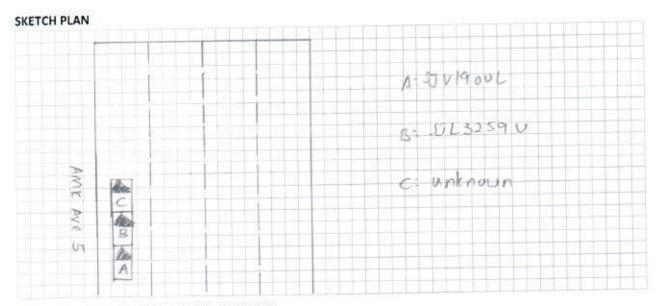
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

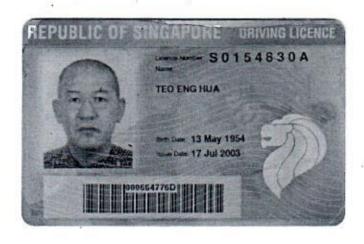
I/We declare the foregoing particulars are true in every respect.

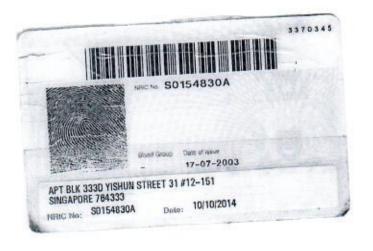
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

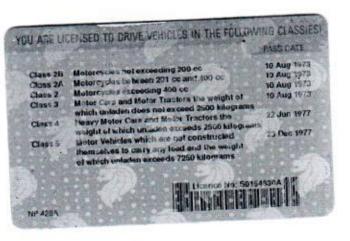
NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:











中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

AN0397A Cov. Type: C AUTOSAFE

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

DMPCSN3000641803

Engine No :MR20913464A Chassis No: JN1BBAG11Z0210049

 Index Mark and Registration Number of Vehicle

SJV1900L

2 Name of Policy Holder

MR POH GUAN LENG

 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (14:39 HOURS)

8 FEBRUARY 2018

ADDITIONAL EX OTHER THAN NAMED DRIVERS:

4 Date of Expiry of Insurance

7 FEBRUARY 2019

· AGE AS AT DATE OF ACCIDENT

EX ON WINDSCREENS\$100.00

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 REQUIATIONS 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)

ONE TIME WAIVER OF EXCESS FOR THE FIRST \$\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT WILL BE DOUBLED. OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : DES BANK 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