| NATIONAL Assessment Centre Ser   | rrices (                | Per Liberton P                      | INA 118049516.                    |          |          |
|--|-------------------------|-------------------------------------|-----------------------------------|----------|----------|
| Date In 14 14 118 10:53 Jeb  | description             |                                     | Date & Time Completed             | Done     | To.      |
|  | AS c-filing             |                                     |                                   |          |          |
| Veh No Sky 3241E   | mail (within 5          | hrs, AtC 2hrs)                      |                                   |          |          |
|  | Motor Clain             | т Гост                              | 2                                 |          |          |
|  | Motor W/O               | (Within: OD Zhra                    | ) (* 4bcz)                        |          |          |
| OD TP Parana Only  | <br>Photo Uploa         | ded                                 |                                   |          |          |
| 100  | sessment/Su             |                                     |                                   |          |          |
| TD factories   | White the second second |                                     | Owner/Wksp                        |          |          |
| Preferred Wksp / INC Assign Wksp / GW: (   |                         |                                     | Tel: Fax:                         |          |          |
|  | DICT                    | INC (                               | )/Non-INC( )                      |          |          |
| Owner / Driver: (  | +215T.                  |                                     | Tel                               | )        |          |
| Policy No: ( ) Period: (   |                         | )                                   | Cover Type: (                     | )        |          |
| Confirmed by : (   |                         | Date:                               | Time:                             | )        |          |
|  | st. Status (W           | O): N: 0-2                          | 0%; P: 21-79%. F: 80-100          | %]       |          |
|  | ty: YES (               | )/NO(                               |                                   |          |          |
| Excess: (\$ ) Loading: \$1,000 (   |                         |                                     |                                   |          |          |
| General Remarks:-  |                         | Barran made                         |                                   |          |          |
| ( ) Walk-In Customer: Customer's information   | strictly Con            | fidential & St                      | ictly NO rafer of repairer.       |          |          |
| ( ) Total Loss Case : to e-mail Insurer URG  |                         |                                     |                                   |          |          |
| Drive-In ( )/ Towed-In ( ); Invoice: YES   |                         | O( );T                              | owing Co: (                       | 10       | )        |
|  |                         | ECNOVIA ZIE IN VI                   |                                   | Done     | har      |
| Remarks:- (INC horline: 6788 6616)   |                         |                                     | Date&Time Completed   11          | 370110   | Ly       |
| Apply for Transport Allowance ( ) / Courtes  | y Car (                 |                                     |                                   |          |          |
| 2) QC Check / Post Repair Inspection   | ( )                     |                                     |                                   |          |          |
| 3) Upload Resurvey Photo [Repair Cost > \$3000]  | ( )                     |                                     |                                   |          |          |
| Injury:  |                         |                                     |                                   |          |          |
| Date/Time Actions  |                         |                                     |                                   |          | 10.1     |
| -  |                         |                                     | ••                                |          |          |
|  |                         |                                     |                                   |          |          |
|  |                         |                                     |                                   |          |          |
| 3  |                         |                                     |                                   |          |          |
|  |                         |                                     |                                   | Ant (5)  | Amt (\$) |
| Mais   | 02349                   | Invoice Pre                         | paration Checklist                | ist Bill | Add Bill |
| Jamant's Particulars :-  |                         | 1) AR : Acciden                     |                                   | 30.00    |          |
| A COLUMN TO A STATE OF THE STAT |                         | 3) TF : Towing I                    | S40/S                             |          |          |
| Priver/Owner:  |                         | 4) FT : Follow-T                    | hrough Survey (Resurvey) 13       |          |          |
| ontact No:   |                         | Por elsining                        | coinst INC Only (wef 10 Jan 2005) |          |          |
| arnaged Portion:   |                         | 6) TR : Re-inspe<br>7) N1 : Idao DA | ction 57<br>+ SMRT Survey 516     |          |          |
| 3  |                         | 8) NTUC Additi                      | onal Services -                   |          |          |
| C Checked by (Engr-In-Charge):   | OD* *N5: Courtes        | Cor/Tpt Allowers:                   | \$5                               |          |          |
|  |                         | *No: Repair (                       | u-ordination 5                    | 10       |          |
| Auditors' Comments :-  |                         | * 197; Fost Rep<br>* 198; DV / Co   | Heet Excess Coordination          | 13       |          |
| at . [ ]   |                         | TP(NH): T                           | (Non INC) against DIC S           | 20       |          |
| at 2/3:  |                         | 9) 1412: Idea Me<br>Invaice dated   | Fee Charges                       |          | MARK     |
| And the second s |                         | Invoice dated                       | Fee Charges                       | MEN THE  | 1        |

# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 14/04/2018 11:09

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. 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.
- 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.
- 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.

- 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   | 14/04/2018 10:53                              |              |
|  | 06/04/2018 23:20                              |              |
|  | NEW BRIDGE RD U TURN TO EU TONG SEN ST        |              |
|  | SINGAPORE                                     |              |
|  | ETAILS OF OWN VEHICLE                         |              |
| Vehicle Registration Number  | SKV3241E                                      |              |
| Insured/Policyholder   |   |              |
| Name Of Registered Owner   | LEE WEI CHIAT                                 |              |
| NRIC No  | S1521034F                                     |              |
| Email Address  | NOEMAIL                                       |              |
| Mobile Phone No  | (LOCAL) +65-96684774                          |              |
| Alternative Phone No   | OFFICE-96684774                               |              |
| Vehicle Particulars  |   |              |
| Manufacturer   | TOYOTA  |              |
| Model  | LEXUS IS250 AUTO STD                          |              |
| 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  | DMPCSN3105151701                              |              |
| Cover Note Number  |   |              |
| Driver   |   |              |
| Name of Driver   | ZHANG QIN                                     |              |
| Passport No/FIN  | G0729092L                                     |              |
| Date Of Birth  | 26/05/1978                                    |              |
| Occupation   | INDOOR  |              |
| Date Of Driving Pass   | 03/10/2014                                    |              |
| Driving Experience   | 3 YEARS AND 6 MONTHS                          |              |
| Gender   | FEMALE  |              |
| Mobile Number  | (LOCAL) +65-92222568                          |              |
| Fax Number   |   |              |
| Contact Number   |   |              |
| EMail Address  | NOEMAIL                                       | Page 1 of 20 |

101 MERGUI RD #21-06 Address

219067 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

1

NO

NO

# General Information of the Accident

COLLISION - U-TURN 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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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

I WAS TRAVELLING ALONG NEW BRIDGE RD MAKE A U-TURN TO EU TONG SEN ST. SUDDENLY VEH B (BEARING NO SJP4215T) WHICH WAS INFRONT OF ME JAMMED BRAKE. I MANAGE MY BRAKE BUT STILL TOUCH ONTO THE VEH B REAR PORTION.

#### Attachment(s)

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

# DETAILS OF OTHER VEHICLE PROPERTY 1

SJP4215T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR 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 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.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

| ETCH PLAN                             | F  |  |
|---------------------------------------|--|--|
|                                       |  |  |
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| CRIBE CIRCUMSTANCES                   | OF THE ACCIDENT  |  |
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|                                       | MAN TO SERVICE OF THE PROPERTY | 207. Sec. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 |
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| ADATION                               |  |  |
| LARATION declare the foregoing partie | culars are true in every respect.  |  |
| ectare the foregoing parti            | was see the meaning respect.   | 1 1'   |
|                                       |  | Toma   |
| de al de els Circostonos              |  | U °  |
| yholder's Signature<br>& Time:        | Driver's signature   | Reporting Centre Personnel's Signature           |

Date & Time:

NRIC/FIN No.:

S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

ODYSSEY THE GLOBAL PRESCHOOL PTE. LTD.

SERVICE



ZHANG QIN LANGUAGE TEACHER

0 73464919



Date of Application 14-05-2016

01-06-2016

12-06-2019



L6858759

# ZHANG QIN Ben Date 26 May 1978 Table Date 03 Oct 2014 Valid Till 02 Oct 2019

#### VISIT PASS Immigration Regulations

ZHANG QIN



26-05-1978 F

G0729092L 01-06-2016 12-06-2019

Date of Issue

CHINESE Date of Expiry

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CARCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

G0729092L

Motor Cers=< 3000kg with =<7 passengers, exclusion of the driver; and other motor vehicles =< 2500kg exclusive 03 Oct 2014



NP 428A



中國太平保險(新加坡)有限公司

ANDS97A COV. Type: C

MOTOR PREVATE CAR

CERTIFICATE OF INSURANCE

Les Variables (Third-Party Rivins and Comparabilities) Ant (Ching-Party Rivins and Comparabilities) Ant (Ching-Party Rivins and Comparabilities) Plates, (SA Photos Transport Act, 1987 (Antarytis)

Motor Variables (Third-Party Rivins) Rules, (939 (Malayeris)

**ORIGINAL** 

CERTIFICATE No.

CHPCSN3105151701

Engine No :4680239071 Chang ( THIRK 267107027348

er of Verbule

58V3241E

AUTOSAFE

2. House N Pallay Menter

LEE WET CHIAT

Effective date of the Commencement of Insumnor for the pusposes of the Regulat Onlinease or Engineers.

27 October 2017 Hamod Drivers Ex Sect. I ...... \$51,500.00

Additional 6x Other than Named Drivers:

Ex sect. I - Age - 25...... \$53,000.00

Dete of Expliny at Insurance

26 October 2018 Ex Sect. 2 - Aga >= 26.......... \$5500.00 

states of Chapters of Persons entitled to drive"

(a) The Policyholder.

(a) Any other person who is driving on the Policyholder's order or with his permission.

provided that the paraon driving is parmitted 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 anactment or regulation in that behalf from driving the Motor Vahicle.

## 8. Lindletone as to upor

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 text racing pace-making, reliability triel, 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 nature of excess for the first \$51,000 will apply to the Insured and Named Drivers in the event

\* Limitetions rendered inoperesve by Geotion 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 6s of the Road Transport Act 1987 (Malaysin), are not to be included under these headings.

I/We heraby Cartify that the policy to which this Cartifloate relates to issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road

Please yes reverse

FOR GHIMA TAIPING INSURANCE (SINGAPORE) PTR. LTD.

langed By: ...... DIDEX. AGENCY. RTE. I