NATIONAL Assessment Centre	Services	cert Jantolij				
Date In 25/04/18	Job description		Date & Time Completed		Done b	У
Ref No NA/CTZ1800 7605 /13	SAS e-filing		1			
Veh No SCA1218S	E-mail (within 8	irs, AIC 2hrs)			- Ventus - See	
DOA 24/04/18 2020	i-Motor Clain	ı Form				
OD (FP) Pepotting Only	i-Motor W/O		s, TP 4hrs)			
TP Insurer	Assessment/Sur Ass't Report by		to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Fax:)
	CA7643	e INC ()/Non-INC()	-71.30-40-4		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (ting to the state of the state	Date:	Time:)	
	ote-Est Status (W	O): N: 0-2	0%; P: 21-79%. F: 80	-100%]		200
	arranty: YES ()	G-10-10-1		1,200-
Excess: (\$) Loading: \$1,000) () / \$2,000	()		100 000	was really	
General Remarks:-	Secretary and		The second	0 14		
Drive-In ()/ Towed-In (); Invoice: Remarks:- (INC horline: 6788 6616)	YES()/N		Fowing Co. (Date&Time Completed	122	Done l	ру
1) Apply for Transport Allowance ()/ Co	urtesy Car ()				
 QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30 	001 ()				
Injury:			7			
Date/Time Actions				SEC 24.03		
		\				
NA1802605		The second second	eparation Checklist	E No. 17	Anit (\$) Ist Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1.00	1) AR : Accide 2) DA : Dames	ent Reporting (\$30); ge Assessment (\$100); INC	(\$80)		
Driver/Owner:		3) TF : Towing	Fee	\$40/\$45 \$120		
		5) FT : Follow	Through Survey (Resurvey)	\$30		L-01-0-
Contact No: Damaged Portion:		6) TR : Re-ins	g against JNC Only (wof 10 Jan 2 pection A + SMRT Survey	\$75 \$160		
QC Checked by (Engr-In-Charge):		8) NTUC Add OD* *N5: Courte	itional Services esy Car / Tpt Allowance	\$5		
Auditors' Comments :-		*N7: Fost F	r Co-ordination Repair Inspection Collect Excess Coordination	\$10 \$25 \$5		
Cat. 1;	100	TP (N11):	TP (N-ra INC) against INC	S20 30		-
Cat. 2/3:		Invoice dated	10 247		Section 1	wing.

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.

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.	
AND THE PERSON NAMED IN THE PERSON NAMED IN	ACCIDENT STATEMENT
Date Of Report	25/04/2018 14:00
Date Of Accident	24/04/2018 20:20
Exact Location Of Accident	CECIL STREET
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SCA1218S
Insured/Policyholder	
Name Of Registered Owner	MR TAN SENG KEE(CHEN XINGJI)
NRIC No	S7720695G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96821281
Alternative Phone No	OTHERS-96821281
Vehicle Particulars	
Manufacturer	JAGUAR
Model	XF
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	DMPCSN3042051700
Cover Note Number	

Driver

MR TAN SENG KEE(CHEN XINGJI) Name of Driver

S7720695G NRIC No 28/07/1977 Date Of Birth INDOOR Occupation 20/12/2005 Date Of Driving Pass

12 YEARS AND 4 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96821281 Mobile Number

Fax Number

OTHERS-96821281 Contact Number

NOEMAIL EMail Address

Address

20 JALAN HAJIJAH

#04-31 468726

Postcode

NO

Was driver an employee of the Insured's Company If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

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?

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLD7643K

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

GOH MEIQING

NRIC/Passport Number

S8612049F

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")
- 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

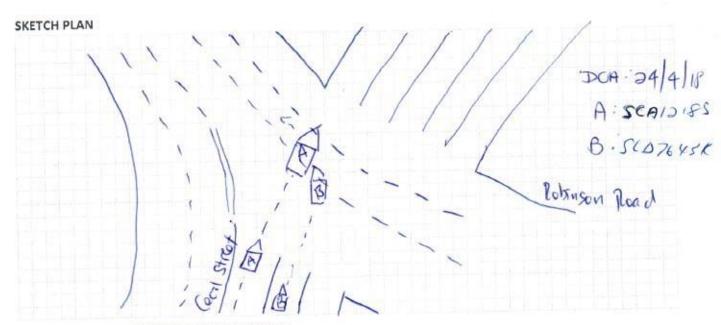
(If driver is not the policyholder)
Date & Time:

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

25/04/18



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	20.00
1 was	diving along Cearl Street (section in front of ast plaza and Reffles
Place	MRT Station) towards the Maring Bay area to go it Let.
As the	Tunction of leaf street and libinson load, I will investing
the n	nost left lane which gives me right to furn left or head straight
	Minima Bar I head of Organist and In the militare of 199
Sur chi	on SIDZ 643k knocked fut the right side of my car. I stopped
O FERL	on, SLD7643k knocked into the right side of my car. I stopped to bit in front so that I do not obstruct the traffic and alighted
in to the	is to speak with the other diver. As I was driving ahead
1000	de Marina Bay, I got a Knock from SID 7843 K
TUNAS	the maria day, I go I thought she is not
which	was trying to turn left (thought she is not all to turn left) on the right side of my are
allow	ed to turn lett) on the right side of right
1	
-	

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

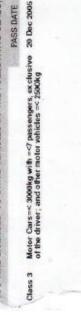
Name: NRIC/FIN No.:

Personal Particulars	
	om
Date of Accident: 34 4 18 Time of Accident: 8-33	+
Exact Location of Accident: Cacil Street	(1821)81
Owner's Name: Ton Song Yell NRIC No: 57720695	HP No:
Driver's Name: Date of Birth: 28 1 1977 Driv ng Licence Passing Date: 20 12 200 Occupation: In	
Date of Birth: 38 7 1971 Driv ng Licence Passing Date: 29(18)	
Address: 20 Jln Hayigh #04 -31 (468726) Relationship of Driver with Insured: Owner Email Address:	
Vehicle No: SCA () 18 S Make & Model:	
Insurance Co:China Tai ping Coverage: Policy No:	
*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming,	Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: P	Private Use / Work
*Weather Condition ? (lear / Raining / Others: Wet / Oy	/ Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No 8	& How many pax:
A: 1+ 0 B. 1+0 C:	D:
*Was Anybody Injured ? (Yes / 100) If yes,	
Name / NRIC / In Vehicle:	
*Was The Accident Reported To The Police?	
No O Yes, Which Police Station?	
*Does the Driver Own Any Other Vehicle?	
No O Yes, Vehicle Registration No:Insurer:	
*Was any foreign vehicle involved? (Yes / Mg) If yes, Vehicle No & Catego	ргу:
*Was there any video captured by Car Camera? (Peg/No)	
Third Party Driver's Particulars	
Vehicle B No: SLD 7643K Make & Model:	G FUR NA
Driver's Name: Goh Maiging NRIC No: 5861204	TIAT NO.
Make & Model:	
Driver's Name:NRIC No:	HP NO:
Wirness Particulars	
Name:" NRIC No:	HP No:

r











中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1E N SN ANOSOSA COMPREHENSIVE 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)

Engine No : 589247333FC

Chassis No: SAJACO5D3BFR86729

CERTIFICATE No.

DMPCSN3042051700

Index Mark and Registration

Number of Vehicle

SCA1218S

2. Name of Policy Holder

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 19 MAY 2017 (09:56 HOURS) 18 MAY 2018

IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.......\$\$3,000.00

MR TAN SENG KEE (CHEN XINGJI)

EX SECT. I - AGE >= 26......S\$500.00 * AGE AS AT DATE OF ACCIDENT

4. Date of Expiry of Insurance

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\$1,000 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. : LAY AUTO 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.

Countersigned By:

Authorised Officer

Authorised Signatory