NATIONAL Assessment Con	ure Services	Gersalista				
Date In: 04/05/18	Jeb description		Date &Time Completed	Done	by	
Ref No NA/CFI18008207/13	SAS e-filing					
Vch No SLA 59354	E-mail (within)	das, AIC 2hrs)				
DOA 03/05/18 1533	i-Motor Clair	n Form	1 .			
OD (1P) Reporting Only	i-Motor W/O		s, TP 4hrs)			
	Assessment/Su	rvey Report				
TP Insurer	Ass't Report b	Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW: (	m GARAGE	46	Tel: Fa	ax:	)	
TP Particulars: Veh No:	56P3000 K	INC (	)/Non-INC ( )	400		
Owner / Driver: (			Tel:	)	·	
Policy No: ( )	Period: (	)	Cover Type: (	)		
Confirmed by : (		Date:	Time:	)		
Insured/Driver Liability: ( %	) [Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. F: 80-1	0%]		
Year of Registration: ( )	Warranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$	\$1,000 ( ) / \$2,000	( )				
General Remarks:-	N. Harris Santal			2714		
Remarks:- (INC horline: 6788 6616  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions	) / Courtesy Car (	)				
		Invoice Pr	reparation Checklist	Amt (\$)	Amt (\$)	
NA18038	910	1) AR : Accide		1st Bill	Add bil	
Claimant's Particulars :-		2) DA : Damas	ge Assessment (\$100); INC (\$	80) 0/\$45	1	
Driver/Owner:		3) TF : Towing 4) FT : Follow	-Through Survey	\$120		
Contact No:		5) FT : Follow	-Through Survey (Resurvey) g against INC Only (wef 10 Jan 200	530		
Damaged Portion:		6) TR : Re-ins 7) N1 : Idae D	pection A + SMRT Survey	\$75 \$160		
QC Checked by (Engr-In-Charge):		OD* *N5: Court	itional Services:- esy Car / Tpt Allowance r Co-ordination	\$5 \$10		
Auditors' Comments :-		*N7: Fost F	Repair Inspection	\$25 \$5	-	
Cat. 1:		Collect Excess Coordination TP (Non INC) against INC	\$20			
	9) N12: Idae l	Mobile	30	Andrew S		
at. 2 / 3:		Invoice dated		EAST 75		

#### 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

aroresaid,	
ACCRETO THE CONTRACTOR AND SHAPE AND	ACCIDENT STATEMENT
Date Of Report	04/05/2018 15:47
Date Of Accident	03/05/2018 15:35
Exact Location Of Accident	PIE TWDS CHANGI B4 LOR 6 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA5935Y
Insured/Policyholder	
Name Of Registered Owner	LYE PUAY ENG
NRIC No.	S0077123F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98480560
Alternative Phone No	OTHERS-98480560
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6
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	DMPCSN1716361801
Cover Note Number	
Driver	

TAN KOON(CHEN JUN) Name of Driver

S74023331 NRIC No 11/01/1974 Date Of Birth INDOOR Occupation 03/01/1996 Date Of Driving Pass

22 YEARS AND 4 MONTHS **Driving Experience** 

FEMALE Gender

(LOCAL) +65-98480560 Mobile Number

Fax Number Contact Number

APPLEKOON@GMAIL.COM EMail Address

BLK 110B PUNGGOL FIELD Address #09-578

822110 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

NO

NO

1

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

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)

**Details of Police Action** 

NO 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

PLS REFER TO THE ATTACHED STATEMENT.

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

**SLP3022R** 

PRIVATE CAR

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

# SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Farm 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 withholding of material
  facts may allow insurance companies to repudiete 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.
- 5. 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 dains 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 lawyars/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (b) 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 dains.
- (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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Report of Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

DECLARATION

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

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Seportes Contre Personnel's Signature

Report Mc Contre Personnel's Signa Name:

NRIC/FIN No.:

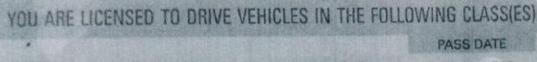
Date of Accident	: 03 05 2018 Accident Time: 1535 Nr (24-HR-Format)
Accident Place	: PIE towards Changi before Lor 6 Toa
Vehicle Reg. No. (Car Plate No.)	: SLAS93SY
Vehicle Make/Model	: Togota casila Altu 1.6
Insurance Company	: China taiping Policy No. DMPCSN17163(180)
Owner or Company Name /IC No.	: LPE PLAS ENS / 50077123F
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Tan kcon 1 57+62333I
DRIVER'S Date Of Birth	: 11/61/1974 DRIVER'S License Pass Date 03 Jan 1996
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 110B Punggoi Field # 09-578 \$(\$22110)
DRIVER'S Contact No./ Alt No.	2) 9848 0560
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: applikon @ gmail - com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including)	Driver):
Was there any video Captured by Exact purpose for which vehicle w	car camera: YES \ 100 vas being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SLP 302	Vehicle Reg. No:
Vehicle Make Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:





Mur SI A 59357





Motor Cars and Motor Tractors the weight of which unleden does not exceed 2500 kilograms

03 Jan 1996

NP 428A

Class 3



Dur SLA 59357





OWN &V SLA 59357



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.

Ga Fing No. 200208384E

MX1F R SN AN0044A Cov.Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

otor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) Meter Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Marays 9) Motor Vanicies (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CE	RTIFICATE No.	DMPCSN1716361801	Engine No :1ZRX534338 ChaNo:MR053REH104540081
ï.	Index Mark and Registration Number of Vehicle	SLA5935Y	
2	Name of Policy Holder	LYE PUAY ENG	
3.	Effective date of the Commencement of Insurance for the purposes of the Regula Ordinance or Enactment	08 March 2018	Named Drivers Ex Sect. I
4	Date of Expury of Insurance	07 March 2019	Ex Sect. I - Age >= 26
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)

One time Waiver of Excess for the first s\$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. : 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 (Malaysie), 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.

	TAN NGEE LING EILEEN				
Issued By:	Authorised Officer				