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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.
- 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.

THE REPORT OF THE PERSON OF TH	ACCIDENT STATEMENT
Date Of Report	02/05/2018 20:13
Date Of Accident	02/05/2018 08:45
Exact Location Of Accident	ALONG TELOK BLANGAH HEIGHTS
Country/State of Loss	SINGAPORE
宣传的中国,	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD5538T
Insured/Policyholder	
Name Of Registered Owner	YIP SIEW LING
NRIC No.	S7332894B
Email Address	JENNIFERYIPSL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90072873
Alternative Phone No	OTHERS-90072873
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS
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	DMPCSN1431901703
Cover Note Number	
Driver	
Name of Driver	YIP SIEW LING
NRIC No	S7332894B
Date Of Birth	15/09/1973
Occupation	INDOOR
Date Of Driving Pass	07/09/2010
Driving Experience	7 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90072873
Fax Number	

OTHERS-90072873

JENNIFERYIPSL@HOTMAIL.COM

Address

BLK 57 TELOK BLANGAH HEIGHTS

#03-123

Postcode

100057

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

2

NO

Was any body injured in the Accident?

NO

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)

2

Passenger 1

NAME:

SON

GENDER:

: MALE

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 SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES WITH OWNER

Remarks/ Reasons:

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SDS8880B

Vehicle Make/Model/Colour

BMW

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

GERALD

NRIC/Passport Number

Contact Number

83088088

Address

Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- 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 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 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.

Policyholde Signature

2 may 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No

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Private Settlement Agreement 02/05/2018 @ of30hrs Date / Time of Accident : _ Blongah Heights towards Henderson Roa-Location infront Blk 709 Telok Blongah Heights) Terms of Agreement: 1. Neither party shall make a police report as there are no bodily injury(s) or death involved 2. This matter is settled amicably as follows (please tick): Neither party shall be liable to compensate the other party for any loss or damages (directly or indirectly) incurred or to be incurred as a result of the accident. Party A has paid Party B a sum of S\$ 380/xx which Party B unconditionally accepts and hereby acknowledges receipt in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident. Pto Ltd Particulars of Drivers Involved in Accident (Party A) SID5538T Name 47797 NRIC No. Telephone Vehicle No. Signature (Party B) YIP SIEW LING Name S7332894B NRIC No. 90072873 Telephone SJD55387 Vehicle No. Signature Witnessed By Name NRIC No.

Download More Copies at www.MotorinsuranceSingapore.com/private-settlement-form

Signature

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE OIVEHICLE NUMBER: SJD 5538T DINSURANCE COMPANY: CLAMA TAIPING INSURANCE (S) P/L CIPOLICY NUMBER: DMPCSN 143 190 1703 OIPOLICY YEE: (COMPREHENSIVE) THIRD PARTY FIRE STHEFT! E)MAKE & MODEL: TRYSTE Y'(AS OITYPE: (SALOON) COUPE / MPY AVAN/ LORRY / MOTORCYCLE / OTHERS) OIVEHICLE CATEGORY (PRIVATE) COMMERCIAL MOTORCYCLE / OTHERS) OI NE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/(O)) IF NO, PLEASE STATE (LIBED PARTY CLAIM, REPORTING ONLY) OIF NO, PLEASE STATE (LIBED PARTY CLAIM, REPORTING ONLY) OINSURED / POLICY HOLDER ANAME: YIP SIEW LING ONAME: YIP SIEW LING ONAME: YIP SIEW LING ONAME: YIP SIEW LING ONAME: TO SAID FORVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: GODTO TO CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER OINSURED OF BIRTH: LIS/ 09/ 973 IDD/MM/YYYY) OID TO OR PLATIONSHIP OF THE DRIVER WITH INSURED: OWNER OID AND RESES: DINRIC/FIN/PASSPORT: CONTACT: OID AND RESES OF THE OF THE DRIVER WITH INSURED: OWNER OID AND RESES OF THE OF THE DRIVER WITH INSURED: OWNER OID REPORTED TO POLICE PHES/(O) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE OI VEHICLE NUMBER: SDS 8880B MODEL: BMW DI DRIVER'S NAME: GREAT OINTIC/FIN/PASSPORT: CONTACT: 8308808 1. THIRD PARTY VEHICLE OID VEHICLE NUMBER: MODEL: OINTIC/FIN/PASSPORT: CONTACT: 8308808		ACCIDENT DATE: 02/05/2018 (DD/MM	/YYYY), TIME: (00 : 50) (HH:MM)
1. DETAILS OF VEHICLE OJVEHICLE NUMBER: SJD 5588T b)INSURANCE COMPANY: Chan Taiping Insurance (S) P/L c)POLICY NUMBER: DMPCSN 143190 1703 d)POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE STHEFT) e)MAKE & MODEL: TOYOTA VIAS f)TYPE (SALOON) COUPE / MPY VIAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY/CRIVATE) COMMERCIAL / MOTORCYCLE / OTHERS) j)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (HIED PARTY CLAIM / REPORTING ONLY) c) INSURED / POLICY HOLDER ANAME: Y P SIEW LING (MATE / (FEMALE) b)NRIC/FIN/PASSPORT: S 73 32894 B CONTACT: 900 P2873 c) ADDRESS: BILS 7 HBS-103 TELDE BI ANGAIN HEAGHTS c) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINEIC/FIN/PASSPORT: CONTACT: c) ADDRESS: d)DATE OF BIRTH: 15/09/1973 (DD/MM/YYYY) e)OCCUPATION: (NDOOR / OUTDOOR) f)DATE OF BIRTH: 15/09/1973 (DD/MM/YYYY) e)OCCUPATION: (NDOOR / OUTDOOR) f)DATE OF BIRTH: 15/09/1973 (DD/MM/YYYY) e)OCCUPATION: (NDOOR / OUTDOOR) f)DATE OF DRIVING PASS ON THE INSURED'S COMPANY? (MES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OUTPOOR f) DIREPORTED TO POLICE (MES/NO) iF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE d) VEHICLE NUMBER: SDS 8880B MODEL: BMW D) DRIVER'S NAME: GAVELU c) NEIC/FIN/PASSPORT: CONTACT: 8308808 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: DIPLYES'S NAME: MODEL: D) DRIVER'S NAME: MODEL: D)	100	Tolor Blangal Height	
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SON 1 (I) TYPE: (SALOON) / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY (PRIVATE) GOMMERCIAL / MOTORCYCLE H) PURPOSE OF USING AT ACCIDENT TIME: PrIVATE USE I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES (O) IF NO, PLEASE STATE (THRO PARTY CLAIM) REPORTING ONLY) IF NO, PLEASE STATE (THRO PARTY CLAIM) REPORTING ONLY) INSURED / POLICY HOLDER ANAME: YIP SIEW LING (MALE / FEMALE) DINRIC/FIN/PASSPORT: \$7332894B CONTACT: 900 P2873 C) ADDRESS: BIK57, HB-123 Telber Blangan Heights S (10057) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER ONAME: AS ABOVE (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: **didate of birth: L15/ 09/ 1973 (Idd/MM/YYYY) e) OCCUPATION: NDOOR / OUTDOOR I) DATE OF BRITH: L15/ 09/ 1973 (Idd/MM/YYYY) e) OCCUPATION: NDOOR / OUTDOOR I) DATE OF DRIVING PASS OT THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER S O) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS DIROAD SURFACE: (DRY) WET / OTHERS DIROAD SURFACE: (DRY) WET / OTHERS DIROAD SURFACE: (DRY) WET / OTHERS O) VEHICLE NUMBER: SDS 8880B MODEL: BMW D) DRIVER'S NAME: GEVALL C) NRIC/FIN/PASSPORT: CONTACT: 83088088 9. THIRD PARTY VEHICLE C) VEHICLE NUMBER: MODEL: DIVINEY'S NAME: DIVINEY'S NAME: MODEL: DIVINEY'S NAME: DIVIN			D PARTY / THIRD PARTY MINE STREET)
GIVERICLE CATEGORY (PRIVATE) COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: Private use IF NO, PLEASE STATE (THREE PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THREE PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THREE PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THREE PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THREE PARTY CLAIM / REPORTING ONLY) INSURED / POULCY HOLDER A)NAME: YIP SIEW LING IMALE / FEMALE) D)NRIC/FIN/PASSPORT: STB 32894B CONTACT: 900 72873 C)ADDRESS: BIKST, FWB-D3 Telet Blangan Height SC(10057) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER ONAME: AS ABOVE (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: C)ADDRESS: **d)DATE OF BIRTH: 15 / 09 / 9 3)(DD/MM/YYYY) ### OPENION: NDDOR / OUTDOOR! FIDATE OF DRIVING PASS OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER **DINRICH CONDITION: (CLEAR) / RAINING / OTHERS D)ROAD SURFACE: (RY) WET / OTHERS **DINRICH POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SDS 8880B MODEL: BMW D) DRIVER'S NAME: GEVEN! O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL: D) VEHICLE NUMBER: MODEL: D) VEHICLE NUMBER: MODEL: D) VEHICLE NUMBER: MODEL: D) DRIVER'S NAME: GEVEN! D) DRIVER'S NAME: MODEL: D) DRIVER NAME			COTUSES LA COTUSES LA COTUSE LA COTUSE DE LA
H)PURPOSE OF USING AT ACCIDENT TIME: PNAME USE I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (LIND PARTY CLAIM/ REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: YIP SIEW LING (MALE/FEMALE) b)NRIC/FIN/PASSPORT: \$73.32894B CONTACT: 900 72873 C) ADDRESS: BIK57, #03-123 Telot: Blangan Heights **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: **OIDATE OF BIRTH: (15/09/1973) (DD/MM/YYYY) e) OCCUPATION: (NDOOR / OUTDOOR) f) DATE OF BIRTH: (15/09/1973) (DD/MM/YYYY) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DUMER 5. DIWEATHER CONDITION: (CLEAR) RAINING / OTHERS b) PROAD SUPPACE: (PR) WEL / OTHERS 6. WAS ANYBODY INJURED HES/NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SDS 8880B MODEL: BMW b) DRIVER'S NAME: GEYNUM O) VEHICLE NUMBER: GEYNUM O) VEHICLE NUMBER: MODEL: DPIVER'S NAME: GEYNUM O) VEHICLE NUMBER: MODEL:			
IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/(O) IF NO, PLEASE STATE (THRO PARTY CLAIM, REPORTING ONLY) IF NO, PLEASE STATE (THRO PARTY CLAIM, REPORTING ONLY) INSURED / POLICY HOLDER AJNAME: YIP SIEW LING MALE / FEMALE DINRIC/FIN/PASSPORT: S 73 32894 B CONTACT: 900 72873 CADDRESS: BIK57, FW3-D3 Tebt Blangan Height S (10051) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER ONAME: DINRIC/FIN/PASSPORT: CONTACT: CJADDRESS: CJADDRESS: CONTACT: CONTACT: CONTACT: CONTACT: CONTACT: CONTACT: CONTACT: CONTACT: CONTACT: CONTACT: 8308808			
IF NO, PLEASE STATE (THRO PARTY CLAIM, REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: YIP SIEW LING (MATE-(FEMALE) b)NRIC/FIN/PASSPORT: S 73 32894 B CONTACT: 900 72873 c)ADDRESS: BIK57 #103-123 Telof Blangan Height S(10057) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: **d)DATE OF BIRTH: (15/09/1973) [DD/MM/YYYY) **e)OCCUPATION: (NDOOR / OUTDOOR) f)DATE OF DRIVING PASS - 07 109/2010 (DD/MM/YYYY) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. 0)WEATHER CONDITION: (CLEAR) RAMING / OTHERS 6. WAS ANYBODY INJURED HES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SDS 8880B MODEL: 8MW DD DRIVER'S NAME: GEVALU C) NRIC/FIN/PASSPORT: CONTACT: 83088088			
SON 1 2. INSURED / POLICY HOLDER AINAME: YIP SIEW LING BINRIC/FIN/PASSPORT: ST332894B CONTACT: 900 P2873 C) ADDRESS: BIK57 #13-123 Telor BI angah Heights S (10057) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER OINAME: DINRIC/FIN/PASSPORT: CONTACT: CJADDRESS: *d) DATE OF BIRTH: 15/09/1973 J(DD/MM/YYYY) e) OCCUPATION: NDOOR / OUTDOOR f) DATE OF DRIVING PASS *WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DINREY 5. DIWEATHER CONDITION: (CLEAR) / RAINING / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SDS 8880B MODEL: BMW D) DRIVER'S NAME: GEVALL C) NRIC/FIN/PASSPORT: CONTACT: 83088088 OD DRIVER'S NAME: GEVALL C) NRIC/FIN/PASSPORT: CONTACT: 83088088		IJARE YOU CLAIMING UNDER YOUR OWN	INSURANCE (1837 GO)
A)NAME: YIP SIEW LING DINRIC/FIN/PASSPORT: ST332894B CONTACT: 900 12873 C)ADDRESS: BIK57, 183-123 Teles Blangah Heights C(10057)		IF NO, PLEASE STATE THIRD PARTY CLAI	DE PORTING UNET) ONLY
DINRIC/FIN/PASSPORT: S 73 32894 B CONTACT: 900 72873 C) ADDRESS: BIK 57 #03-123 Telot Blangah Heights **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DINNEC/FIN/PASSPORT: CONTACT: C) ADDRESS: **DINAME: HS Above (MALE / FEMALE) DINNEC/FIN/PASSPORT: CONTACT: C) ADDRESS: **DIDATE OF BIRTH: 15/09/1973 [DD/MM/YYYY) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. DIWEATHER CONDITION: (CLEAR) RAINING / OTHERS DIROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE C) VEHICLE NUMBER: SDS 8880B MODEL: BMW D) DRIVER'S NAME: GEVALU C) NRIC/FIN/PASSPORT: CONTACT: 83088088 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:		2. INSURED / POLICY HOLDER	
C) ADDRESS: BIK57, #03-123 Telor Blangan Heights CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER AS Above (MALE / FEMALE) DINAME: DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: "d) DATE OF BIRTH: 15/09/1973 (DD/MM/YYYY) e) OCCUPATION: NDOOR / OUTDOOR; f) DATE OF DRIVING PASS OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER SO (WEATHER CONDITION: (CLEAR) RAHNING / OTHERS D) POAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE C) VEHICLE NUMBER: SDS 88808 MODEL: BMW D) DRIVER'S NAME: GEVALU C) NRIC/FIN/PASSPORT: CONTACT: 83088088 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:	1		
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CIncluding claver) DRIVER ONAME: DINRIC/FIN/PASSPORT: CJADDRESS: *djDate of Birth: (15/ 09/ 1973)(DD/MM/YYYY) e)OCCUPATION: (NDOOR / OUTDOOR) f)DATE OF DRIVING PASS : OT 09/2010 (DD/MM/YYYY) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OJWEATHER CONDITION: (LEAR) / RAINING / OTHERS DJROAD SURFACE: (DRY) WEL / OTHERS OJREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE OJ VEHICLE NUMBER: SDS 8880B MODEL: 8MW D) DRIVER'S NAME: GEVALU C) NRIC/FIN/PASSPORT: CONTACT: 8308088 9. THIRD PARTY VEHICLE ID VEHICLE NUMBER: MODEL:	\		CV HOLDEB
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b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: d)Date of birth: (15/09/1973) (DD/MM/YYYY) e)OCCUPATION: (NDOOR / OUTDOOR) f)Date of driving pass : 07/09/2010 (DD/MM/YYYY) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0W/OF 5. d)WEATHER CONDITION: (CLEAR) / RAINING / OTHERS b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SDS 88808 MODEL: 8MW C) NRIC/FIN/PASSPORT: CONTACT: 83088088 9. THIRD PARTY VEHICLE C) VEHICLE NUMBER: MODEL:		The state of the s	above (MALE / FEMALE)
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of Vericle Number: Model:	i historiae e	b) DRIVER'S NAME; GEVALO	02n Pan 99
of Vericle Number: Model:	0.00	C) NRIC/FIN/PASSPORT:	CONTACT: 63008088
of Vericle Number: Model:	1911 shap	y. THIRD PARTY VEHICLE	AMPERIO
	from my per	CI) VEHICLE NUMBER,	MODEL!
I) NRIC/FIN/PASSPORT: CONTACT:			
	- 6.55	I) NEIGNIN/FASSPORI:	CONTACT
	Torres.		

Chail = jennifery ipsl@hotmail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7332894B



YIP SIEW LING

CHINESE

15-09-1973 F

SINGAPORE



3001937



mic ** \$7332894B

23-07-2004

APT BLK 57 TELOK BLANGAH HEIGHTS #03-129 SINGAPORE 100057

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Care = Dooling with =<7 passengers, and classive 07 Sep 2010 of the driver, and other motor vehicles =< 2000 kg

NP 428A

Licence No: 573328948



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.

2 Artson Raad #16-00 Springlest Tower Singapore 079909

ORIGINAL

THE SCHEDULE

Agency	AN0551A	Class of Policy	MOTOR PRIVATE CAR	Policy Number DMPCSN1431901703
Account	AN0551A	Issued on	19/09/2017 in SINGAPORE	Replacing Policy no. DMPCSN1431901602
Client	3134501	Acceptance Date	19/09/2017	

Period of Insurance from 26/09/2017 to 25/09/2018 , both dates inclusive

Insured's Name....

MISS YIP SIEW LING

Address.

BLK 57 TELOK BLANGAH HEIGHTS

#03~123

SINGAPORE 100057

Business/Occupn	MANAGER			
Premium	Base Annual Premium	\$\$2,117.00		
	Less 15% Loyalty Discount	\$\$317.55-		
	Less 20% Autosafe Scheme	\$\$359.89-		
	No Claim Discount50.00%	\$\$719.78-		
	Total Annual Premium	5\$719.78	Premium Due	\$\$719.78
			Premium GST	\$\$50.38
			Total Due	S\$770.16
Risk No. 001	MOTOR PRIVATE CAR			
	ORIGINAL REGISTRATION DATE: 26/3/2008			

ORIGINAL REGISTRATION DATE: 26/3/2008

1. Registration SJD5538T

Make/Model .. TOYOTA VIOS E AUTO

Type of Cover Comprehensive

No. of seats

5

Body Type SALCON

Engine No. .. INZX635643

Capacity cc's 1497

Yr of Manuf/Regn 2007/2008

Chassis No... MR053HY9305031982

Certificate Ref. MX1F

Sum Insured Market value at the time of loss

Named Drivers Ex Sect. I Additional Ex Other than Named Drivers:

\$\$500.00

\$\$3,000.00

Ex Sect. I - Age <= 25..............

Ex Sect. I - Age >= 26..... * Age as at date of accident

\$8500.00

Named Drivers THE INSURED

\$\$100.00

The following clauses and endorsements apply to this policy Subject to Endts. 2, 25, 57, 72, N & W(unltd). AUTOSAFE SCHEME (W)

> In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

One Time Waiver of Excess Clause - Own Damage Claim (Insured and Named Drivers only) - \$500.00 Notwithstanding anything contained to the contrary, we will waive up to the first \$\$500.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year in respect of damage to the motorcar covered under this Policy for repairs carried out by our Authorised Workshops as per Certificate of Insurance Card attached.