NATIONAL Assessment Con	tre Services (**	( ) Jannet				
Date In 15/05/2018 16:4		Date & Time Completed		Done by		
Re[No NBA/ CTI18008924	100		i			
Veh No SFZ2118Z	E-mail (within 8hrs	s, AIC 2hrs)				
			i			
DOY (202 5018 1):		-Motor W/O (Within: OD 2hrs. TP 4hrs)				
OD (TP ) Reporting Only	i-Photo Upload					
	Assessment/Surv	ey Report				
TP Insurer:	Ass't Report by I	Fax / Hand to Own	er/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax	:	)	
TP Particulars: Veh No:	SBS 6838L	_ INC()/	Non-INC ( )	- E		
Owner / Driver: (		_ Tel		)		
Policy No: ( )	Period: (	) Cove	r Type: (	)		
Confirmed by : (		Date:	Time:	)		
Insured/Driver Liability: ( %	) [Note-Est. Status (WC	)): N: 0-20%; I	9: 21-79%. F: 80-160	0%]		
Year of Registration: ( )	Warranty: YES (	)/NO( )				
Excess: (\$ ) Loading: \$	\$1,000 ( )/\$2,000 (	)				
General Remarks:-		in ditali Acid	A K. Y. Stevenson, Proc. of			
( ) Walk-In Customer: Customer's	information strictly Confi	dential & Strictly N	IO rafer of repairer.			
( ) Total Loss Case : to e-mail Ins						
	oice: YES ( ) / NO	( ); Towing	Co: (	W - W - W - W - W - W - W - W - W - W -	)	
			Carres A Carre	Donel	13/	
Remarks:- (INC horline: 6788 6616		Dat	&Time Completed	Dono	7	
1) 1 pp 1) 101 11-101	) / Courtesy Car ( )					
2) QC Check / Post Repair Inspection	( )					
3) Upload Resurvey Photo [Repair Cost:	>\$3000] ( )					
Injury:						
The state of the s	200000000000000000000000000000000000000	CONTRACTOR			100	
Date/Time Actions		62 Se 63 Care Sept 401 v Care	SORO TRANSPORTATION	06.5		
A I A A A Sec	D. 7		L. Cheddie	Anit (\$)	Amt (5)	
NA 180		Invoice Prepara	FAULT ESTIMATE	lat Bill	Add Bill	
Claimant's Particulars :-		1) AR : Accident Repor 2) DA : Damage Assess	ting (\$30); ment (\$100); INC (\$80	)		
- N. S. C. Maria - 2 Maria		3) TF : Towing Fee	540/	120		
Driver/Owner:		4) FT : Follow-Through	Survey (Resurvey)	\$30		
Contact No:		For claiming against INC Only (wef 10 Jan 2005)  6) TR: Re-inspection \$75				
Damäged Portion:		7) NI : Idac DA + SMF	1 Sulvey	160		
	1	8) NTUC Additional Se	rvices:-			
QC Checked by (Engr-In-Charge):		*N5: Courtesy Car /	Tpt Allowance	\$5		
Ser cureura pl (pulp. in cure 5-)		*N6: Repair Co-ordi	nation	\$10 \$25		
Auditors' Comments :-		*N7: Fost Repair Ins *N8: DV / Collect E	ccess Coordination	\$5		
- NO. 72 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		TP (N11) : TP (Non	INC) against INC	30		
Cat. 1:		9) N12: Idac Nicolie  Involce dated Fee Charged			1 00	
Cat. 2 / 3:		Invoice dated Fee Charged				

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number Fax Number

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.

- 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.			
THE PARTY OF THE P	ACCIDENT STATEMENT		
Date Of Report	15/05/2018 16:47		
Date Of Accident	15/05/2018 15:20		
Exact Location Of Accident	ALONG SLIP ROAD OF ALEXANDRA ROAD		
Country/State of Loss	SINGAPORE		
D	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	SFZ2118Z		
Insured/Policyholder			
Name Of Registered Owner	TAN KOK NGEE		
NRIC No	S0150842C		
Email Address	HANCARREPAIRS@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-97236662		
Alternative Phone No	OFFICE-97236662		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	COROLLA-1.6 (A)		
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	DMPCSN3013291801		
Cover Note Number	•		
Driver			
Name of Driver	TAN KOK NGEE		
NRIC No	S0150842C		
Date Of Birth	23/07/1951		
Occupation	INDOOR		
Date Of Driving Pass	25/05/1972		
Driving Experience	45 YEARS AND 11 MONTHS		
Tareform to the second contraction and the secon	0.075 (0.000)		

MALE

(LOCAL) +65-97236662

HANCARREPAIRS@GMAIL.COM

OFFICE-97236662

Address

APT BLK 37 TELOK BLANGAH RISE, #21-305, SINGAPORE

Postcode

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 - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Foreign Vehicle Registration Number

SBS6838L (PRIVATE CAR)

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.

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

REFER TO ATTACHMENT

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

SBS6838L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SURESPANI PARASUPANI

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

# IP APORTANT NOTICE

- 1. Pesse report correctly the details of the accident to speed up the claims process.
- This Formmust 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 withholding of material facts may at low insurance companies to repudiate policy Hability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy flability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 8. 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.
- 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.
- 8 Consent under the Personal Data Protection Act (PDPA)

Landerstand, 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) w ho 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (f) 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 wiell 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' law yers/law firms, may/are permitted to collect, us e, disclose and/or process my Personal Information for one or more of the above Purposes; and

(including their law yers/law firms),  PLEASE NOTE YOUR INS  DAMAGE CLAIM UNDER	100 W.	the above Purposes.
Policy holder's Signature / Date & Titms	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
B 585 6838L		Alexandra Road
	(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	

pescribe Circumstances of the Accident glong slip Road of Alexandra Road. was travelling I slowed down and come to a complete stop to give way to oncoming move St, vehicle (B) came from behind and my car a. It was a loud bang and We alighted and exchanged particulars thereafter

Declaration

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

1 aml 5

Policyholder's Signature / Date &

1 ami 8

(all)

Driver's Signature (if driver is not the policy boider) / Date



- **ACCIDENT CLAIM**
- **THIRD PARTY CLAIM**
- SERVICE & REPAIR ENGINE
- PANEL BEATING SERVICE
- SPRAY PAINTING SERVICE
- **② 24 HOURS TOWING SERVICE**

Personal Particulars 201 &(dd/mm/yy) · Time of Accident: chicle Make / Models Exact location of Accident Owner's Name / ICNo. : Driver's Name / IC No. Driver's Contact No.: 97236662 Insurance Company & Policy No.: China Taiping Driver's E-mail address: Relationship between Owner & Driver: Spouse! Children / Priend/ Perents / Others specify: What do you wish to claim? (Please circle one only) (1)Own Insurance/(2)Other Vehicle (The one you want to claim against)/(3)Reporting (For Record Purpose) Exact purpose for which the vehicle was being used at time of accident? (Please circle one only) Private use/ Work purpose Weather condition & Road conditions? Occupation Indger / Outdoor Any Injuries (MC of 3 days or more, police report is required) If Yes, which police station? Yes / No/ The Other Party (Vehicle B) Details: Driver's Name / IC No.: Surespani Parasupani Insurance Company: Driver's Contact No: To (If more than 2 vehicles involved, please indicate the other party vehicle numbers below) Other (Vehicle C) Involved:

Confact No:

Independent Witness (If Any):

Preferred workshop Name (If Any):

I'm proper documents are produced, IDAC should not file the report. Information will be discarded after one week







TAN KOK NGEE

陳國毅

CHINESE

Date of Birth 23-07-1951

Country of Beth SINGAPORE





0894523



15-04-1993 0+

APT BLK 37 TELOK BLANGAH RISE

#21-305

SINGAPORE 0409

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

which unladen does not exceed 2500 kilograms



## 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co Reg No 200206384E

MX1F R SN ANO4784 Cov. Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMPCSN3013291801

Engine No :32Z4499723 Chano: MR053ZEC107095842

1 Index Mark and Registration Number of Vehicle

SFZ2118Z

AUTOSAFE

2. Name of Policy Holder

TAN KOK NGEE

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

11 April 2018

Named Drivers Ex Sect. I ...... 5\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25..... S\$3,000.00

4. Date of Expiry of Insurance

10 April 2019

Ex Sect. I - Age >= 26...... 5\$500.00

\* Age as at date of accident

EX ON WINDSCREEN ..... \$\$100.00

- 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) will be doubled.

One time Waiver of Excess for the first \$\$500 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. : KENSO LEASING 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.

Issued By: ..... INSURE HUB. PTE. LJD...... Authorised Officer

Authorised Signatory