to pet at 1 year NATIONAL Assessment Centre Services. puer 1 Janos MNA 118066148 Date In: 21/5/18-16:47 Date & Time Completed Done by Jcb description Ref No: NO/ (7218009205/24 SAS e-filing Veh No: STESS31 L E-mail (within Shrs, AIC 2hrs) D.O.A : 19/5/18-13:15 i-Motor Claim Form i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD TP Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax: Veh No: 577 48 24 P TP Particulars:)/Non-INC (INC (Owner / Driver: (Tel:) Policy No: (Period: (Cover Type: (Confirmed by: (Date: Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000(General Remarks) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Invoice Preparation Checklist NA1803201. Add Bill 1) AR : Accident Reporting (\$30); Claimant's Particulars :-2) DA: Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 Driver/Owner: 4) FT : Follow-Through Survey \$120 \$30 5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection 7) N1 : Idao DA + SMRT Survey \$160 8) NTUC Additional Services:-OD. *NS: Courtesy Car / Tpt Allowance 510 *N6: Repair Co-ordination \$25

Contact No: Darnaged Portion: QC Checked by (Engr-In-Charge): *N7: Fost Repair Inspection Auditors! Comments :-*N8: DV / Collect Excess Coordination 35 Cat. 1: TP (N11): TP (Non INC) against INC \$20 9) N12: Idac Mobile Fee Charged ATTENT PERSON Cat. 2/3: Invoice dated Fee Charged Invoice dated

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 1. 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,
- 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.

atoresaid,	SCHIEF TO LANGE BY NEW PROPERTY OF A GOLD STANDARD CONTRACTOR OF A
	ACCIDENT STATEMENT
Date Of Report	21/05/2018 16:45
Date Of Accident	19/05/2018 13:15
Exact Location Of Accident	360 TANGLIN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJE8531L
Insured/Policyholder	
Name Of Registered Owner	WEDDINGCARS PTE LTD
Co Reg No	200800644H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUOKA
Model	GALUE 250ST
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE HIRE
nsurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1663881701
Cover Note Number	
Driver	
Name of Driver	TAN YEW HOCK
NRIC No	S0038461E
Date Of Birth	18/09/1953
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2013

4 YEARS AND 7 MONTHS

(LOCAL) +65-83304808

OFFICE-83304808

MALE

NOEMAIL

Address BLK 226 SIMEI STREET 4

#02-84

Postcode 520226

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

NO.

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME: : TOH SEE MIEN

. .

GENDER: : FEMALE

Passenger 2 NAME:

GENDER: : FEMALE

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 STATEMENT.

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

SJT4824P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

KYUNG S YANG

NRIC/Passport Number

S2738825F

Contact Number

97873981

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.
- 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.
- 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.

Policyholder's Signature Date & Time:

REG NO 200600640

> Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

TCH PLAN	T.
17	I
R) 1
A2 (B2)	[7]1
1-1-1-1	1
	1
(AI) BI	£
A the Hear many	

360 Tanglin Road.

Vehicle A: SJE 8531L Vehicle B: SJT 4824P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the	stated date and time, I was travelling straight.
Suddenly V	which B swiff to my lone and hit onto my vehicle
right portion	
Vehicle B	nentioned that there is an unknown vehicle cut
into his lone	. Due to shock he swifted into my lane.
Passenger	: Toh see Mien (Female) (Female)

DECLARATION

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

Policyholder's Signatur Date & Time:

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

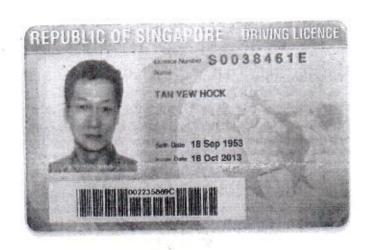
Reporting Centre Personnel's Signature Name:

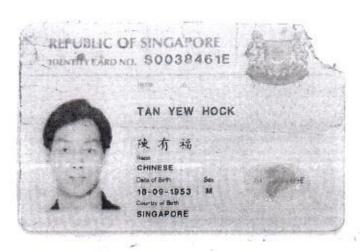
NRIC/FIN No.:

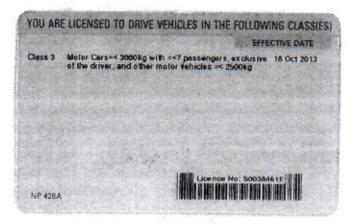
ACCIDENT STATEMENT

ACCIDENT DATE: 19,05, 7018 100	/MM/YYYY), TIME:((3: 15)(HH:MM)
LOCATION: 360 Touglin R	onel
EJMAKEAMODEL: MITSUOKA	TGIPING ILLE JEBORTING ONLY) THIRD PARTY / THIRD PARTY FIRE &THEFT) GALUR, 2505 T AN / LORRY / MOTORCYCLE / OTHERS) OMMERCIAL MOTORCYCLE TIME: DWN INSURANCE (YES NO) CLAIM REPORTING ONLY) Ltd (MALE / FEMALE)
*CONTINUE TO 3.d IF DRIVER ALSO P DRIVER (Including driver) (O3) *2 female *d)DATE OF BIRTH: (18 / 09 / 195) #3 DOCCUPATION: (INDOOR / OUTDOOR)	(NIKI) (MALE) FEMALE) 16 CONTACT: 8330 4808 4 #02-84 (C 520226)
4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV. 5. a) WEATHER CONDITION: (CLEAR RAD) ROAD SURFACE: (DRY /WEI) OTHER	E INSURED'S COMPANY? (YES /NO) VER WITH INSURED: Hive
 WAS ANYBODY INJURED (YES /NO) a) REPORTED TO POLICE (YES /NO) IF YES, PLEASE STATE WHICH POLICE 	
B. THIRD PARTY VEHICLE SJT 48 Including driver) b) DRIVER'S NAME: KYung S	Yang MODEL:
() C) NRIC/FIN/PASSPORT: 527 388	25 F CONTACT: 9787 3981
No of passenger e) DRIVER'S NAME:	
Including driver) f) NRIC/FIN/PASSPORT:	CONTACT::

Charl = REFORTING® TOPQUES.com Bax = 6452 4584











中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MZ406L/B E SN B AN0590A Cov.Type: C

MOTOR HIRE CAR

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)

ORIGINAL

	**		Engine No :VQ25318938A
CE	RTIFICATE No.	DMHCSN1663881701	ChaNo: Y50153805
	SAL SUIT STATE	SJE8531L	
1,	Index Mark and Registration	STEGSTE	
	Number of Vehicle		
2.	Name of Policy Holder	WEDDINGCARS PTE LTD	
3.	Effective date of the Commencement Insurance for the purposes of the Reg Ordinance or Enactment	of 24 April 2018 ulatons,	Excess Sect I
4.	Date of Expiry of Insurance	13 November 2018	Excess Sect.II (Outside Singapore) \$\$3,000.00 EX ON WINDSCREEN \$\$100.00
			38
5.	Persons or Classes of Persons entitle	d to drive"	
	As per Named Driver(s) st	ated helow	
	Provided that the person	driving is permitted in acco	rdance with the licensing or other laws or
	Provided that the person regulations to drive the	driving is permitted in acco Motor Vehicle or has been so	ordance with the licensing or other laws or permitted and is not disqualified by order of a cion in that behalf from driving the Motor vehicle.
	Provided that the person regulations to drive the	driving is permitted in acco Motor Vehicle or has been so	permitted and is not disqualified by order of a
	Provided that the person regulations to drive the	driving is permitted in acco Motor Vehicle or has been so of any enactment or regulat	permitted and is not disqualified by order of a
	Provided that the person regulations to drive the Court of Law or by reason	driving is permitted in acco Motor Vehicle or has been so of any enactment or regulat	permitted and is not disqualified by order of a ion in that behalf from driving the Motor Vehicle.
	Provided that the person regulations to drive the Court of Law or by reason	driving is permitted in acco Motor Vehicle or has been so of any enactment or regulat	permitted and is not disqualified by order of a ion in that behalf from driving the Motor vehicle.
	Provided that the person regulations to drive the Court of Law or by reason	driving is permitted in acco Motor Vehicle or has been so of any enactment or regulat	permitted and is not disqualified by order of a ion in that behalf from driving the Motor Vehicle.
6.	Provided that the person regulations to drive the Court of Law or by reason	driving is permitted in acco Motor Vehicle or has been so of any enactment or regulat	permitted and is not disqualified by order of a ion in that behalf from driving the Motor Vehicle.

HIRE PURCHASE CO. : RICARDO CARS 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.

	CHNG PEI, WEN ADELINE	(Assass
Issued By:	Authorised Officer	Authorised Signatory