NATIONAL Assessment Cent	re Services	[set 1 Jan 63]	MMA 118068012.		
Date 111 25 15 118 11:55	Jeb descriptio	0	Date &Tune Completed	Don	
Rel 1900 141 CTZ 1800 9549 1h	SAS e-Illing				
Veh No SGY 790 M	The state of the s	n Shrs, A10 2005)			11
DOA 2415 /18 15:40.	4-Motor Cla	im Form			
	i-Motor W/	O (Within: OD 2h)	r TP 4 hrs)		
OD O Parparting Only	i-Photo Upl	oaded	1		
47.1	Assessment/S	Survey Report	32		
TF Insurer:	Ass't Report	by Fax / Hand t	9 Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (- Children and a state of		Tol: F	ax:	j
TP Particulars: Veh No:	53K 6629x.	INC ()/Non-INC()		
Owner / Driver (Tel	7.	
Policy No: () P	eriod ()	Cover Type: ()	
Confirmed by : (Date:	Times)	
Insured/Driver Liability (%)	[Note-Est Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess (\$) Loading: \$1,	000 () / \$2,000	0()	VI. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
General Remarks:-					
() Walk-In Customer : Customer's infe	ormation strictly Co	onfidential & St	rictly NO rafer of repairer.		
() Total Loss Case : to e-mail Insur	er URGENTLY.				
Drive-In () / Towed-In (); Invoice	e: YES() /	NO();T	owing Co. ()
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	Don	e by
1) Apply for Transport Allowance ()/	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()	1		
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()			
Injury :			1		
Date/Time Actions				file to st. 11	
			•		
	-35				
	-1				
		Invoice Pres	paration Checklist	Anit (5)	Amt (1)
Claimant's Particulars :-	MA1803304	1) AR : Accident	Reporting (\$30);	30.00	Add Bill
		2) DA : Damage / 3) TF : Towing Fe	Assessment (\$100); INC (\$3	6) /\$45	
Driver/Owner:		4) FT : Follow-Ti	rough Survey	\$120	
Contact No:			rough Survey (Resurvey) tainst3f9C Only (wef 10 Jan 2005	\$30	
Darnäged Portion:		6) TR : Re-inspec	tion	\$75	
	÷	7) N1 : Idee DA = 8) NTUC Additio		1100	
QC Checked by (Engr-In-Charge):		01/2	Control Allowers	\$5	
		*NG: Repair Co	the state of the s	510	
Anditors' Comments:-		* N7: Fost Repr * N8: DV / Coll	ir Inspection ect Excess Coordination	\$25	
at 1		IP(NII) TP	(Non-INC) against INC	520	
at 2 2 3		9) N12: Idea Moli Javaine dated	de Fee Chargea	10	HIMB ALL
		Invoice dated	Fee Charge?	原形 (5)	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
 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

atoresaid,	ACCIDENT STATEMENT
Date Of Report	25/05/2018 11:55
Date Of Accident	24/05/2018 15:40
Exact Location Of Accident	JOHOR CAUSEWAY TWDS JB CHECKPOINT
Country/State of Loss	SINGAPORE
March 1990 Television Company (1990)	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY790M
Insured/Policyholder	
Name Of Registered Owner	MR TAN LIAN WHATT
NRIC No	S1551057I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91711622
Alternative Phone No	OFFICE-91711622
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PICNIC AUTO W/O ROOF RACK
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	DMPCSN3072511700
Cover Note Number	12
Driver	
Name of Driver	LEE BEE LIAN ANNA
NRIC No	S6836292Z
Date Of Birth	24/10/1968
Occupation	INDOOR
Date Of Driving Pass	08/12/1986
Driving Experience	31 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90223935
Fax Number	
Contact Number	
EMail Address	NOEMAIL
	1924 - PAN

Address

BLK 544 AMK AVE 10 #06-2282

Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

JSK7324 (BUS)

Number of vehicles involved in the accident

3

Was any body injured in the Accident?

YES

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?

YES

If Yes, Please state which Police Station

Police Station Name

KAMPONG GLAM NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: 17A BEACH ROAD , POSTCODE: 199596 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2989999 - FAX NO: 62936498

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

AFTER PASS THE WOODLANDS CUSTOM, I WAS DRIVING ON THE JOHOR CAUSEWAY TWDS JB CHECKPOINT ON THE EXTREME LEFT LANE. WHILE ALL VEH SLOWLY MOVING DUE TO TRAFFIC CONGESTED, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AWHILE LATER, I FELT SECOND IMPACT AGAIN, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT, VEH B (SJK6629X) HIT ONTO MY VEH REAR PORTION, THERE WAS ANOTHER THIRD VEH WHICH WAS A MALAYSIA BUS (JSK7324) HIT ONTO VEH B REAR PORTION.

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 Vehicle Make/Model/Colour

SJK6629X

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 21

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

JSK7324

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)

BUS

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

LEE BEE LIAN ANNA

BODY

SGY790M

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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: Driver's Signature

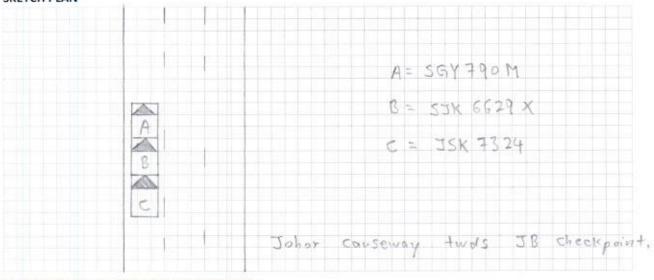
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	40	Police	Report
				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.:



T/20180525/2082

1 of 4

Report No. T/20180525/2082

Type of Location:

Straight Road

Police Station Of Origin: Kampong Glam NPP 17A Beach Road SINGAPORE 199596 Tel No: 1800-2989999

General Information of the Accident

Type of

Accident:

Non-Injury

Others

REPORT OF	A TRAFFIC	ACCIDENT			
Date/Time Report Made: 25/05/2018 14:23			Vide Report No.:	Station Diary No.: 36	
Informan	t's Particu	ulars			
Name of I LEE BEE			Address: APT BLK 544 ANG MO KIO / SINGAPORE 560544	AVENUE 10 #06-2282	
ID Type / NRIC NO		92Z	Contact No.: Home/Office:	Mobile: 90223935	
Nationalit		EN	Email:		
Sex: Female	Age:	Date of Birth: 24/10/1968	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PROJECT RELATION MANAGER		ON MANAGER	Driving Licence Information: Class: 3	Date of Expiry:	

Location: Along Road 1 BUKIT TIMAH EXPRESSWA		left lane
	Johor Bahru Checkpoint on extreme Road Surface:	Road Speed Limit:
Weather:	Dry	50 Km/h
Traffic Flow:	Traffic Control:	Traffic Volume:
Dual Carriage Way	Not Controlled	Heavy
Type of Collision: Between Moving Vehicles - H	ead To Rear	Anyone conveyed by ambulance:

Drink

Drive:

No

Date/Time of

24/05/2018 15:50

Accident:

	ehicle Involved		144-4-1	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	Color	The state of the s	Charles and the second
JSK7324	Bus/Coach/Mi nibus	YUTONG	ZK6126HG	Yellow	Slightly Damaged	20
SGY790M	Car	TOYOTA	PICNIC AUTO W/O ROOF RACK	Blue	Slightly Damaged	0
SJK6629X	Car	MERCEDES BENZ	S300L	Black	Slightly Damaged	0





0100020/2002

2 of 4

Report No. T/20180525/2082

Police Station Of Origin: Kampong Glam NPP 17A Beach Road SINGAPORE 199596 Tel No: 1800-2989999

CONTINUATION OF REPORT

Details of Person	Involved					
Any Pedestrian In	volved: No				10	
No. of Pedestrian			Use of Pede	estrian	Crossi	ng: NA
Driver						
Name	MOK THIN LOY		ID No.		F1488105X	
Related Vehicle	JSK7324 (Bus/Coach/Minibus)			Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 4 Date of Expiry: NIL	
Date Treatment	NIL		Date Disch		NIL	
	ted Medical Leave N	IL	Degree of I		NIL	
Driver	The state of the s			7-7	STATE	
Name	LEE BEE LIAN ANNA			ID No.		S6836292Z
Related Vehicle	SGY790M (Car)			Contact No.		90223935
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disch	Discharge NIL		
		IIL	Degree of	and the last of th	NIL	
Driver Driver	TO STOCK OF THE ST					
Name	Unknown Driver			ID No.	8	NIL
Related Vehicle	SJK6629X (Car)			Contact No.		81253636
Hospital/Clinic	NIL			Class Driving Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl		NIL	
	To be a second and	VIL.	Degree of	and the second second second	NIL	

Brief Details.

On the abovementioned date, time and location, while driving along the Johor Causeway on the extreme left lane, while driving very slowly, I had to brake my vehicle (SGY790M) as I was in a jam. Suddenly, I felt an impact to the rear of my vehicle, and subsequently a second impact. I exited the vehicle and discovered that two subsequent vehicles behind me had collided into my car. The first vehicle behind me is SJK6629X and the second vehicle is JSK7324.

The rear bumper of my vehicle was shifted out of position and the rear door was knocked out.



Police Station Of Origin: Kampong Glam NPP 17A Beach Road SINGAPORE 199596 Tel No: 1800-2989999



T/20180525/2082

3 of 4

Report No. T/20180525/2082

CONTINUATION OF REPORT

I am lodging this report for insurance purposes.





4 of 4

Report No. T/20180525/2082

Police Station Of Origin: Kampong Glam NPP 17A Beach Road SINGAPORE 199596 Tel No: 1800-2989999

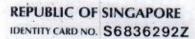
CONTINUATION OF REPORT

Clean to the	-
ALCOHOLD MAYOR	

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: A / Sgt 2 POON HONG PIN JAMES	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/05/2018 14:23
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp	Sport







LEE BEE LIAN ANNA

李 美 莲

CHINESE

24-10-1968

SINGAPORE



(D8630

12-02-1992

APT BLK 544 ANG MO KIO AVENUE 10 #06-2282 SINGAPORE SECRET

REPUBLIC OF SINGAPORE DRIVING LICENCE



LEE BET LIAM ANNA

Scin Jan 24 Cut 1966



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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 08 Dec 1986 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:S6836292Z

NP 428A



中国太平保险(新加坡)有限公司

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 (Maleysla)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Maleysla)

MXIF N EN ANG42GA COMPREMENSIVE AUTOGAFE

CERTIFICATE No.	DMPCSN3072511700	Engine No : 1AZ5669236 Chassis No: JTEUR21B700024372
t, Index Mark and Registration Number of Vehicle	89Y790M	
Name of Policy Holder	MR TAN LIAN WHATT	
Effective date of the Commencement of Insurance for he purposes of the Regulations, Ordinance or Enactment	14 SEPTEMBER 2017	HAMED DRIVERS EX SECT. 1
Date of Expiry of Insurance	13 SEPTEMBER 2018	EX SECT. I - AGE 25
Persons or Classes of Persons entitled to drive *		* AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN

A) THE POLICYHOLDER

IS 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 RESULATIONS 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 EMACTMENT OR RESULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: 5

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR MIRE OR REMAND TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY
TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAM HAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS
OR USE FOR ANY PURPOSE IN CONNECTION WITH THE NOTOR 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 \$3500 WILL APPLY TO THE INSURED AND MAMED DRIVERS IN THE EVENT OF CWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH FOLICY YEAR.

HIRE PURCHASE CO. : SWEE SENG CREDIT PTE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Thard-Perty Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysis), 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 169) and Part IV of the Road Transport Act, 1957 (Malaysia). Please see reverse For CHNA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Countersigned By:

Authorised Officer

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 076909 Tel: 6389 6111 Fax: 6225-3592 Website: www.ag.ontaiping.com