NATIONAL Assessment Centi	e Services 1987 1 January			
Date In 01/06/18	Jeb description	Date &Time Completed	Done	py.
Ref No NA/CFI 18009975/13	SAS e-filing			
Veh No SKJ 4181B	E-mail (within Shrs, AIC 2hrs)			
DOA 01/06/18 1415	i-Motor Claim Form			
	i-Motor W/O (Within: OD 2	thrs. TP 4hrs)		
OD (TP)' Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (LEONG AUTO	Tel:	Fax:	
TP Particulars: Veh No:	GBC12475 INC	()/Non-INC()		100.00
Owner / Driver: (Tel:)	
	riod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
	Note-Est. Status (WO): N: 0-	-20%; P: 21-79%. F: 80-	100%]	
	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,0	00()/\$2,000()			
General Remarks;-			100	
() Walk-In Customer: Customer's info	rmation strictly Confidential & S	Strictly NO rafer of repairer.		
() Total Loss Case : to e-mail Insure				
Drive-In () / Towed-In (); Invoice		Towing Co. (-	1
Remarks:- (INC horline: 6788 6616)	April 1982 The State	Date&Time Completed	Done	by
	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()			
Injury :				
Date/Time Actions				
Date/Time Actions				
		//		
NA18034	Invoice Pr	eparation Checklist	Amt (S)	Amt (\$
laimant's Particulars :-	1) AR : Accide	nt Reporting (\$30);	1st Bill	Add Bi
THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	The state of the s	e Assessment (\$100); INC (\$1	COLUMN TOWNS TO SERVICE AND ADDRESS OF THE PARTY OF THE P	
river/Owner:	3) TF : Towing 4) FT : Follow-	The same of the sa	0/\$45 \$120	
ontact No:		Through Survey (Resurvey)	\$30	
amaged Portion:	6) TR : Re-insp	against INC Only (wef 10 Jan 2005 section	\$75	
	7) N1 : Idne D2	A + SMRT Survey	\$160	
C Checked by (Engr-In-Charge):	8) NTUC Addi	tional Services:-		
cacened by (Engr-In-Charge):	*N5; Courte	sy Car / Tpt Allowance	\$5	
uditors' Comments :-		Co-ordination spair Inspection	\$10	-
	*N8: DV / C	ollect Excess Coordination	\$5	
<u>t 1:</u>	TP (N11) : T 9) N12: Idao M	P (Non INC) against INC obile	30	
1.2/3;	Invoice dated	Fee Charged		THE PERSONS
	invoice dated	1 ce cha Ben	EMPEROR COMP	38 St 1 20

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

- 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
- 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.

120.000.000		
THE SALES BEING AND SHARE SALES	ACCIDENT STATEMENT	
Date Of Report	01/06/2018 17:26	
Date Of Accident	01/06/2018 14:15	
Exact Location Of Accident	LORNIE RD TWDS FARRER RD	
Country/State of Loss	SINGAPORE	
Alex Committee of the C	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ4181B	
Insured/Policyholder		
Name Of Registered Owner	WONG KWEE TON	
NRIC No	S1454299Z	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97612988	
Alternative Phone No	OTHERS-97612988	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	E200K	
Exact Purpose for which vehicle was being used a time of accident	t 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	DMPCSN1807161800	
Cover Note Number		
Driver		
Name of Driver	WONG KWEE TON	
NRIC No	S1454299Z	
Date Of Birth	02/10/1960	

12/09/1978

39 YEARS AND 8 MONTHS

(LOCAL) +65-97612988

OTHERS-97612988

INDOOR

MALE

NOEMAIL

Address 31 ALMOND CRESCENT

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? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

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)

2

Passenger 1

NAME: : UNKNOWN

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?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE ATTACHED 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

GBC1247J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 <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")
- 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:

Agra 01/06/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date & Time:

GIARMC SKEEP Planting VS

Name:

NRIC/FIN No .:

Date of Accident	: 1618 Accident Time: 1415hrs (24-HR-Format)		
Accident Place	: Lornie Rand towards Farrer Road		
Vehicle. No. (Car Plate No.)	: SKJ4181B Make/Model: Mercedes Benz Elook		
Insurace Company	: China Tai Ping Policy No: AMPCSN 1807161800		
Owner or Company Name /IC No.	Wong Kee Ton 514542992		
Owner or Company Contact No.	: 976 298 Owner's Hp Company Tel		
DRIVER'S Name / IC No.	- / \ -		
DRIVER'S Date Of Birth	: 2110160 DRIVER'S License Pass Date 12 9 78		
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:		
DRIVER'S Address	:31 Almond Crescent S(677785)		
DRIVER'S Contact No./ Alt No.	:1)2)		
DRIVER'S Occupation	(INDOOR) OUTDOOR (e.g. working inside or outside office)		
Email Address	: admin @ Indexagney.com.sg		
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 a Exact purpose for which vehicle was Any Injury (If YES, Pls state):	car camera: YES NO ras being used at the time of accident: Private use Work purpose		
	Party Driver's Particular (if any)		
Vehicle, No: GBC12475	Vehicle. No:		
Vehicle Make\Model:	Vehicle Make\Model:		
Name Driver:	Name Driver:		
IC No. Driver/Contact: IC No. Driver/Contact:			

* NEW - Passenger's name & gender:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1454299Z





WONG KWEE TON

黄 端

CHINESE Date of birth

02-10-1960 Country of birth SINGAPORE



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

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg Motor vehicles not constructed to carry any load and the unladen weight < 7250kg Motor vehicles not constructed to carry any load and the unladen weight > 7250kg 13 Aug 1991

Class 5



4855882



Date of Issue 03-04-2012

31 ALMOND CRESCENT SINGAPORE 677785

NP 428A



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1N SN AN0397A Cov. Type: T

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)

CERTIFICATE No.

DMPCSN1807161800

Engine No :27195631063171 Chassis No:WDB2110412B328015

1. Index Mark and Registration

Number of Vehicle

SKJ4181B

2. Name of Policy Holder

WONG KWEE TON

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (10:14 HOURS)

2 MARCH 2018

4. Date of Expiry of Insurance

15 SEPTEMBER 2018

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.

* 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.

Countersigned By:

Authorised Officer

Authorised Signatory