NATIONAL Assessment Centre	Services (met stande)							
Date In 16/08/18	Job description Date &Time Completed Done by							
Ref No NA/CTE18014931/13	SAS e-filing							
Veh No 526 25814	E-mail (within 8hrs, AfC 2hrs)							
DOA 15/08/18 0935	i-Motor Claim Form							
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)							
OD - (IF) ' Peporting Only	i-Photo Uploaded							
to the same of the	Assessment/Survey Report							
TP Insurer	Ass't Report by Fax / Hand to Owner/Wksp							
Preferred Wksp / INC Assign Wksp / QW: (TORQUE 5 Tel: Fax:							
TP Particulars: Veh No:	SLK83767 INC()/Non-INC()							
Owner / Driver: (Tel:)							
Policy No: () Per	iod: () Cover Type: ()							
Confirmed by : (Date: Time:							
Insured/Driver Liability: (%) [1	Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]							
Year of Registration: () V	Varranty: YES ()/NO ()							
Excess:(\$) Loading:\$1,00	00 ()/\$2,000 ()							
General Remarks:-	- Stranger and Stranger							
Walk-In Customer: Customers infor	mation strictly Confidential & Strictly NO refer of repairer.							
The state of the s								
() Total Loss Case : to e-mail Insure								
Drive-In () / Towed-In (); Invoice	: YES () / NO () ; Towing Co. (
Remarks:- (INC horling: 6788 6616)	Date&Time Completed Done by							
	ourtesy Car ()							
Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	ourtesy car ()							
3) Upload Resurvey Photo [Repair Cost > \$3	000) ()							
Injury:								
Date/Time Actions	NAME OF STREET							
	Invoice Preparation Checklist (at Bill Add Bil							
1/0/00 / 127								
NA1805127	1) AR : Aggident Reporting (\$30);							
The state of the s	1) AR: Acaident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80)							
aimant's Particulars :-	1) AR: Acaident Reporting (\$30); 2) DA: Damege Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120							
aimant's Particulars :-	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)							
aimant's Particulars :- iver/Owner: intact No:	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75							
aimant's Particulars:- iver/Owner: ontact No:	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75							
aimant's Particulars :- iver/Owner: ontact No: imaged Portion:	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- QD*							
laimant's Particulars :- river/Owner: ontact No: nmäged Portion:	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance \$5							
aimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: idae DA + SMRT Survey \$160 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25							
aimant's Particulars:- iver/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments:-	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- OD.* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5							
laimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (N11): TP (Non INC) against INC \$20 9) N12: Idae Mobile \$30							
laimant's Particulars:- river/Owner: ontact No: nmaged Portion: C: Checked by (Engr-In-Charge): uditors' Comments:-	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 3) TF: Towing Fee							

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.
- 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.
- 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.

	ACCIDENT CTATEMENT
The state of the s	ACCIDENT STATEMENT
Date Of Report	16/08/2018 14:10
Date Of Accident	15/08/2018 09:25
Exact Location Of Accident	QUEENSWAY UNDERPASS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG2581Y
Insured/Policyholder	
Name Of Registered Owner	TAN SZE LIEH VINCENT
NRIC No	S8014959Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98550999
Alternative Phone No	OTHERS-98550999
Vehicle Particulars	
Manufacturer	LEXUS
Model	IS250
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
579	

Policy Number DMPCSN3104991701

Cover Note Number

Driver

Name of Driver TAN SZE LIEH VINCENT

 NRIC No
 \$8014959Z

 Date Of Birth
 13/05/1980

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/07/2007

Driving Experience 11 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98550999

Fax Number

Contact Number OTHERS-98550999

EMail Address NOEMAIL

BLK 120 PAYA LEBAR WAY Address

#07-2925

Postcode 381120

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

NO ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

YES

NO

2

: CHIN KOI YIN

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 **SLK8276T**

Vehicle Make/Model/Colour HONDA CIVIC

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

ACCIDENT STATEMENT

6	CCIDENT DATE: 15/18/	>018)(DD/MM/YYYY), TIMI	:1 09 . 25 HHH:M
10	OCATION: Queensway	underpass.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	1. DETAILS OF VEHICLE		
	a) VEHICLE NUMBER:	SLG 25814	
	DJINSURANCE COMPAN	IY: China Taipina	
	CIPOLICY NUMBER: D	mp cg N 3104991701	
	OJPOLICY TYPE: (COMPR	EHENSIVE / THIRD PARTY / TH	RD PARTY FIRE 8 THEET
	EJMAKE & MODEL: Le	03C 21 24×	-
	GIVEHICLE CATEGORY IS	MPV /VAN / LORRY / MOT	ORCYCLE / OTHERS
	I) ARE YOU CLAIMING HIM	ACCIDENT TIME: Priva: DER YOUR OWN INSURANCE	te
	TENSE STATE TINE	PARTY CIATE A SECTION	(YES/NO)
2	TOLIC I ROLDER		3 ONLY)
	AINAME: Tan Sze Li	eh vincent	MANE / FETT AND
<u></u>	DINKIC/FIN/PASSPORT:	S80149597	_(MALE / FEMALE) ACT: <u>985</u> 5 0999
B []	CIADDRESS: Apt BIK 12	raud benar wan	765 - 14 1
	* CONTINUE TO 2 d IS DON	\$ (3811 >0)	·
14 Ho of passenga	* CONTINUE TO 3.d IF DRIVE DRIVER	R ALSO POLICY HOLDER	
(1nduding driver)	a)NAME:		ff.
(3.7	b)NRIC/FIN/PASSPORT:	CONT	(MALE / FEMALE)
	c)ADDRESS:	CONTA	(CI:
1		****	
76	"d) DATE OF BIRTH: (_ 13 / 0	5 / 1980 J(DD/MM/YYYY)	
	THE TOUR AND THE PROPERTY	OTITOOORI	2
	IT LAKS OF DRIVING EXPREDI	ENCE. II	18
4.	WAS DRIVER AN EMPLOYER	OF THE INCURENCE	ANY? (YES WANY)
5.	WEATHER CONDITIONS	HE DRIVER WITH INSURED	: owner
		-AP / PAINING / OTHER	
0, 1	POROAD SURFACE: (DRY) WE WAS ANYBODY INJURED (YES	1610)	
7. a	REPORTED TO POLICE (YES /	(NO)	
	IF YES, PLEASE STATE WHICH I	POLICE STATION	
4 No of pro	THE PARTY VEHICLE		11 - 12 - 14 - 14 - 15 - 15 - 15 - 15 - 15 - 15
(passenger o	VEHICLE NUMBER: SLK	8076T MODEL	Monda at the
- inquaing driver) D	DRIVER'S NAME:	. \$3 +6TMODEL:_	Honda Civic
	INKIC/FIN/PASSPORT.	CONTAC	Ţ•
7. IHI	IRD PARTY VEHICLE		
Ho of passenger d)	VEHICLE NUMBER: DRIVER'S NAME:	MODEL:	2
(Including driver) f)	NRIC/FIN/PASSPORT:		
()	TANCTHAT ASSPORT:	CONTACT	12
-	G# 4		3
	W		
K K		Y)	F
yes the Industrial par	K 2 email =	DECOSTING	W 68
the the industrial to	s 2 email =	REFORTING	
1. 25 , 51 US, Arc	fax =	TOPQUE 5.com	
62	14X =	6452 4584	9
5 (408 933)			
	Paya Usi Ind	Justrial Park	*

#1

REPUBLIC OF SINGAPORE





TAN SZE LIEH VINCENT (CHEN SILIE VINCENT)

陈思烈

13-05-1980 M Country of With SINGAPORE

CHINESE Sate of birth Sc

Showseer

REPUBLIC OF SINGAPORE DRIVING LICENCE

TAN SZE LICH VINCENT
(CHEN SILIE VINCENT)

SING Date 13 May 1880

Tan 5 Date 19 Jul 2007



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIESTPASS DATE
Class 3 Motor Cars < 3000kg with <7 passengers, acclusive 19 Jul 2007
of the driver; and other motor vehicles < 2500kg

VP 4288

Licence No: S80149597

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly 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)
 - 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 .:

Queens way under pass.	vehicle A: SLG J5814
A	vehicle B = SLK 8276T.
<u>B</u>	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

			ate and		low s	ruited. S	udden ly	vehide	'B'	hit	ont
Static	onary	vehicle,	rear porti	or) .							
					====						
1-31/-											
Pas	senger	: 40	chin	Kol !	Jin	Ctema	L).				

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

Policybolder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1ER SN ANO444A Cov. Type: C AUTOSAFE

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)

Engine No :4GR0667194 CERTIFICATE No. DMPCSN3104991701 Chassis No: JTHBK262905123451 1. Index Mark and Registration SLG2581Y Number of Vehicle 2. Name of Policy Holder TAN SZE LIEH VINCENT the purposes of the Regulations, Ordinance or Enactment ADDITIONAL EX OTHER THAN NAMED DRIVERS: 4. Date of Expiry of Insurance * AGE AS AT DATE OF ACCIDENT 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 S\$1,000 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. : STANDARD CHARTERED BANK(S)LIMITED AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Perty 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