NATIONAL Assessment Contre	.36/ FICES 18 STORY	
Date In 30/08/18	Job description Date & Time Completed Done b	
Rel No NA/CFZ 18015863/13	SAS e-filing	
Veh 140 SJF 70866	E-mail (within 8hrs, AtC 2hrs)	
DOA 13/08/18 0600	i-Motor Claim Form	
13/00/18	i-Motor W/O (Within: OD 2hrs, TP 4hrs)	4.4
OD TP (Peporting Only)	i-Photo Uploaded	
A STATE OF THE STA	Assessment/Survey Report	
TP Insurer	Ass't Report by Fax / Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (	Tel: Fax:	
TP Particulars: Veh No:	54B 8058/3 INC( )/ Non-INC( )	
Owner / Driver: (	Tel: )	
	iod: ( ) Cover Type: ( )	
Confirmed by : (	Date: Time:	
	lote-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]	
	Varranty: YES ( )/NO ( )	
Excess: (S ) Londing: \$1,00	00 ( )/\$2,000 ( )	
General Remarks:-	The state of the s	
1) Apply for Transport Allowance ( )/C	ourtesy Car ( )	
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$36	ourtesy Car ( )	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	ourtesy Car ( )	
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	ourtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 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 aforesaid.

oforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/08/2018 17:06
Date Of Accident	13/08/2018 06:00
Exact Location Of Accident	MSCP@ TEBAN GARDENS(BLK 57A-LVL 3)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF7086G
Insured/Policyholder	
Name Of Registered Owner	MDM TEO YEN LING(ZHANG YANLING)
NRIC No	S7702177I
Email Address	YENLING_TEO@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98351735
Alternative Phone No	HOME-98351735
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH
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	REPORTING ONLY
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	DMPCSN3034451800
Cover Note Number	
Driver	
Name of Driver	MDM TEO YEN LING(ZHANG YANLING)
NRIC No	S7702177I
Date Of Birth	17/01/1977
Occupation	INDOOR
Date Of Driving Pass	11/04/1997
Driving Experience	21 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98351735

HOME-98351735

YENLING\_TEO@YAHOO.COM.SG

BLK 55 TEBAN GARDENS ROAD Address

#38-457

600055 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLIDED INTO PARKED VEHICLE Type Of Accident

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?

YES

NO

2

NO

NO

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: : YU ZIHAO

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? NO

NO

YES

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB8058B

Vehicle Make/Model/Colour HYUNDAI

**Details Of Properties** 

Vehicle Category TAXI

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

- 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.
- 3. 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:
  - (i) 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

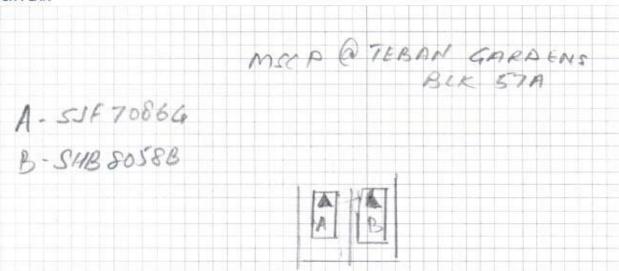
Date & Time

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

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

al de al Hannadad de ata de
I'm not aware of the accident. I make this
report when I received a letter from my
insurance.

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

30/08/18

Name:

NRIC/FIN No .:

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. S77021771



TEO YEN LING (ZHANG YANLING)

張

CHINESE

17-01-1977 F

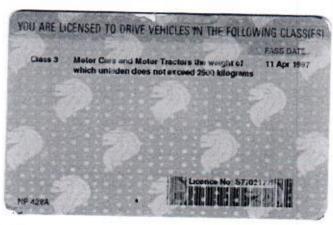
Country of birth

SINGAPORE











# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

MX1WF N SN ANCOCEA COMPREHENSIVE 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)

CERTIFICATE No.

DMPCSN3034451800

Engine No : 1ZZ3100889 Chassis No: ZNE100409614

1. Index Mark and Registration

Number of Vehicle

SJF7086G

2. Name of Policy Holder

Date of Expiry of Insurance

MDM TEO YEN LING ( ZHANG YANLING)

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 12 MAY 2018

IN ADDITION TO NAMED DRIVERS EX:

06 JUNE 2019

\* AGE AS AT DATE OF ACCIDENT

5. Persons or Classes of Persons entitled to drive \*

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

(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 WILL BE DOUBLED). A FLAT \$\$5,000 EXCESS SHALL APPLY FOR THEFT LOSSES OCCURRING OUTSIDE SINGAPORE.

ONE TIME WAIVER OF EXCESS FOR THE FIRST \$5500 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. : TOKYO CENTURY LEASING (S) 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.

Countersigned By

Authorised Officer

Authorised Signatory