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2) QC Check / Post Repair Inspection	( )		
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 liability.
- 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.

	ACCIDENT STATEMENT
Date Of Report	23/10/2018 17:22
Date Of Accident	22/10/2018 21:45
Exact Location Of Accident	JALAN DAUD OPPOSITE HOUSE NO. 26B
Country/State of Loss	SINGAPORE
Carlotte State of the D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SE6080C
Insured/Policyholder	
Name Of Registered Owner	CHUA YONG WEE
NRIC No	S2566092G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96960307
Alternative Phone No	HOME-96960307
Vehicle Particulars	
Manufacturer	AUDI
Model	A4
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	DMPCSN3104081802
Cover Note Number	
Driver	
Name of Driver	CHUA YONG WEE
NRIC No	S2566092G
Date Of Birth	08/06/1963
Occupation	INDOOR
Date Of Driving Pass	25/08/1990
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96960307
Fax Number	
Contact Number	HOME-96960307

NOEMAIL

Address

6 PARO DEDAP WALK

#06-02

Postcode

486060

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

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?

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)

0

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

PLEASE REFER TO SKETCH PLAN

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

SFW9777R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

CHENG IRENE

NRIC/Passport Number

Contact Number

96174265

Address

Postcode

Insurance Company Name

DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

### IMPORTANT NOTICE

- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. 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.
- 7. 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:
  - (i) 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 melling 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 agentalincluding 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 governigherd agencies as reasonably required for the purposes stated or

regulations, laws or court orders. ecomplying with requirements unde

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Date S. Times

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A: SE 6080C

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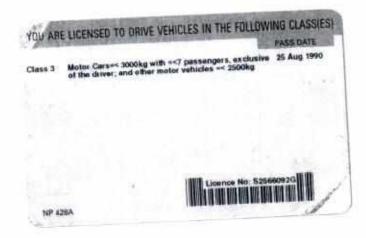
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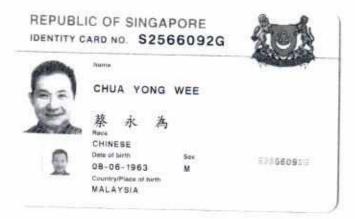
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VEHICLE NO: SE	6080C MAKE & MODEL: AUDI A4.	-
DATE OF ACCIDENT	22 600 1 4018.	J
TIME OF ACCIDENT	945 AM/PM.	
LOCATION OF ACCIDENT	Jalan Dand (opp. House 26.8)	
Exact Purpose use during accid		0 680
NAME OF OWNER	CHUA YOUG WEE.	
TELP NO	9696 0307	
NRIC	825660926.	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only	
PRIVATE HIRE	YES (NO ?	
INSURANCE CO.	CHINA TOIPING.	
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCQN 3104081802.	
NAME OF DRIVER		
NRIC	As above / If No:  Any passengers:	
SASSINE SASSIN SASSINE SASSINE SASSINE SASSINE SASSINE SASSINE SASSINE SASSINE	21.5	
DATE OF BIRTH		
OCCUPATION	Outdoor / Indoor program Coedinator.	
DATE OF DRIVING PASS	DS 1 Aug 1 1990.	
GENDER	(Male) / Female	c /)
CONTAC NO.	9896 0307 Office: Home: yongwee chur	oftche og
ADDRESS	6 Pari Deplap Dalk #06.02 8486060	V.V.
DRIVER HAVE ANY OWN Veh		
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	(Dry) / Wet / Other:	
ANY INJURIES	No/If yes: Who?	
CONTAC NO.		
POLICE REPORT	No / If yes : Where?	
VEHICLE B NO.	OFW 97778. Any Passenger:	
NAME	OHENG IRENE (Direct Asia)	
CONTAC NO.	96174265	
VEHICLE C NO.	Any Passenger :	
VEHICLE D NO.	Any Passenger :	
VEHICLE E NO.	Any Passenger :	
VEHICLE F NO.	Any Passenger :	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unl		
offering accident claims assistan	rce? YES(NO)	
PARTICULAR WORKSHOP		
TELP NO	1 Kaki bukit ave 6 #	
CONTACT PERSON	Autobay @ kaki bukit	
FAX NO.	Singapore 417883	
	Telp:	
	Fax:	

NAIC No. S2566092G

Netionality
MALAYSIAN
thete of issue
03-01-2017
Andress
6 PARI DEDAP WALK
#06-02
SINGAPORE 488060









# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

MOXIES AN 6510597A Car.Type: C ALLYSSIAFE

## 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.

THE CONFIDENCE FOR

English No. 1029012241 TEAUTY BEINGULLER BALTAGER

 Index Mark and Registration Number of Vehicle

PERCENT.

Name of Policy Holder

CHUAS YOUR MEET

3. Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment.

QUI DOTOBER 2018:

4. Date of Expey of Insurance

25 MARCH 2019

5 Persons or Classes of Persons entitled to drive \*

- (A) THE POLICYHOLDER.
- (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S OPDER OF WITH HIS PERMISSION.

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ADCORDANCE WITH THE LICENSING OR OTHER LANG OR REGULATIONS TO DRIVE THE MOTER VEHICLE OR MAS 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 MUTER VEHICLE.

6. Limitations as to use: \*

USE FOR SOCIAL, DOMESTIC AND PLEADURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST EACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRACE 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 SSI,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED MORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HE 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 revest MOTOR TRADER PTE LTD

Reg. No. 201537467C 172 Sin Ming Drive Singapoge 575720

Tel: 6933 9400/ Fax 6456 0678

H

Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory