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OD TP Reporting Only	i-Motor W/O	(Within: OD 2hrs,	(P 4hrs)		
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Insured/Driver Liability: (%	(W) [Note-Est. Status (W)	O): N: 0-20%	6; P: 21-79%. P: 80-	100%1	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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,
- Information provided must be as <u>truthful and accurate</u> 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.

建筑是30年在18月6日的20日 第四日20日	ACCIDENT STATEMENT
Date Of Report	12/11/2018 18:02
Date Of Accident	09/11/2018 18:50
Exact Location Of Accident	EUNOS LINK BEFORE PIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF5940E
Insured/Policyholder	
Name Of Registered Owner	AW PENG AN
NRIC No	S7680083I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90686899
Alternative Phone No	OFFICE-90686899
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS 1.5E A
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	DMPCSN3100911802
Cover Note Number	
Driver	
Name of Driver	AW PENG AN
NRIC No	\$76800831
Date Of Birth	25/01/1976
Occupation	INDOOR
Date Of Driving Pass	15/12/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90686899
Face All controls	

OFFICE-90686899

NOEMAIL

BLK 645 YISHUN STREET 61 Address

#08-324 760645

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

Postcode

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?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

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?

NO

NO

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJK545T

Vehicle Make/Model/Colour

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)

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 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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Vericle A. SLF5940E

Vericle A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (If driven's not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 09/11/2018 J(DD/MM/YYYY), TIME: 18: 15 J(HH:) LOCATION: EUNOS LINK DE/DYE PIE 1. DETAILS OF VEHICLE GIVEHICLE NUMBER: SLP 5940E DINSURANCE COMPANY: (N)WA TAIDING CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE & THE 9)MAKE & MODEL: TOYOTA WAS: 1)TYPE: (SALDON / COUPE / MRY / VAN / LORRY / MOTORCYCLE / OTHERS 9)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) 1)PURPOSE OF USING AT ACCIDENT TIME: WAYATE 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) 16 NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: AW PENG AM C)ADDRESS: 045 VISMAM ST 61 #06-324 (1760 645) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G)NAME: (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: CONTACT: (MALE / FEMALE)
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6)MAKE & MODEL: TOYOTO WAS: f)TYPE:(SALDON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: BOYOTE i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: AW PENG AM. (MALE / FEMALE) b)NRIC/FIN/PASSPORT: STOBOOGS I CONTACT: 4060 609 c)ADDRESS: 045 ISNUM St b) #00-324 ((760 645)) *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G)NAME: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: CONTACT:
f)TYPE:(SALDON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: PÀVATE i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: AW PRING AM. (MALE / FEMALE) b)NRIC/FIN/PASSPORT: S76800631 CONTACT: 1068 609 c) ADDRESS: 045 ISNUM St 61 + 108-324 C(760 645) *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) MALE / FEMALE) b)NRIC/FIN/PASSPORT: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT:
g) VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE] h) PURPOSE OF USING AT ACCIDENT TIME: PÀVATE i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: AW PRUG AM (MALE / FEMALE) b) NRIC/FIN/PASSPORT: S76800631 CONTACT: 9068609 c) ADDRESS: 045 YBNUM St b1 \$00-324 (1760 645) *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G) NAME: (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: DONACT:
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I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: W PRING AN (MALE / FEMALE) b) NRIC/FIN/PASSPORT: S7680063 [CONTACT: 4068 609] c) ADDRESS: 045 ISNUM St 6 \$100-324 (1760 645) *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ONLY
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: AW PENG AN
2. INSURED / POLICY HOLDER A) NAME: AW PRIG AM. (MALE / FEMALE) b) NRIC/FIN/PASSPORT: S7680083 [CONTACT: 9068 609 c) ADDRESS: 045 YISHUM S7 6) #08-324 ((760 645) *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a) NAME: (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT:
A)NAME: AW PRIG AN (MALE / FEMALE) b)NRIC/FIN/PASSPORT: S76800631 CONTACT: 9068 609 c)ADDRESS: 045 YISHUM St 61 \$00-324 (1760 645) *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a)NAME: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT:
b) NRIC/FIN/PASSPORT: \$100003 L CONTACT: 9000 6095 c) ADDRESS: 045 SNUN St 6 \$108-324 S(760 645) * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a) NAME: (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT:
C)ADDRESS: 045 YBNUN St 61 #08-324 S(760 645) *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a)NAME: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT:
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) DINRIC/FIN/PASSPORT:
Cladding driver DINRIC/FIN/PASSPORT:
Ho of passenge DRIVER (Induding driver) DINRIC/FIN/PASSPORT:
(Induding deicer) a)NAME: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT:
b)NRIC/FIN/PASSPORT:CONTACT:
W. W. L. A. C.
1017
"d) DATE OF BIRTH: (25/ 0) / 1976)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
TYEARS OF DRIVING EXPRERIENCE: 144000
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
B. THIRD PARTY VEHICLE
to of passenger a) VEHICLE NUMBER: SJK 5457 MODEL:
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Including driver) b) DRIVER'S NAME:
(01) ferhale c) NRIC/FIN/PASSPORT:CONTACT:
LIODEL.
NO of Passanger of DRIVER'S NAME:
Including driver) 1) NRIC/FIN/PASSPORT: CONTACT:
/ / INIC/III/I ADDI ONI.

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$76800831





Name

PENG AN AW

欧 炳

Race

CHINESE

Date of birth

Sex

25-01-1976

Country/Place of birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: \$76800831 Name:

AW PENG AN

Birth Date: 25 Jan 1976

Issue Date: 01 Nov 2012



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NRIC No. S76800831



Nationality

MALAYSIAN

Date of issue

21-04-2015

APT BLK 645 YISHUN STREET 61 #08-324 SINGAPORE 760645

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

EFFECTIVE DATE .

Class 2B Motorcycles =< 200 cc
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 15 Dec 2003 15 Dec 2003 of the driver; and other motor vehicles =< 2500kg

428A

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中国太平保险(新加坡)有限公司

PING INSURANCE (SINGAPORE) PTE. LTD.

Co Reg No 200208384E

MX1F R SN AN0478A Cov. Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMPCSN3100911802

Engine No :1NZX326262 Chano: MR053HV4204153720

1. Index Mark and Registration Number of Vehicle

SLFS940E

AUTOSAFE

2. Name of Policy Holder

AW PENG AN

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

13 October 2018 Named Drivers Ex Sect. I 5\$500.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

Ex Sect. I - Age <= 25...... 5\$3,000.00

12 October 2019 Ex Sect. I - Age >= 26...... 5\$500.00

* Age as at date of accident

EX ON WINDSCREEN 5\$100.00

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\$500 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.: B&K CREDIT 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.

Issued By: ____INSURE HUB PIE LJA Authorised Officer

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

