1 . 1.21 11 NATIONAL Assessment Centre Services. port 1 Jan'03] Done by Date In: 14/11/18 Date &Time Completed Jeb description Re[No: NA/CTI18020638 SAS c-filling Veh No. 56, 1928M E-mail-(within Shrs, AIC 2hrs) 0905 i-Motor Claim Form i-Motor W/O (Within: OD 2hrs, TP 4hrs) TP Y Reporting Only OD I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: ( Fax: TP Particulars: Vch No: SCX 9667A INC ( )/Non-INC ( Owner / Driver: ( Tcl: Policy No: ( ) Cover Type: ( Period: ( Confirmed by: ( Date: Time: Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: ( Warranty: YES ( )/NO( Excess: (\$ Loading: \$1,000 ( )/\$2,000( General Remarks: ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO rafer of repairer. ) Total Loss Case : to e-mall Insurer URGENTLY. Drive-In ( )/Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( Commelas: (INCINALISE 6788 6616) No. (A) 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection .) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Add Bill NA1807428 1) AR : Accident Reporting (530); Chamant's Particulars is INC (\$80) 2) DA : Demege Assessment (5100); \$40/\$45 3) TF : Towing Fee Driver/Owner: 4) FT : Follow-Through Survey \$120 5) PT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OC Checked by (Engr-In-Charge): 25 \*NS: Courlesy Car / Tpt Allowance 510 \*N6: Repair Co-ordination \$25 \*N7: Post Repair Inspection Auditors! Comments :: 33 \*N8: DV / Collect Excess Coordination TP (N11): TP (Non INC) against INC \$20 at 12 9) N12: Idao Mobile Fee Charged 2/3 Involce dated

Invoice dated

PARTIN

Fee Charged

### 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 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.
- 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

Marie Commission of the Commis	ACCIDENT STATEMENT
Date Of Report	14/11/2018 17:00
Date Of Accident	12/11/2018 09:05
Exact Location Of Accident	1 GENTING LANE
Country/State of Loss	SINGAPORE
<b>建设</b> 的现在分词	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ928M
Insured/Policyholder	
Name Of Registered Owner	MDM PANG TONG ENG JOYCELYN MIRHENTHRA
NRIC No	S7637914I
Email Address	JOYCELYN@HUMBLEDZINE.COM.SG
Mobile Phone No	(LOCAL) +65-90888676
Alternative Phone No	OTHERS-90888676
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	5008
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	DMPCSN3011041803
Cover Note Number	
Driver	
Name of Driver	MDM PANG TONG ENG JOYCELYN MIRHENTHRA
NRIC No	\$76379141
Date Of Birth	03/12/1976
Occupation	INDOOR
Date Of Driving Pass	19/06/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90888676
Fax Number	
Contact Number	OTHERS-90888676
EMail Address	JOYCELYN@HUMBLEDZINE.COM.SG

16 LORONG K TELOK KURAU Address

#03-07

Postcode 425612

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

NO

Was any body injured in the Accident?

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)

1

### **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

I WAS ENTERING CARPARK AT 1 GENTING LANE, I STOP MY VEH BECAUSE INFRONT OF MY VEH(B) STOP HIS VEH TO ALIGHT PASSENGER SUDDENLY VEH(B) REVERSED HIS VEH AND HIT ONTO MY VEH.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SCX9669A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LIM QIJI(LIN QIJI)

NRIC/Passport Number

S8129360J

Contact Number

91861443

Address

Postcode

Insurance Company Name

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.
- 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:
  - 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 Signatur

Date & Time:

Driver's Signature

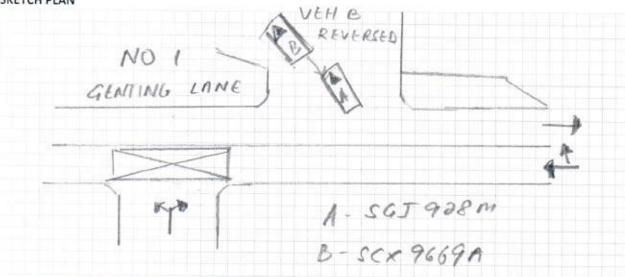
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 1						
P/s	refor	to	the	Staten	uent	
				_		
			18			

# 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

Name: NRIC/FIN No.: REPUBLIC OF SINGAPORE DENTITY CARD NO. \$76379141



PANG TONG ENG JOYCELYN MIRHENTHRA (FENG CHONGYING)



CHINESE

03-12-1976

Country of birth

SINGAPORE

NRIC No: \$76379141





S76379141

PANG TONG ENG JOYCELYN MIRHENTHRA (FENG CHONGYING)

Hem Date: 03 Dec 1976





No: 7160380

Date: 05/08/2012

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 19 Jun 2003 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 42BA







# 中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MX1E R SN AN0450A Cov.Type: C

MOTOR PRIVATE CAR

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)

**ORIGINAL** 

CE	ERTIFICATE No		Engine No :10FJBJ0998672
		DMPCSN3011041803	ChaNo:VF30E5FVAAS287191
1	index Mark and Registration		CHANO: VF30ESFVAAS28/191
	Number of Vehicle	SGJ928M	AUTOSASS
			AUTOSAFE
2.	Name of Policy Holder		********
		MDM PANG TONG ENG JOYC	ELVN MTRHENTURA
3.	Effective date of the Commencement of		LETT MINIERTHA
	Insurance for the purposes of the Regulation Ordinance or Enactment	ons, 30 March 2018	Named Drivers Ex Sect. I S\$500.00
		- Micherolean Steame	Additional Ex Other than Named Drivers:
4.	Date of Expiry of Insurance		Ex Sect. I - Age <= 25\$\$3,000.00
		29 March 2019	Ex Sect. I - Age >= 26
			* Age as at date of accident
5.	Persons or Classes of Persons entitled to d	nwe*	EX ON WINDSCREEN \$\$100.00
		The same of the sa	2,100100
	(a) The Policyholder.		
	(b) Am ather		
	(D) Any other person who is d	Iriving on the Policyholo	der's order or with his permission.
	Provided that the person drive	4 Q V Q. A.	5
	regulations to drive the Moto	ing is permitted in acco	ordance with the licensing or other laws or
	Court of law or by reason of	r venicle or has been so	permitted and is not disqualified by order of a
	court of tun of by reason of	any enactment or regulat	ion in that behalf from driving the Motor Vehicle.
E 1	Limitations as to use.*		
30.34	Limitations as to use.		
	Use for social, domestic and	pleasure purposes and fo	r the Policyholder's business.
	The policy does not cover use	for hire or reward tuit	ion driving test racing pace-making, reliability
	trial, speed-testing, the car	riage of goods other tha	n samples in connection with any trade or business
	or use for any purpose in con	nection with the Motor T	rade.
	Excess whichever is applicable	e for losses occurring o	utside 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 Au	thorised workshops for e	ach Policy Year.
			\$\frac{1}{2}
	HIRE PURCHASE CONDERED MODERAL	OKYS SEASING OF SHORTED TO	hACes PTHINE Party Risks and Compensation) Act (Chapter 189)
	and Section 95 of the Road Tran	sport Act 1987 (Malaysia), are i	not to be included under these headings.
	I/We hereby Cartif		1147/0235/22510 N/O 050 DS
	provisions of the Material	y mat the policy to which	this Certificate relates is issued in accordance with the
	provisions of the wotor venic	ies (Third-Party Risks and C	compensation) Act (Chapter 189) and Part IV of the Road
	Transport Act, 1987 (Malaysia	1).	
	Please see reverse		
	10000 000 1070100		For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
W-			(Manna
red E	FEE-CHOO	*******	YILL
	Authorised Officer		Authorised Signatory