|  |  | CIBILIFIED FILLIONS  | 11.4   | 1  |
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| VATIONAL Assessment Centre Service   | S. part 1 January . /  | Date & Time Complet  | ed D   | one by   |
| Date In: 12/12/2018 16:09 Jeb deser  |  | Date terms   |  |  |
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| referred Wksp / INC Assign Wksp / QW: (  |  | Telt   | Fax:   |  |
| P Particulars: Veh No: SCU 3896  | Y INC  |  | )  | `  |
| Owner / Driver: (  | 1  | Tel:   |  | <u>'</u>   |
| Policy No: ( ) Period: (   | )  | Cover Type: (  |  | 1  |
| 0 0 11 /   | · Date:  | Time:  | 00 1000/1  | 1  |
| Insured/Driver Liability: ( %) [Note-Est S   |  | 20%; P: 21-79%. P:   | 80-10070]  |  |
| Year of Registration: ( ) Warranty:  |  | )  |  | -  |
| Excess: (\$ ) Londing: \$1,000 ( )/  | \$2,000( )   | A CONTRACTOR OF THE PARTY OF TH | THE PROPERTY   |  |
| encoulateinheitesea Committee in 1801. 2000 Co   | 9年16年16年70年18  | ILANSONALIA VEATURE IN   | CASSION I  | 15.7   |
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| ) Total Loss Case : to e-mail Insurer URGEN  | NTLY.  |  | ,  | • )  |
| Drive-In ( )/ Towed-In ( ); Invoice: YES (   | )/NO( );   | Towing Co: (   | perturing a superior   | MIZT-WOLLT   |
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| Apply for Transport Allowance ( )/Courtesy C   | ar ( )   |  | -  |  |
| 2) QC Check / Post Repair Inspection   | ( ·)   | 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |  |
| A CASA CAMPUNET I AND LEMPINE STREET   |  |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost>\$3000]  | ( )  |  |  | <u> </u>   |
| ) Upload Resurvey Photo [Repair Cost>\$3000]   | ( )  | - 1, - 1   |  |  |
| B) Upload Resurvey Photo [Repair Cost>\$3000]  Injury:   |  |  |  | PARTITION OF THE PARTIT |
| O Upload Resurvey Photo [Repair Cost>\$3000]  Injury:  | ( ) -  |  |  | DEN CONTRACTOR   |
| ) Upload Resurvey Photo [Repair Cost>\$3000]  Injury:  | ( )  |  |  | DANK.  |
| ) Upload Resurvey Photo [Repair Cost>\$3000]  Injury:  | ( ) -  |  |  | MALL TO THE STREET   |
| ) Upload Resurvey Photo [Repair Cost>\$3000]  Injury:  |  |  |  | him.   |
| ) Upload Resurvey Photo [Repair Cost>\$3000]  Injury:  |  |  |  |  |
| Outpload Resurvey Photo [Repair Cost>\$3000]  Injury:  Attrame (Authorisis)  |  |  |  | ANGERS (AMERICA)   |
| ) Upload Resurvey Photo [Repair Cost>\$3000]  Injury:  | Invoke   | Sent Reporting (\$30);   | 463.6  | AMILES STANCES   |
| Upload Resurvey Photo [Repair Cost>\$3000]  Injury:  att/Time Castions:  AMDIOF [73]   | BREET 2) DA : Dan  | age Assessment (\$100);  | INC (\$50)<br>\$40/\$45  | AMICON READING   |
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| Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Cone Cashions (Astronomy Cost)  Indianal aparticulars (Cost)  Contact No:  armaged Portion:  C Checked by (Engr-In-Charge):  | 2) DA : Dar  3) TF : Folio 4) FT : Folio 5) FT : Folio For glaim 6) TR : Re- 7) N1 : idao 8) NTUCA OIL* • N5: Cat • N6: Re- 7) N5: Far   | mg Fee w-Through Survey w-Through Survey (Resurve) mg resinst INC Only (wef it aspection DA + SMRT Survey dditional Services: ricesy Car / Tpl Allowance als Co-ordination in Repeir Inspection (College Recordination   | \$100 (\$20)<br>\$40/\$45<br>\$120<br>() \$300<br>(Jan 2995)<br>\$75<br>\$160<br>\$31<br>\$10<br>\$25  | Manager Panager  |
| Date/Fine Against  Author (73)  Remarks Barticularet  ontact No:  armaged Portion:  C. Checked by (Engr-In-Charge):  | 2) DA : Dan 3) TF : Folio 4) FT : Folio 5) iFT : Folio 5) iFT : Folio For elaim 6) TR : Re-l 7) NI : idao 8) NTUCA ON: NS: Can | ricey Car / Tpt Allowance  Is Co-ordination  Repair Inspection  Collect Excess Coordination  The K-on INC) against INC   | \$100 (\$20)<br>\$40/\$45<br>\$120<br>() \$300<br>(Jan 2995)<br>\$75<br>\$160<br>\$31<br>\$10<br>\$25<br>\$20<br>30  | And the second control of the second control |
| Onte Clinical Cautions as 2000 [Repair Cost > \$3000]  | 2) DA : Dar  3) TF : Folio 4) FT : Folio 5) FT : Folio For glaim 6) TR : Re- 7) N1 : idao 8) NTUCA OIL* • N5: Cat • N6: Re- 7) N5: Far   | mg Fee w-Through Survey w-Through Survey (Resurve) mg against INC Only (Mef It aspection DA + SMRT Survey ditional Services: ricsy Car / Tpt Allowance sis Co-ordination i Repsir Inspection / Collect Excess Coordinatio ): TP (Nan INC) against INC a Mobile  ###################################  | \$120<br>(2) \$30<br>(2) \$30<br>(2) \$30<br>(2) \$30<br>(2) \$30<br>(3) \$30<br>(4) \$30<br>(5) \$30<br>(5) \$30<br>(5) \$30<br>(5) \$30<br>(6) \$30<br>(6) \$30<br>(6) \$30<br>(6) \$30<br>(7) \$30<br>( | AMICON EVANOUS AND THE PROPERTY OF THE PROPERT |

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> 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.

- 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.

| The Land of the State of  | ACCIDENT STATEMENT                            |
|---|---|
| Date Of Report  | 12/12/2018 16:09                              |
| Date Of Accident  | 11/12/2018 18:50                              |
| Exact Location Of Accident  | AYE TOWARDS TUAS                              |
| Country/State of Loss   | SINGAPORE                                     |
|   | DETAILS OF OWN VEHICLE                        |
| Vehicle Registration Number   | SJQ8751E                                      |
| Insured/Policyholder  |   |
| Name Of Registered Owner  | HUANG ZHANGJUN                                |
| NRIC No   | S8363746C                                     |
| Email Address   | HZJ0803@HOTMAIL.COM                           |
| Mobile Phone No   | (LOCAL) +65-98158196                          |
| Alternative Phone No  | OTHERS-98158196                               |
| Vehicle Particulars   |   |
| Manufacturer  | HYUNDAI                                       |
| Model   | AVANTE  |
| Exact Purpose for which vehicle was being us<br>time of accident        | sed at PRIVATE USE                            |
| Are you claiming under your own insurance p for repair to your vehicle? | olicy 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   | DMPCSN3002991800                              |
| Cover Note Number   |   |
| Driver  |   |
| Name of Driver  | HUANG ZHANGJUN                                |
| NRIC No   | S8363746C                                     |
| Date Of Birth   | 03/08/1983                                    |
| Occupation  | INDOOR  |
| Date Of Driving Pass  | 26/07/2011                                    |
| Driving Experience  | 7 YEARS AND 4 MONTHS                          |
| Gender  | MALE  |
| Mobile Number   | (LOCAL) +65-98158196                          |
| Fax Number  |   |
| Contact Number  | OTHERS-98158196                               |
|   |   |

HZJ0803@HOTMAIL.COM

Address

11 SEMBAWANG CRESCENT

#02-22

Postcode

757058

OWNER

If No, Relationship of the Driver with the Insured

Was driver an employee of the Insured's Company NO

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

AFTER RAIN

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKU3396Y

Vehicle Make/Model/Colour

HONDA JAZZ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

98529862

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 (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 Signature

Date & Time: 1 2 - De(- 1 8

Driver's Signature

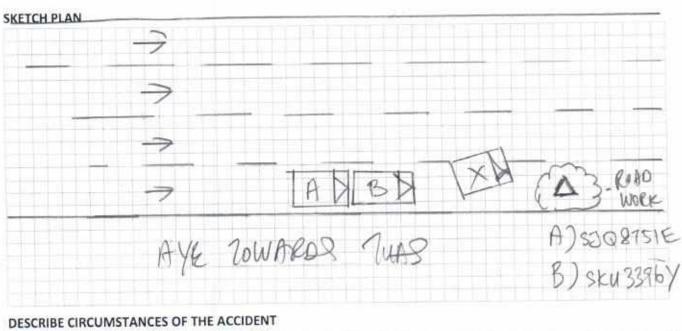
(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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|--------------------|---|
| estatolog I was    | driving on AYE towards There was  |
| read work on 414   | lane and the cars in front slow down and  |
| stort territory to | contex lane. the cos (Honola Jazz) in front   |
| of me and deather  | stop and I immediately break and them   |
| er me suageanier   | and but the front car (SKU 3396 Y)  |
| ON STATE STATE NO  | and not the post car used > 146 12  |
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## DECLARATION

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

Policyholder's Signature

Date & Time: 12 − 10 € ⊆ − 18

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

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No .:

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8363746C





HUANG ZHANGJUN

长君

CHINESE

03-08-1983

Country/Place of birth

CHINA



5711337



07-03-2017

11 SEMBAWANG CRESCENT #02-22 SINGAPORE 757058

NRIC No.: S8383748C

Date: 21/08/2017

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

Class 3 Motor Cars=< 3000kg with =<7 passangers, exclusive 26 Jul 2011 of the driver; and other motor vehicles =< 2500kg

NP 428A



# ACCIDENT STATEMENT

| 1. DETAILS OF VEHICLE  a)VEHICLE NUMBER: STORTS E  D)INSURANCE COMPANY: China Taiping Insurance (singapore) Pte. (c)  c)POUCY NUMBER: DMYC STAR CODITION (C)  d)POUCY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  e)MAKE & MODE: HYMADA AVANTE.  f)TYPE:(SALOON / GOUPE / MPV //AN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME: TY UNTE USE  i)ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POUCY HOLDER  A)NAME: HUMA ZAOGGIA (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: S333374C CONTACT: GALLAGE  c)ADDRESS: I SEMBOURG CLES CENT HOZ-22 STORS  c)CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  a)NAME: AS ADOUG (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT:  c)ADDRESS:  d)MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT:  d)MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT:  c) ADDRESS:  1 FOR DRIVING PASS 2 TO STORT (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  c) G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS STORT (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8 THIRD PARTY VEHICLE  c) DRIVER'S NAME:  c) VEHICLE NUMBER: MODEL:  d) VEHICLE NUMBER: MODEL:  c) VEHICLE NUMBER: MODEL:  d) VEHICLE NUMBER: MODEL:  | LOCA             | TION: AYE (TUA'S)  | A Company of the Comp |
|--|------------------|--|--|
| DIVERS:    STATE   |                  |  |  |
| DINSURANCE COMPANY: A COLOR TOUR ASSUME ( SANGAPORE) PARE CIPOLICY NUMBER: DM PC S. M. 3 0.2.94 18 0.0  DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  B) MAKE & MODE: Hyundai Avante.  (I) TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)  B) VEHICLE CATEGORY: (PRIVATE / COMMERCAL / MOTORCYCLE)  H) PURPOSE OF USING AT ACCIDENT TIME: TYPUTE USE  I) JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: HUAN ANAME: MALE / FEMALE)  b) NRIC/FIN/PASSPORT: S. 2.3.3.7.4. C CONTACT: A SALUE  C) ADDRESS: 1 Sembouring CASC CENT HOLDER  DRIVER  C) ADDRESS: CONTACT: CONTACT: CONTACT:  C) ADDRESS: CONTACT: CONTACT: CONTACT: CONTACT:  C) ADDRESS: CONTACT: CON | 1.               |  | are a sa r   |
| CIPOLICY NUMBER: DMPCSM 30029 1800  dIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT)  e) MAKE & MODEL: HYMMAT AVANTA  fitype: (SALOON / COUPE / MPV // AN / LORRY / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  1. INSURED / POLICY HOLDER  A) NAME: HUM 2 AND THAT (CONTACT: 41 & 12 & 12 & 14 & 14 & 14 & 14 & 14 &  |                  |  | ( C 00 / C 00000) Pla  |
| DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE & THEFT)  9) MAKE & MODEI: Hyunda Avante.  1) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  1) F NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POUCY HOLDER  A) NAME: HUGY Zhangtia (MALE / FEMALE).  b) NRIC/FIN/PASSPORT: SABATIA (CONTACT: 981 & 8194  c) ADDRESS:   Sembouring Classification of the contact: 90 MALE / FEMALE).  CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER  DRIVER  CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER  DRIVER  CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER  DRIVER  CONTACT: CONTACT:  C) ADDRESS:  C) ADDRESS: CONTACT: CONTACT:  C) DRIVER (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: CONTACT:  C) ADDRESS:  C) ONTACT: CONTACT:  C) ADDRESS:  C) ONTACT: CONTACT:  C) DRIVER ON THE DRIVER WITH INSURED:  C) ONTACT: CONTACT:  C) ONTACT:  C) ONTACT: CONTACT:  C) ONTACT: CONTACT: CONTACT:  C) ONTACT: CONTACT: CONTACT:  C) ONTACT: CONTACT: CONTACT: CONTACT:  C) ONTACT: CONTACT: CONTACT: CONTACT: CONTACT:  C) ONTACT: CONTACT: |                  |  |  |
| e)MAKE & MODEL: HYLING A VANTE.  (1)TYPE: (SALOON) COUPE / MPV (YAN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME: P1 VATE USE  i)ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (HIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME: HUGGY Zhangtul (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: S 3 3 7 4 C CONTACT: 91 8 19  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  d)NAME: A bour (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT:  c)ADDRESS:  d)DATE OF BIRTH: (23/22/19/3)(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  1)DATE OF DRIVING PASS  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 AT A MATAGE)  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: K 0 3 9 9 Y MODEL: H DTOA TOZZ  C) NEIC/FIN/PASSPORT: CONTACT: 98529862  c) VEHICLE NUMBER: MODEL:  c) PRIVER'S NAME:  c) NEIC/FIN/PASSPORT: CONTACT: 98529862  d) VEHICLE NUMBER: MODEL:  D) DRIVER'S NAME:  c) NEIC/FIN/PASSPORT: CONTACT: 98529862   |                  |  | The state of the s |
| e)MAKE & MODEL: HYLING A VANTE.  (1)TYPE: (SALOON) COUPE / MPV (YAN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME: P1 VATE USE  i)ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (HIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME: HUGGY Zhangtul (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: S 3 3 7 4 C CONTACT: 91 8 19  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  d)NAME: A bour (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT:  c)ADDRESS:  d)DATE OF BIRTH: (23/22/19/3)(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  1)DATE OF DRIVING PASS  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 AT A MATAGE)  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: K 0 3 9 9 Y MODEL: H DTOA TOZZ  C) NEIC/FIN/PASSPORT: CONTACT: 98529862  c) VEHICLE NUMBER: MODEL:  c) PRIVER'S NAME:  c) NEIC/FIN/PASSPORT: CONTACT: 98529862  d) VEHICLE NUMBER: MODEL:  D) DRIVER'S NAME:  c) NEIC/FIN/PASSPORT: CONTACT: 98529862   |                  | d)POLICY TYPE: (COMPREHENSIVE / THIR   | D PARTY / THIRD PARTY FIRE &THEFT)   |
| 1)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME: PTURAL USE  i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME: HUANY ZHANGTUM (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: S 3 3 7 4 6 C CONTACT: GILL SIGN  C) ADDRESS: 1 Sembourdy CLECANT # 02 - 22 - 57 7 0 5 8  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  D)NRIC/FIN/PASSPORT: CONTACT:  C) ADDRESS:  **d)DATE OF BIRTH: (03/08/19/3)(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f) DATE OF DRIVING PASC  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. Q)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  Q) VEHICLE NUMBER: MODEL: HONDEL:  C) NEIC/FIN/PASSPORT: CONTACT: 985 9 9 6 2  C) NEIC/FIN/PASSPORT: CONTACT PRIVER NEICHING PRIVER NEICHING PRIVER NEICHING PRIVER NEICHING PRIVER NEICHI |                  |  |  |
| GIVEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: PIULLE i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER A)NAME: HUAM 2 CONTACT: PRIVATE CONTACT: PRIVATE C)ADDRESS: 1 Sembouring Crescent #02-22 577 058  10. of passon gaze  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER C)NAME: A ADOVE (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: C)ADDRESS:  *d)DATE OF BIRTH: ( 03/08/1933) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR) 1) DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE c) VEHICLE NUMBER: SKU33967 MODEL: Horda 1072  10. OF PASSONGER C) NRIC/FIN/PASSPORT: CONTACT: 98529862  10. OF PASSONGER C) VEHICLE NUMBER: SKU33967 MODEL: HORDA 1072  C) NRIC/FIN/PASSPORT: CONTACT: 98529862  O) VEHICLE NUMBER: MODEL: MODEL: DIVER'S NAME: MODEL: MODEL: DIVER'S NAME: MODEL: MODEL: DIVER'S NAME: MODEL: MODEL: DIVER'S NAME: MODEL: MODEL: MODEL: DIVER'S NAME: MODEL: M |                  |  | LORRY / MOTORCYCLE / OTHERS)   |
| hipurpose of using at accident time: Provide use  i) are you claiming under your own insurance (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POUCY HOLDER  AINAME: HURLY ACCIDENT (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: S 3 3 7 4 6 C CONTACT: 4815 819 6  c) ADDRESS: 1 Sembouring Clear the 22-22 577 05 8  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  C) NAME: A COURT (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT:  c) ADDRESS:  **d) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF DRIVING PASC  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. C) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)  17. C) REPORTED TO POLICE (YES / NO)  18. YES, PLEASE STATE WHICH POLICE STATION:  19. THIRD PARTY VEHICLE  10. OF PASSENGER  10. VEHICLE NUMBER: NODEL:  10. OF PASSENGER  10. VEHICLE NUMBER: MODEL:  10. OF PASSENGER  10. DELIVER'S NAME: MODEL:  10. OF PASSENGER  10. DELIVER'S NAME: MODEL:  |                  |  |  |
| i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: HUGY TRANSPORT: STATE (THIRD PARTY CLAIM / REPORTING ONLY)  D) NRIC/FIN/PASSPORT: STATE (THIRD PARTY CLAIM / REPORTING ONLY)  C) ADDRESS:   Sembourg Cleg Cent #02-22. STATE OF 8  *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  C) NAME: A C ADOVE (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: CONTACT:  C) ADDRESS:  *d) DATE OF BIRTH:   03/08/1983 ) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF DRIVING PASS  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. C) WEATHER CONDITION: (CLEAR / RAINING / OTHERS AT A CONTACT    6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  C) VEHICLE NUMBER: KU3396 MODEL: HONDALE  C) NRIC/FIN/PASSPORT: CONTACT: 98529862  C) VEHICLE NUMBER: MODEL:  C) VEHICLE NUMBER: MODEL:  C) VEHICLE NUMBER: MODEL:  C) PRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT: 98529862   |                  |  |  |
| IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME: HUGY TAGGGLAT (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: S 3 7 4 C CONTACT: 98158196  C)ADDRESS:   Sembouring Gleg Cent # 02 - 22 577 058  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  C)NAME: A bour (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT:  C)ADDRESS:  **d)DATE OF BIRTH: (03/08/19/3)[DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)DATE OF DRIVING PASS  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. 0)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  1 HIRD PARTY VEHICLE  O) VEHICLE NUMBER: KU 33 9 6 Y MODEL: HONDA TOZZ  10 of Passenger  O) VEHICLE NUMBER: MODEL: MODEL:  O) VEHICLE NUMBER: MODEL:   |                  |  |  |
| 2. INSURED / POLICY HOLDER  A)NAME: HUGY TROPICY  b)NRIC/FIN/PASSPORT: \$3.63746 CONTACT: 9818994  c)ADDRESS:   Sembouring Cles Cent # 02-22.5777058  *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  d)NAME: As above (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT:  c)ADDRESS:  d)DATE OF BIRTH: (03/08/19/3)(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)DPTE OF DRIVING PASS  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 AT A ANAMA)  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. d)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  10 of passenger of Vehicle NUMBER: KU3396Y MODEL: Horda Jazz  c) NRIC/FIN/PASSPORT: CONTACT: 98529862  THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:  10 of passenger of Vehicle NUMBER: MODEL:  |                  |  | ACCULA DESCRIPTION OF THE STREET TAXABLE TO STREET TO ST |
| A)NAME: Huay Zhangtin (MALE/FEMALE) b)NRIC/FIN/PASSPORT: \$3.63.746 C CONTACT: 9818819 c)ADDRESS:   Sembaway Cles (2nt) #02-22.575.705.8  *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER d)NAME: As Above (MALE/FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS:  *d)DATE OF BIRTH: (03/08/1983)(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR) f)DOTE OF DRIVING PASS 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 AT A ANAMA) b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE C) VEHICLE NUMBER: SKU3396 MODEL: Horda Jazz THIRD PARTY VEHICLE C) NRIC/FIN/PASSPORT: CONTACT: 98539862  THIRD PARTY VEHICLE C) VEHICLE NUMBER: MODEL:  10. 0f PRSSENGER 10. DRIVER'S NAME: 11. OF PRSSENGER 11. DRIVER'S NAME: MODEL:   |                  |  | MY REPORTING CIVETY  |
| b)NRIC/FIN/PASSPORT: \$3.63.746C CONTACT: 98188146 c)ADDRESS:   Semboured Cleg Cent #02-22.577 058  *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER c)NAME: A ADDRE (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS:  *d)DATE OF BIRTH: (02/08/1983) (DD/MM/YYYY) e)OCCUPATION: [INDOOR / OUTDOOR] f)DATE OF DRIVING PASS 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. d)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE c) VEHICLE NUMBER: K 03396 MODEL: H OYDA 1022  OUTPUT OF ARTY VEHICLE c) NRIC/FIN/PASSPORT: CONTACT: 98529862  OUTPUT OF ARTY VEHICLE c) VEHICLE NUMBER: MODEL: OUTPUT OF ARTY VEHICLE c) VEHICLE NUMBER: MODEL:   | 2.               |  | (MANIE / EEMALE)   |
| CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  JINCHOLDING DRIVER  JOANESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  JOANESS:  CONTACT:  CONTACT: |                  |  | The state of the s |
| *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  A CONTACT:  (A) DAME: A CONTACT:  (A) DAME: A CONTACT:  (A) DATE OF BIRTH: (C3/QX/1933) (DD/MM/YYYY)  (B) OCCUPATION: (INDOOR / OUTDOOR)  (F) DATE OF DRIVING PASS  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  (B) WEATHER CONDITION: (CLEAR, RAINING / OTHERS)  (C) WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  (C) PRESCOURT OF VEHICLE  (C) VEHICLE NUMBER: (C) 3396 MODEL: HOND  (C) VEHICLE NUMBER: MODEL:  (C) VEHICLE NUMBER: MODEL:  (D) VEHICLE NUMBER: MODEL:   |                  | DIMICITAL MODI ONE   | I CALACED  |
| DRIVER    Including driver   DINRIC/FIN/PASSPORT:  |                  | CJADDRESS: Sental Comment  | -RS(124)1 # 02-22. 3131-10   |
| DRIVER  a) NAME: AS ADOUR (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT:  c) ADDRESS:  "d) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  1) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (DD/MM/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY   |                  |  |  |
| anduding driver)  b) NRIC/FIN/PASSPORT: CONTACT:  b) NRIC/FIN/PASSPORT: CONTACT:  c) ADDRESS:  "d) DATE OF BIRTH: (03/08/1983) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) DATE OF DRIVING PASS  4. WAS DRIVER AN EMPLOYÉE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS AT A A ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  of passenger of VEHICLE NUMBER: KU33 96 Y MODEL: Horda Jazz  of passenger of VEHICLE NUMBER: CONTACT: 985 298 62  of passenger of VEHICLE NUMBER: MODEL:  of passenger of VEHICLE NUMBER: MODEL:  of passenger of VEHICLE NUMBER: MODEL:  | A constant       |  | CY HOLDER  |
| anduding driver)    DINAME:   MOUVE   (MALE / FEMALE)     DINRIC/FIN/PASSPORT:   CONTACT:     DINRIC/FIN/PASSPORT:   CONTACT:     DINRIC/FIN/PASSPORT:   CONTACT:     DINRIC/FIN/PASSPORT:   CONTACT:     DINRIC/FIN/PASSPORT:   CONTACT:     DINRIC/FIN/PASSPORT:   CONTACT:     DINRIC/FIN/PASSPORT:   CONTACT:   98529862   | to of passenger  | TOTAL STATE OF THE |  |
| c)ADDRESS:  "d)DATE OF BIRTH: (03/08/1983)(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)DATE OF DRIVING PASS  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS AT A MANAGE)  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  1. af passenger a) VEHICLE NUMBER: KU3396Y MODEL: Handa Jazz  1. cluding driver)  9. DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT: 98529862  10. af passenger a) VEHICLE NUMBER: MODEL:   |                  |  |  |
| *didate of birth: (03/08/1983)(DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) DATE of driving PACS  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS ALL YOUNG)  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: SKU3396Y MODEL: HOYDA JAZZ  CONTACT: 9852988  c) URIC/FIN/PASSPORT: CONTACT: 98529862  d) VEHICLE NUMBER: MODEL:  | ( 1 )            | b)NRIC/FIN/PASSPORT:   | CONTACT:   |
| e)OCCUPATION: (INDOOR / OUTDOOR)  f) DATE OF DRIVING PASS  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS AT A TALAMA)  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: SKU3396 MODEL: Horda Tazz  aduding driver)  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT: 98529862  d) VEHICLE NUMBER: MODEL:  |                  | c)ADDRESS:   | W  |
| e)OCCUPATION: (INDOOR / OUTDOOR)  f) DATE OF DRIVING PASS  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS AT A TALAMA)  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: SKU3396 MODEL: Honda Tazz  cluding driver)  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT: 98529862  d) VEHICLE NUMBER: MODEL:  |                  | * ADATE OF RIPTH: 1 07/ 69 / 1093  | VDD/MM (VVVV)  |
| ## PRSSENGER OF DRIVING PASS  ## WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS AT A CAMPA)  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: SKU3396 MODEL: HOTICA TOZZ  cluding driver)  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT: 98529862  d) VEHICLE NUMBER: MODEL:  d) VEHICLE NUMBER: MODEL:  | - 1              | 그 그리아 아마   | J(DD/MM/TTTT)  |
| 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS DIPLOMENTAL DESTRUCTION:  6. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: SKU3396Y MODEL: Horda Jazz  cluding driver)  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT: 98529862  THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:   |                  |  | Tul rail "   |
| IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS ATTEM TOWNS)  6. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: SKU3396Y MODEL: Honda Jazz  cluding driver)  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT: 98529862  THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:   |                  |  |  |
| 5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS AT CALAR ) b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. d)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  of passenger o) VEHICLE NUMBER: SKU3396Y MODEL: Honda Jazz  oduding driver) b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT: 98529862  10 of passenger o) VEHICLE NUMBER: MODEL:   | 7.               |  |  |
| b)ROAD SURFACE: (DRY / WET / OTHERS  | 6                |  |  |
| 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: SKU3396Y MODEL: Honda Jazz  adding driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT: 98529862  (1) 9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:  | 9.               |  |  |
| 7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  at passenger a) VEHICLE NUMBER: SKU3396Y MODEL: Handa Jazz  aduating driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT: 98529862  (1) 41 PRSSENGER a) VEHICLE  d) VEHICLE NUMBER: MODEL:   |                  | 40 ( 1800 CONTO )  |  |
| IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  a of passenger of VEHICLE NUMBER: SKU3396 \ MODEL: Honda Jazz  aduding driver) b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT: 98529862  the of passenger of VEHICLE NUMBER: MODEL:  |                  |  | 2 ce 19 <sup>10</sup>  |
| 8. THIRD PARTY VEHICLE  of passenger of VEHICLE NUMBER: SKU3396Y MODEL: Honda Jazz  induding driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT: 98529862  Of pressenger of VEHICLE NUMBER: MODEL:   | 7.               | . To 1 남자자 그리고 있는데 10 10 10 10 10 10 10 10 10 10 10 10 10  | and the second s |
| of passenger a) VEHICLE NUMBER: SKU3396 MODEL: Honda 1022  Induding driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT: 98529862  IN OF PRESSUNGER DELICE NUMBER: MODEL:   |                  |  | ATION:   |
| c) DRIC/FIN/PASSPORT: CONTACT: 98529862  (1) 9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:   | 8.               |  | V 1073   |
| C) NRIC/FIN/PASSPORT: CONTACT: 4X524852  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:   |                  |  | MODEL: HONGA JUZZ  |
| C) NRIC/FIN/PASSPORT: CONTACT: 4X524852  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:   |                  | b) DRIVER'S NAME:  | 00E-00/p   |
| d) VEHICLE NUMBER:MODEL:   | iduding driver)  | CL NRIC/FIN/PASSPORT   | CONTACT: 48524862  |
| 10 of PRSSONASE DRIVER'S NAME  | relading driver) | C/ Timic/Timi/Triodi Citi  |  |
| aduding driver) f) DRIVER'S NAME:  | (L) 9.           | THIRD PARTY VEHICLE  |  |
| reducting driver) f) NRIC/FIN/PASSPORT:CONTACT:  | ( <u></u> ) 9.   | THIRD PARTY VEHICLE  d) VEHICLE NUMBER:  | MODEL:   |
|  | (L) 9.           | THIRD PARTY VEHICLE  d) VEHICLE NUMBER;  | MODEL:   |

email = hzj 0803@hotmail.com



## 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MXIF N SN AN0498A COMPREHENSIVE AUTOSAFE

Engine No : G4FC9U655007

## 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. Chassis No: KMHDU41BR9U761385 DMPCSN3002991800 1. Index Mark and Registration SJQ8751E Number of Vehicle 2. Name of Policy Holder MR HUANG ZHANGJUN 3. Effective date of the Commencement of Insurance for 08 JANUARY 2018 the purposes of the Regulations, Ordinance or Enactment IN ADDITION TO NAMED DRIVERS EX: Date of Expiry of Insurance 28 MAY 2019 EX SECT. I - AGE >= 25......\$\$500.00 \* AGE AS AT DATE OF ACCIDENT 5. Persons or Classes of Persons entitled to drive \* 

(A) THE POLICYHOLDER.

(8) 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 / THEPT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST \$\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

\* 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