NATIO	NAL Assessment Contre	Services			
	14/12/2018 17:30	Jcb description	Date & Time Completed	Done	by
Ref No	NACTI 180 22542 KY	SAS e-filing			
Veh No		E-mail (within 8hrs, AIC 2hrs	iy I		
D.O.A	13/12/2018 [2:30	i-Motor Claim Form			
OD (TE	Peporting Only	i-Motor W/O (Within OD	2hrs, TP 4hrs)		Secretary.
17.67	Preporting Only	i-Photo Uploaded		Total No.	555 13
TP Insure	17	Assessment/Survey Repor	rt i		
		Ass't Report by Fax / Har	nd to Owner/Wksp		(C-E)
	Wksp / INC Assign Wksp / QW: (Tel: Fax		
TP Partice	ulars: Veh No: So	9593219 INC	C()/Non-INC()		
Owner / I		1.	Tel:)	
Policy No		d: () Cover Type: ()	X=2=XX
	onfirmed by : (Date:	Time:)	
	AND THE RESIDENCE OF THE PARTY		0-20%; P: 21-79%. F: 80-100	%]	
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Remarks:-	(INC horline: 6788 6616)		Date&Time Completed	Done	by
1) Apply fo	or Transport Allowance ()/Cou	rtesy Car ()			
	ck / Post Repair Inspection	()			
3) Upload I	Resurvey Photo [Repair Cost > \$300	0] ()			
Injury:					II.EE-S
Date/Time	Actions			1,441-11-11-11	
	TACTIONS - TOTAL T				
	1914				
	NA 1808	21 Invoice P	reparation Checklist	Ant (\$)	Amt (\$)
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- 1000000		2) DA : Dam 3) TF : Towin	age Assessment (\$100); INC (\$80)		
river/Owne	T:		ng Fee \$40/\$4 w-Through Survey \$12	-	
ontact No:			w-Through Survey (Resurvey) \$3 ng against INC Only (wef 10 Jan 2005)	0	
amaged Por	rtion:	6) TR : Re-in	spection S7	-	
	3	8) NTUC Ad	DA + SMRT Survey \$16 ditional Services:-		
C Checked	by (Engr-In-Charge):	OD* *N5: Court	lesy Car / Tpt Allowance \$	5	
1 100		*N6; Repa	r Co-ordination \$1		
uditors' Co	omments :-	The second secon			NI ONE STATE
<u>1 1:</u>		<u>TP</u> (N11):	TP (N·n INC) against INC S2		
1 2/3:		[9) N12: Idae	Mobile 3		Ment 7 at
uditors' Co		OD* *N5: Cour *N6: Repa *N7: Post I *N8: DV /	tesy Car / Tpt Allowance \$ ir Co-ordination 51 Repair Inspection \$2 Collect Excess Coordination \$ TP (Non INC) against INC \$2	5 5	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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

AND THE STATE OF T	ACCIDENT STATEMENT
Date Of Report	14/12/2018 17:30
Date Of Accident	13/12/2018 12:30
Exact Location Of Accident	JOHOR BAHRU CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
党制的 基金的特别是1995年2000年1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD8699E
Insured/Policyholder	
Name Of Registered Owner	CHOY WENG HOW
NRIC No	S6909178D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96266576
Alternative Phone No	OTHERS-96266576
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ESTIMA AERAS PREMIUM 2.4 A
Exact Purpose for which vehicle was being used at time of accident	
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	DMPCSN3039551801
Cover Note Number	
Oriver Control of the	
lame of Driver	CHOY WENG HOW
IRIC No	S6909178D
Pate Of Birth	24/03/1969
Occupation	OUTDOOR
ate Of Driving Pass	02/04/1993
Priving Experience	25 YEARS AND 8 MONTHS
Sender	MALE
and a second consistence of	1950 TO 18

(LOCAL) +65-96266576

OTHERS-96266576

NOEMAIL

BLK 329TAMPINES STREET 32 Address

#08-356

520329

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

Postcode

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

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.

Number of Passengers (Including Driver)

Passenger 1 NAME: : XIAO LU

> GENDER: : FEMALE

NO

Passenger 2 NAME: : DANIEL CHOY YUAN BIN

> GENDER: : MALE

Passenger 3 NAME: : DORCAS CHOY YUAN XIN

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

Was there any audio recorded?

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGS9321G Vehicle Make/Model/Colour SUZUKI APV

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver **FATIMA**

NRIC/Passport Number

Contact Number 87165144 Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

HVIPORTANT NOTICE

- Please report correctly 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 a 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.
- Any false reporting may be referred to the Police for Investigation.
- 5. 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.
- 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 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 end/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
- 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.
- 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:

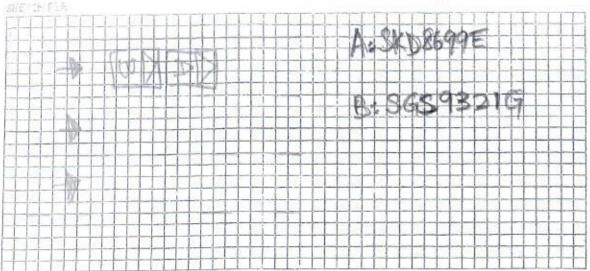
Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Along the third Lane of Johan Bahru checkpoint.



DESCRIBE CINCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I was travelling along the third lane all Johor Babru
Checkpoint. When the front vehicle in short of me come to
a stop, I also come to a stop without any contact
with the vehicle in front of me. Suddenly, I felt a buge
impact from my vehicle's rear portion. When I got down
of my vehicle, I realised that I was in a car accident

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.:

2

GIARMC SketchPlanForm_V3

IMPORTANT IS THE

- Complete and submit this form to the individual insurance authorised reporting centre. Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow instruction provided must be as training and accurate as possible. Any within 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. Any false reporting may be referred to the traffic police department for investigation.

SINGAT CATACOMS WAS STATE ASSIS

Date of accident	13/12/2018	Arrive to have been
Time of socident	12 30 PM	(DD/MM/V)
Dract location of academs	Johor Bahru Checkpoint	(HH:MRA)

Vohicle registration number	SKD869E
Vehicle make and model	Toyota Estima
Type of vehicle	Saloor MPV- CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private D Commercial D Motorcycle D
Purpose of using at said time	THOUSE STOLE II
Are you claiming under your own insurance company?	Yes D No. if no, please select: Third part claimer Reporting only D

THE CHILD SHOWS	MOZUTZADOGY OM	OMMATICO)	
Insurance company	Onina Tailing		
Policy number	DMPCS N303	9551801	
Type of policy	Comprehensive D	Third party fire & theft o	TP only []

	INSURED / POLICY HOLDER	
Name	Chay were How Male or	Female or
MRIC / Fin / Passport number	S6909178D	Telliale D
Contact	96266576	
Address	APT BLK 329 Tampines Street 32 #0 Singapore 520 329	8-356

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Driving date pass	02/04/1993	

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las other vehicle damaged?	TEAD NO.
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MRK / Fin / Passport number	
Contact	87165144
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/as injured conveyed to Yes □ No □	lere seat belts worn?	Yes 🗆	No 🗆			\	
that for ambusiness 3		Yes 🗆	No 🗆				1
ACTUAL DA SUDDINGUEL	ospital by ambulance?						1



REPUBLIC OF SINGAPORE BENEFIT CARDAO \$6909178D





CHOY WENG HOW

蔡永豪

CHINESE 24-03-1969 M SINGAPORE





S59091760

10-09-1993

0+ APT BLK 329 TAMPINES STREET 32 #08-356 GINGAPORE 520329

NRIC No: \$69091780

Date:

30/08/2017

YOU ARE LICENSED TO ORIVE VEHICLES IN THE FOLLOWING CLASS-F

Class 28 Metercycles not exceeding 290 oc 29 Apr 1957
Class 3 Motor Cars are/ Motor Tractors the weight of which unleden class not exceed 2500 kilograms
Class 4 leavy Motor Cars and Motor Tractors the weight of which unleden exceeds 2500 kilograms
Class 5 Motor Vehicles which are not constructed 16 Nov 1996
Themselves to carry any foad and the weight of which unladen exceeds 7260 kilograms

PASS-CATE

NP 428A



中國太平保險(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

超红色 R SN AN0567A Cov. Type: C

MOYOR PRIVATE CAR

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 139)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960

Road Transport Act, 1997 (Mataysia)

Motor Vehicles (Third-Party Risks) Fuses, 1969 (Mataysia)

ORIGINAL

CERTIFICATE No. Engine No : 2AZJ135Z47 DMPCSN3039551801 ChaNo: ACR500187747 Index Mark and Registration SKORSGGE Number of Vehicle AUTOSAFE 2. Name of Policy Holder CHOY WENG HOW Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment 21 May 2018 Named Drivers Ex Sect. I S\$1,000.00 Additional Ex Other than Named Drivers: 4. Date of Expiry of Insurance Ex Sect. I - Age <= 25...... s\$3,000.00 20 May 2019 Ex Sect. I - Age >= 26...... \$\$500.00 * Age as at date of accident EX ON WINDSCREEN \$\$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 upper

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)

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.: MAYBANK AS HP OWNER

*Limitations rendered imperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Maleysia), 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

Autoshiald Pta Ltd Assistant Manager // Business Development -

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Authorised Officer (Participal Authorised Officer) Authorised Officer (Participal Authorised Officer) (Participal Authorised O DID : 63851773 Mobile : 86889991

Authorised Signatory