NATIONAL Apparent Com	tua Cambana	i , pri st	1-7-V	
NATIONAL Assessment Cent	Jeb description	Date & Time Completed	Done by	
Date In: 81/19-19-40		Date (Crimo Gompioles)	Done of	_
Ref No: Na/ 67219 000 469/24	SAS e-filing			SELLIES .
Veh No: ME 11874	E-mail (within 8hrs, AIC 2)	us)		.,
D.O.A: 7/1/9-17:50	i-Motor Claim Form			
OD TP Reporting Only	i-Motor W/O (Within: O	D 2hrs, TP 4hrs)		C*03 87
O , a s	i-Photo Uploaded	CONTRACTOR	1	
TP Insurer:	Assessment/Survey Rep	ort		
	Ass't Report by Fax / H	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	ax:	
TP Particulars: Veh No: FR	GAIRX IN	IC()/Non-INC().	8	
Owner / Driver: (Tel:)	
Policy No: () P	eriod: () Cover Type: ()	-
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-10	00%]	perilate id:
Year of Registration: ()	Warranty: YES ()/NO	()		
Excess: (\$) Loading: \$1,	000()/\$2,000()			To the second
General Remarks:	ALE PLANTS OF A STATE		Spin Single	2
() Walk-In Customer : Customer's info	ormation strictly Confidential	the state of the s		
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Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by	4
	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
 Upload Resurvey Photo [Repair Cost > \$. 	3000] ()			
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	2) DA : Darr 3) TF : Towi	nage Assessment (\$100); INC (\$80) ing Fee \$40/\$		_
iver/Owner:	4) FT : Follo	w-Through Survey \$1	20	
ntact No:			30	
maged Portion:	6) TR : Re-in	ng against INC Only (wef 10 Jan 2005) aspection \$	75	
god rordon.	7) N1 : Idao	DA + SMRT Survey 51	60	
Charled by (F T- Cl	8) NTUC Ad	Iditional Services:-		
Checked by (Engr-In-Charge):	*N5: Cour		\$5 10	-
ii aa	N7: Post	Repair Inspection 5	25	
ditors! Comments :-	*N8: DV /	Collect Excess Coordination	33	
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	Involce dated	f Fee Charged	Section .	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.
 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.

- 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	08/01/2019 17:42
Date Of Accident	07/01/2019 17:50
Exact Location Of Accident	25 KAKI BUKIT RD 4
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SME1118H
Insured/Policyholder	
Name Of Registered Owner	MR TANG YOON HEY
NRIC No	S2575429H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90295370
Alternative Phone No	OFFICE-90295370
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180 (R18 BI)
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	DMPCSN3048521800
Cover Note Number	
Driver	
Name of Driver	TANG WENG SOON (DENG YONGSHUN)
NRIC No	S8106865H

Date Of Birth 03/03/1981 INDOOR Occupation Date Of Driving Pass 06/09/2016

2 YEARS AND 4 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-94364136 Mobile Number

Fax Number

OFFICE-94364136 Contact Number

NOEMAIL EMail Address

Address BLK 196C PUNGGOL FIELD

#06-487 823196

Postcode 823

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle -

-

3

NO

NO

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? YES

Foreign Vehicle Registration Number AJB3072 (MOTORCYCLE)

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

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) 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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE. VEHICLE X WAS ALIGHTING PASSENGER. VEHICLE B TRAVELLING STRAIGHT AND HIT ONTO THE PEDESTRIAN, VEHICLE B SWERVE TO THE RIGHT AND HIT ONTO MY VEHICLE REAR LEFT PORTION AND VEHICLE C LEFT PORTION. VEHICLE C FELL TO THE RIGHT SIDE.

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 FR6748X

Vehicle Make/Model/Colour YAMAHA RXZ 135

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

AJB3072

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

0

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 <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:
 - (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)

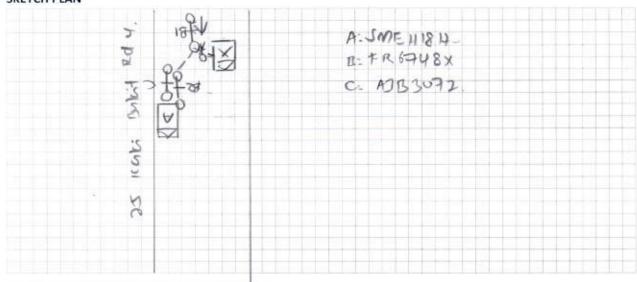
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refor to	statement.		
_			

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 .:

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Type : Vehicle Attachment 1 :	P10 - Passenger Motor Car No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	MERCEDES BENZ		
Vehicle Model:	CLA180 (R18 BI)		
Chassis No. :	WDD1173422N132858		
Propellant:	Petrol		
Engine No.;	27091030488087		
Engine Capacity:	1595 cc		
Maximum Power Output:	90.0 kW (120 bhp)		
Maximum Laden Weight:	1920 kg		
Unladen Weight :	1430 kg		
Year Of Manufacture:	2014		
Original Registration Date:	22 Dec 2014		
Lifespan Expiry Date :	20		
COE Category:	A - Car up to 1600cc & 97kW (130bhp)		
Quota Premium:	\$63,990.00		
COE Expiry Date:	21 Dec 2024		
Road Tax Expiry Date:	21 Jun 2019		
PARF Eligibility Expiry Date:	21 Dec 2024		
Inspection Due Date :	21 Dec 2019		
Intended Transfer Date:	08 Jan 2019		
CO2 Emission :	135.00 (g/km)		
CEV/VES Rebate Utilised Amount :	\$10,000.00		
CO Emission:	÷		
HC Emission:	#3		
NOx Emission :	\$1		
PM Emission:	\$1		
Late renewal fee(s) will be impose	ed if road tax / lay up has expired. Please use Enqu	re Road Tax Payable for fee(s) paya	able.
Road tax, including Over Paymen Amount Payable	t (if any), of a vehicle will follow the vehicle to the	new registered owner when its own	ership is being transferred.
	Amount Before GST	GST Amount	Amount After GST
	(S\$)	(S\$)	(S\$)
Transfer Fee:	25.00		25.00

You may print this page for reference.

Total Amount Payable:

OK Print

25.00





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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 06 Sep 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

NP 42BA

4838178 13-03-2012 APT BLK 196C PUNGGOL FIELD #06-487 SINGAPORE 823196 NRIC No: \$8106865H Date: 10/05/2016



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

MXIE N SN AN0006A COMPREHENSIVE AUTOSAFE

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.

DMPCSN3048521800

Engine No : 27091030488087

Chassis No: WDD1173422N132858

1. Index Mark and Registration

Number of Vehicle

SK07109E

2. Name of Policy Holder

MR TANG YOON HEY

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 19 JULY 2018 (12:23 HOURS) NAMED DRIVERS EX SECT. I..........\$\$500.00 IN ADDITION TO NAMED DRIVERS EX:

18 JULY 2019

EX SECT. I - AGE <= 25......\$\$3,000.00

4. Date of Expiry of Insurance

EX SECT. I - AGE >= 26......\$\$500.00

. AGE AS AT DATE OF ACCIDENT

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\$1,000 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. : OCBC BANK 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.

Countersigned By:

Authorised/Officer

Authorised Signatory