Date In: 18 1111		Jeb description		Date & Time Com	71197	Done	př.
		SAS c-filing					
MALCIS	19001173144.	E-mail (within	Shrs, AIC 2hrs)			S.1141SDX-215	
340	89187	I-Motor Clab				A. B.	1 4
D.O.A : 18 /1 /1	9 10:30.	I-Motor W/O		TP 4hrs)		and the same of	
OD : Peporting Only		i-Photo Uplo:		1			
		Assessment/Su					
TP Insurer:				o Owner/Wksp			
Proferred Wksp / INC As	stan Wksp / QW: (	A STATE OF THE PARTY OF THE PAR	-	Tel:	Fax:		)
TP Particulars:		5U 7966Z.	INC (	.)/Non-INC(	).		
Owner / Driver: (		50 41446.	-	Tel:	Pay -	)	
Policy No: (	) Peri	od: (	)	Cover Type: (		)	
Confirmed by			Date:	Time:		)	
Insured/Driver Liabil		ote-Est. Status (V	VO): N: 0-20	0%; P: 21-79%.	P: 80-100%	6]	
Year of Registration:	A CONTRACTOR OF THE PARTY OF TH	arranty: YES (		)			- 4
Excess: (\$	) Loading: \$1,00		( )			•	
General Remarks	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	NAME OF TAXABLE PARTY OF TAXABLE PARTY.		A PORTER OF THE PROPERTY OF	13330	1 1	
	n.r : Customer's Infor		ofidential & St	ictly NO refer of re	palrer.		
and the same of th	: to e-mall Insurer		·	5			
Drive-In ( )/ Towe			10 ( ) : T	owing Co: (	· ·	•	)
			COMPONENTIAL PROPERTY OF THE PARTY OF THE PA	averdamic edució da Civ	<b>大多数四次</b>	SESSEC. 55	Kinimeter Park
Remarks:- (INC)	In the second section of the second section is the second second	- Carlot - Andrews Company Com	CONTRACT.	E Directantiscolor	de all	actions,	Dy .
1) Apply for Transport.	Allowance ( )/Co	urtesy Car (	)	, m			
2) QC Check / Post Rep	orir Inspection	( ·)		<u> </u>		, , , , , ,	
3) Upload Resurvey Pho	oto [Repair Cost > \$30	000] (	)		سان		
Injury :							
CONTRACTOR OF THE PROPERTY OF			received high begonist	Googganisant open Sulta	RESIDED IN	A 17. 1.42	HENDERS !
Date/Time / Actions		Section Carea Me			ELLEVATER DE	SCHEENE.	
		1					
TO STORE OF THE PARTY OF THE PA	mounth-commercus and a second			THE STATE OF THE S	NAME OF THE PARTY	Amelia	(t)mac;
	NIV.	19001537	Invoice life	in atten Checklis	<b>SAMPLE</b>	ACCORDING TO STATE OF THE PARTY	" l'Add Bill
liumant's Particulars	Del Composer Comp	A TOTAL POLICE	1) AR : Aosident	Reporting (530);	INC (\$10)	30.00	
			3) TF : Towing F	Assessment (\$100);	\$40/\$45		
Priver/Owner:			4) FT : Follow-T	hrough Survey hrough Survey (Resurve	\$120		
ontact No:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n side i vergose Med	Por claiming a	cainst INC Only (wef I			
arnäged Portion:			7) NI : Idau DA	etion	. 5160		
			8) NTUC Addition	onal Services:-			
C Checked by (Engr-I		OD:	Car / Tpt Allowance	23			
7,736,73			. NG: Repair C	n-ordination	510 525		
nditors Comments:			*N7; Post Rep	lect Excess Coordination	33		
u. 1:		NA COMENT AND COMPANY	TP (N11): TP	(Nun INC) against INC	\$20 30		
			9) N12: Idea Mo	Fee	Charged		品的可以此
1 2/2			Involce dated	Fee	Charged	MAIL	

# 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.
- 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.

	ACCIDENT STATEMENT				
Date Of Report	18/01/2019 11:32				
Date Of Accident	18/01/2019 10:30				
Exact Location Of Accident	PIE TWDS CHANGI B4 CTE EXIT				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SFU8918T				
Insured/Policyholder					
Name Of Registered Owner	GOH SECK WEE				
NRIC No	S1758408A				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-96711425				
Alternative Phone No	OFFICE-96711425				
Vehicle Particulars					
Manufacturer	BMW				
Model	535I 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	DMPCSN3035011801				
Cover Note Number	•				
Driver					
Name of Driver	GOH SECK WEE				
NRIC No	S1758408A				
Date Of Birth	09/04/1966				
Occupation	OUTDOOR				
Date Of Driving Pass	26/11/1984				
Driving Experience	34 YEARS AND 1 MONTH				
Gender	MALE				
Mobile Number	(LOCAL) +65-96711425				
Fax Number					
Contact Number	OFFICE-96711425				
EMail Address	NOEMAIL				

Address BLK 625 CHOA CHU KANG ST 62 #11-192

Postcode 680625

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 RAINING
Road Surface WET

### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 YES

Was any body injured in the Accident?

NO

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 TRAVELLING ALONG PIE TWDS CHANGI BEFORE CTE EXIT ON THE FIRST LANE, WHILE NOTICED FRONT VEH STARTED TO SLOW DOWN DUE TO HEAVY TRAFFIC, AS SUCH I FOLLOW TO SLOW DOWN MY VEH. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SGU7966Z) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

### Attachment(s)

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

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGU7966Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver TANG JUN KAI
NRIC/Passport Number S9241930D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 20

# **DETAILS OF INJURED PERSON 1**

Name

GOH SECK WEE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SFU8918T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

NO

Address

Postcode

### 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.

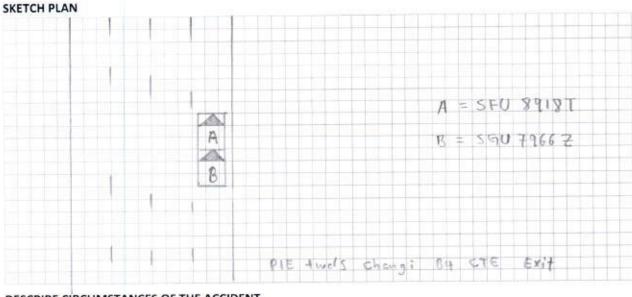
Policyholder's Signature Date & Time:

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

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature



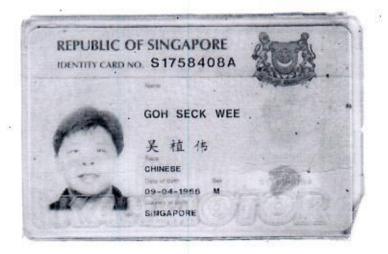
# Please Reser to statement

DECLARATION

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

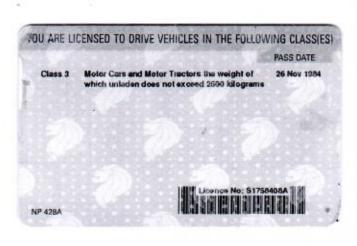
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:











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

MX1ER SN AN0584A Cov.Type: C 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)

Engine No :09837877N55B30A CERTIFICATE No. DMPCSN3035011801 Chassis No:WBAFR72090C958149 Index Mark and Registration SFU8918T Number of Vehicle 2. Name of Policy Holder GOH SECK WEE 3. Effective date of the Commencement of Insurance for 10 MAY 2018 the purposes of the Regulations, Ordinance or Enactment ADDITIONAL EX OTHER THAN NAMED DRIVERS: 4. Date of Expiry of Insurance 9 MAY 2019 \* AGE AS AT DATE OF ACCIDENT 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.

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 TUTTION 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.

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.

\* 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 Agt, 1987 (Malaysia).

Please see reverge

Terry's Office 38 Parbury Avenue #04-02 S467034 Tel/WatsApp : 9127 8514

Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

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