7 . per et 1.751 NATIONAL Assessment Centre Services. poet 1 sortes MMA 119030532 Done by Date In: Job description Date & Time Completed 613119 14:34 Ref No: SAS c-filling MAI 577 190041131h4. Veh No: E-mail (within this, AIC 2hrs) 5MA 89480 D.O.A : i-Motor Claim Form 613119 09:30. I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / TP / Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tol: Fax: TP Particulars: Vch No: INC ()/Non-INC (SHA 810 D. Owner / Driver: (Tcl:) Policy No: (Period: (Cover Type: (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 (Gouchal Remarks & Constitute Fire Control of the Co) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () / NO () ; Towing Co: ((Conneles:- (18) (18) (Ab Quies: 6788 6616) (Se 1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > \$3000] Injury : MA190 1734 " ladibin Claimant's Particulars 1) AR : Accident Reporting (530); NC (\$10) 2) DA : Damege Assessment (5100) \$40/\$45 3) TF : Towing Fee Driver/Owner: 4) FT : Follow-Through Survey \$120 5) PT : Follow-Through Survey (Resurvey) 230 Contact No: For claiming against INC Only (wof 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): *N5: Courtesy Cof / Tpt Allowance 33 510 * N6: Repair Co-ordination * N7; Post Repair Inspection \$25 Auditors Comments: *N8: DV / Collect Excess Coordination 35 Caf. 1: TE (NII): TP (Non INC) against INC \$20 9) N12: Idao Mobile 1 2/3: Fee Charged Involce dated Fee Charged Invoice dated

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	06/03/2019 14:34
Date Of Accident	06/03/2019 09:30
Exact Location Of Accident	LOYANG WAY JUNC WITH LOYANG CRESCENT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA8948D
Insured/Policyholder	
Name Of Registered Owner	MR HONG SHUNXIAN
NRIC No	S8603333Z
Email Address	ALEX.HONG212@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92997050
Alternative Phone No	OFFICE-92997050
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180K
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	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	DMPCSN3049951800
Cover Note Number	*
Driver	
Name of Driver	MR HONG SHUNXIAN
NRIC No	S8603333Z
Date Of Birth	12/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2005
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92997050
Fax Number	of Castern III et also Zini Matter Matteria
Contact Number	OFFICE-92997050
EMail Address	ALEX MANAGEMENT AND AND ADDRESS OF THE ADDRESS OF T

ALEX.HONG212@GMAIL.COM

Address 308 CLEMENTI AVE 4 #07-361

Postcode 120308

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 CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3 NO

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.

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

YES

NO

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHA810D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

FBB7984E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MOTORCYCLE

SKETCH PLAN

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 <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.
- 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.

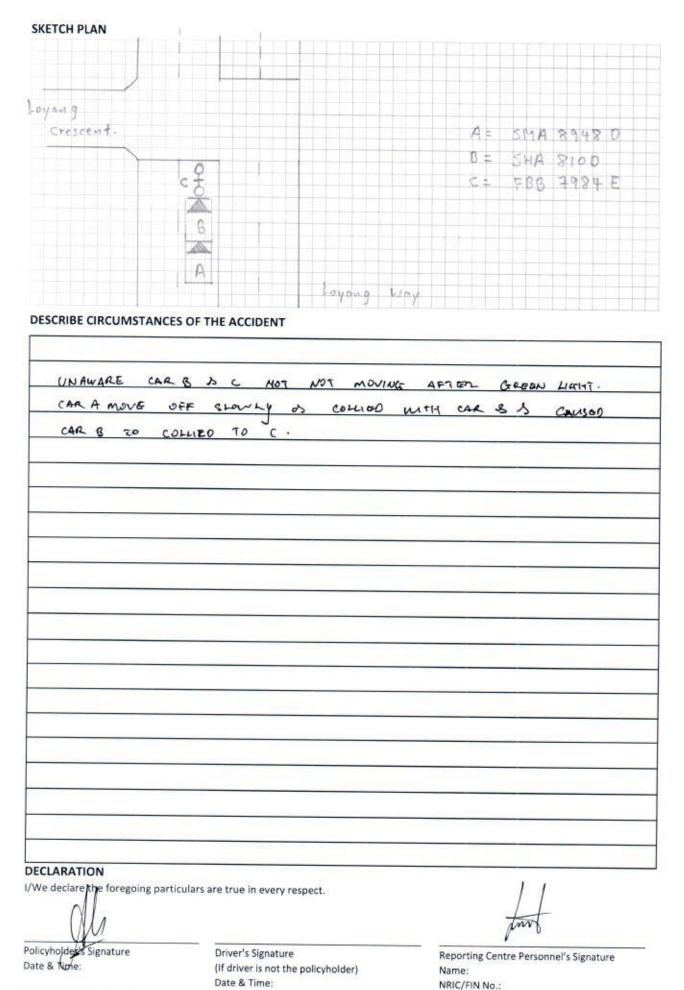
Policyholder' Signature

Date & Time:

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

Reporting Centre Personnel's Signature Name:

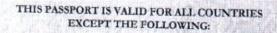
NRIC/FIN No.:



GIARMC Sketchmanourm, V

ACCIDENT STATEMENT

ACCIDENT DATE: 6 / 3 / 19)(DD/MM/YYYY), TIME: 9 : 30.)(HH:MM)
LOCATION: Loyang way Junction with Loyang crescent
DETAILS OF VEHICLE a) VEHICLE NUMBER: SMA 3948 D. b) INSURANCE COMPANY: CTZ. c) POLICY NUMBER:
e) MAKE & MODEL: f) TYPE: (SALOON / COUPE (ARBY OVAN)
i) ARE YOU CLAIMING UNDER YOUR CHAIR Private US @
2. INSURED / POLICY HOLDER A) NAME: Hone Shun You
C)ADDRESS: CONTACT: 4299 7050.
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER (Including driver) a) NAME: As Above. (MALE / FEMALE) (Including driver) b) NRIC/FIN/PASSPORT:
CIADDRESS: 308 Clementi Ave 4 # 07-361 (5) 120308
*d)DATE OF BIRTH: (/)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE:
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
b)ROAD SURFACE: (DRY / WET / OTHERS) 6. WAS ANYBODY INJURED (YES / NO) 7. D)REPORTED TO POLICE (YES / NO)
8. THIRD PARTY VEHICLE
() DRIVER'S NAME:
Induding driver f) NRIC/FIN/PASSPORT: CONTACT:
(
working CZ & Scene photo.
working CI & Scene photo email = ALEX . HONG 212 @GMAIL . com.
VIDEO =

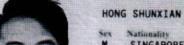




PASSPORT REPUBLIC OF SINGAPORE

PA SGP

E5201687F



16 OCT 2015 Modifications SEE PAGE 2 S8603333Z

M SINGAPORE CITIZEN
Date of birth Place of birth
12 FEB 1986 SINGAPORE SINGAPORE Date of expire 11 APR 2021 Authority
MINISTRY OF HOME AFFAIRS

PASGPHONG<<SHUNXIAN<<<<<<<< E5201687F6SGP8602123M2104119S8603333Z<<<<36



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Motor Cars=< 3000 kg with =<7 passengers, exclusive 08 Jul 2003 of the driver; and other motor vehicles =< 2500 kg</p>

NP 428A





中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1E N SN AN0643A 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.

DMPCSN3049951800

Engine No : 27195231045179 Chassis No: WDD2040462A173165

1. Index Mark and Registration

Number of Vehicle

SMA8948D

2. Name of Policy Holder

MR HONG SHUNXIAN

S8603333Z

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 24 JULY 2018 (14:20 HOURS) IN ADDITION TO NAMED DRIVERS EX:

23 JULY 2019

EX SECT. I - AGE <= 25......\$\$3,000.00 EX SECT. I - AGE >= 26......S\$500.00

* AGE AS AT DATE OF ACCIDENT

4. Date of Expiry of Insurance

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 use: *

Countersigned By:

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 \$\$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. : LIAN HONG PTE 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.

Authorised Officer

Authorised Signatory