NATIONAL Assessment Cont	re Services (6st : 380%).		
Date In 16/03/19	Jeb description Date & Time Completed	Done by	
Ref No NA/CTS 19004743/13	SAS e-filing		
Veh No 51026816	E-mail (within 8hrs, AIC 2hrs)		
DOA . 15/03/19 1000			
OD (TF) Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		<del>300</del> (0.00
OB (1) reporting Only	i-Photo Uploaded	THE REAL PROPERTY.	
TP Insurer:	Assessment/Survey Report		
C) Moute	Ass't Report by Fax / Hand to Owner/Wksp		7
Preferred Wksp / INC Assign Wksp / QW: (	massive Tel: Fax:		
TP Particulars: Veh No:	GBE1899.5 INC( )/Non-INC( )		
Owner / Driver: (	Tel:	)	
Policy No: ( ) F	Period: ( ) Cover Type: (	)	
Confirmed by : (	Date: Time:	)	
	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: \$0-100%	0]	
Year of Registration: ( )	Warranty: YES ( )/NO ( )		
Excess: (\$ ) Loading: \$1	The same of the sa		
General Remarks:-			
	formation strictly Confidential & Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.		
Drive-In ( ) / Towed-In ( ); Invoi	ice: YES ( ) / NO ( ); Towing Co. (		)
Remarks:- (INC horline: 6788 6616)	Date&Time Completed	Done by	-
	Courtesy Car ( )		
2) QC Check / Post Repair Inspection			
3) Upload Resurvey Photo [Repair Cost >	\$30001 ( )		
			1000
Injury:			
Date/Time Actions		11.1.1.1	-
	20 (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
N91901994	Invoice Preparation Checklist	1 The Control of the	mt (\$) dd Bill
laimant's Particulars :-	1) AR : Accident Reporting (\$30);		
11 1 (mm, 400 mm, 400 mm, 400 mm, 100 mm, 100 mm, 400	2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45		
Driver/Owner:	4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30		
Contact No:	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75 7) N1 : Idae DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*  *N5: Courtesy Car / Tpt Allowance \$5	A	
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25  *N8: DV / Collect Excess Coordination \$5		
at. 1:	TP (N11): TP (Non INC) against INC \$20		1117
at 2/3	9) N12: Idae Mobile 30 Invoice dated Fee Charged	37	e Ju
The second secon	Invoice dated Fee Charged	" High.	

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Driving Experience

Mobile Number

Contact Number EMail Address

Fax Number

Gender

- 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 <u>truthful and accurate</u> 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

	ACCIDENT STATEMENT
Date Of Report	16/03/2019 09:38
Date Of Accident	15/03/2019 10:00
Exact Location Of Accident	PIE TWDS CHANGI B4 ENG NEO EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW2681G
Insured/Policyholder	
Name Of Registered Owner	CHUNG MUN LOK
NRIC No	S1462949A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81129700
Alternative Phone No	OTHERS-81129700
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	Subdividuo per i dell'accionato nella cionecni i
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	DMPCSN3022021903
Cover Note Number	
Driver	
Name of Driver	CHUNG MUN LOK
NRIC No	S1462949A
Date Of Birth	13/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	16/10/1981

37 YEARS AND 4 MONTHS

(LOCAL) +65-81129700

OTHERS-81129700

MALE

NOEMAIL

BLK 200B SENGKANG EAST RD Address

#15-28

542200 Postcode

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

NO

1

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GBE1899S

Vehicle Make/Model/Colour

TOYOTA DYNA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LIU REN JIE S8140321Z

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### IMPORTANT NOTICE

- 3. 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 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 V

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time

13/1

Reporting Centre Personnel's Signature

Name

NRIC/FIN No

Changi Airport. Due to heavy traffic, I was driving at a very slow
speed. Just before Eng Neo exit, suddenly I felt an impact from
the rear of my vehicle I got out and realised that a long (GBE 1899)
had collided into my vehicle recrportion.
ECLARATION

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

Policyholder's Signature Date & Time:

Oriver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

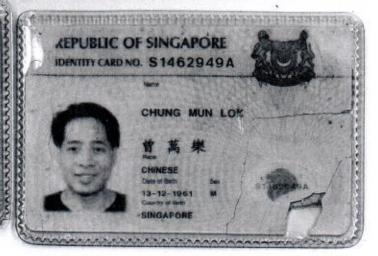
NRIC/FIN No .:

# ACCIDENT STATEMENT

ACCIDENT DATE: 15,03,2019100	MM/YYYYI, TIME! (0.00 THHI MAN	(
LOCATION: PIE towards Change b	schor Ena Deo ext	6 10
1. DETAILS OF VEHICLE		
GIVEHICLE NUMBER: SJW268	216	11
MINISTRALIZE SOLVE AND AGE	316.	8 4
DINSURANCE COMPANY: Chine	[CIPIN]	
C)POLICY NUMBER:	1.0	
DIPOLICY TYPE: (COMPREHENSIVE)	THIRD PARTY / THIRD PARTY FIRE &THEFT)	
EIMAKE & MODEL: Melcs		8
TITYPE (CALOON / COUFE / MPV /VA	N / LORRY / MOTORCYCLE / OTHERS)	20 ST ST
SI VEHICLE CATEGORYNPRIVATE / CO	DMMERCIAL / MOTORCYCLE	*
TUTURPOSE OF USING AT ACCIDENTI	IME: I TWOTE	
1) ARE YOU CLAIMING UNDER YOUR O	INN INSURANCE (YES/NO)	
IF NO, PLEASE STATE WHIRD PARTY CI	LAIMY REPORTING ONLY)	
2. INSURED / BOLICY HOLDER	Email address:	
AINAME: Chung Mun Lok	MALEY FEMALE	100
DINRICIFINIEASSPORT: SIHGOYA	H CONTACT: 81127700	
CIADDRESS: BILL 2003 Seng In	ang East Rd #15-28	25
3(X4)10b) J	9:	a* 1 8
* CONTINUE TO 3.d IF DRIVER ALSO FO		
GINAME: As abor	Email address:	
b/NRIC/FIN/PASSPORT:	(MALE / FEMALE)	20 8
c)ADDRESS:	COMACII	
"dIDATE OF BIRTH: (13/12/196	I [DD/MM/YYYY]	
e) OCCUPATION: (INDOOR: OUTDOOR	Aloligh Car Camer	(V. CO)
TYEARS OF DRIVING EXPRERIENCE		a (183/NO)
4. WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY? (YES / NO)	(145)
IF NO, RELATIONSHIP OF THE OPIVE	D WITH INCLIDED.	25
	ING / OTHERS)	
6. WAS ANYBODY INJURED (YES / WE)	S	
7. a REPORTED TO POLICE (YES / 10)	No of pessenger	incl driver 0
IF YES, PLEASE STATE WHICH POLICE ST	. Name_	gender_
B. THIRD PARTY VEHICLE	VIION:	
a) VEHICLE NUMBER: 4BE 1899:	S MODEL: Toyota Dyna	
b) DRIVER'S NAME: Lin Renjie	MODEL: 1990/4 STIM	
C) NRIC/FIN/PASSPORT: 5814032	IZ CONTACT:	
9. THIRD PARTY VEHICLE	CONTACT:	
d) VEHICLE NUMBER:	MODEL:	
e) DRIVER'S NAME:	moves.	
f) NRIC/FIN/PASSPORT:	CONTACT:	



CHUNG HUN LOK



Descriptio TAXI VL 05/05/2017 



# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 1 4 6 2 9 4 9 A

Name:

**CHUNG MUN LOK** 

Birth Date: 13 Dec 1961

Issue Date: 06 Oct 2003



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

PASS DATE

Motor Cars and Motor Tractors the weight of Class 3 which unladen does not exceed 2500 kilograms 16 Oct 1981

NP 428A





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

AN0357A Cov. Type: C

#### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Engine No :27186030007967 Changis No:WDD2120482A094293 CERTIFICATE No. TMPCSN3022021903 Index Mark and Registration Number of Vehicle 5.JW2681G 2. Name of Policy Holder CHUNG MUN LOK 15 MARCH 2019 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 4 Date of Expiry of Insurance 14 MARCH 2020 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 FERSON 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 NOTOR 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 TUTTION DRIVING TEST RACING PACE-MAKING, BELIABILITY 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.

CHE TIME WAIVER OF EXCESS FOR THE FIRST S\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT
OF DWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : HIN LUNG CREDIT PTE LTD

\*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).

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By

INSUREPAC ASSOCIATES PTE LTD

**Authorised Officer** 

**Authorised Signatory** 

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

#### IMPORTANT NOTICE If you sell your motor vehicle this NOTICE is IMPORTANT and MUST be complied with

Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.88), it shall be unlawful for any person to use

Policyholders are further warned that on the sale of motor vehicle they must surrender the Certificate of insurance and the Policy to the insurance company. If the Certificate of insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offenceunder the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.88).

The policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agree to by the insurance company concerned. If the insurance company agreed to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.