NATIONAL Assessment Centre	Services per savios.	MNA 119039478;	
Date In: 26 / 3 / 19 / 14:15	Jeb description	Date & Time Completed	Done by
Ref No. WAI CTZ 19005373 144.	SAS c-filing		
Veh No. Sp M 43/c	E-mail (within this, AIC this)		
D.O.A : 2013/19 of:15.	i-Motor Claim Form		
	I-Motor W/Ö (Within: OD 2)	hrs, TP 4brs)	
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: (A The second sec	ne to the plantage of the same	ix:
TP Particulars: Veh No:	3LR 1256- INC)/Non-INC()	
Owner/Driver: (3 L K 123 6 -	Tel:) .
Policy No: () Perio	od: ()	Cover Type: ()
Confirmed by : (Dates	Tima:)
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-:	20%; P: 21-79%. P: 80-10	00%]
Year of Registration: () W:	arranty: YES ()/NO ()	
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() Total Loss Case : to e-mail Insurer	A PRINCIPAL PRIN		
Drive-In ()/ Towed-In (); Invoice:		Company of the second of the s)
	CONTRACTOR		ANTERIOR PROPERTY OF THE PARTY
Remarks: (2008) Tooling of the following		Elsternocomic and	ightelithous by
1) Apply for Transport Allowance ()/ Cou			
2) QC Cheek / Post Repair Inspection	(•)		esculpto es
 Upload Resurvey Photo [Repair Cost > \$300 	0] ()		
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maged Portion:	6) TR: Re-luspes 7) NI ; Idan DA		NAME AND DESCRIPTION OF PERSONS ASSESSED.
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: Checked by (Engr-In-Charge):	OIL*	Cor/Tpt Allowager 5	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> 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.
- 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 ladgement 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.

ALC ACCUSANTANTS	
	ACCIDENT STATEMENT
Date Of Report	26/03/2019 14:15
Date Of Accident	23/03/2019 06:15
Exact Location Of Accident	KUALA LUMPUR TWDS PULAU REDANG AT KM395.1 LPT2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDM43K
Insured/Policyholder	
Name Of Registered Owner	MR LIM WOON CHENG ANTHONY
NRIC No	S0016386D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96215355
Alternative Phone No	OFFICE-96215355
Vehicle Particulars	Constitution of the Consti
Manufacturer	BMW
Model	1351
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?	YES
f No, Please state action to be taken	
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	DMPCSN3007391900
Cover Note Number	
Driver	
Name of Driver	MR LIM WOON CHENG ANTHONY
NRIC No	S0016386D
Date Of Birth	30/04/1952
Occupation	INDOOR
Date Of Driving Pass	11/05/1972
Oriving Experience	46 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96215355
Fax Number	R 8
Contact Number	OFFICE-96215355

NOEMAIL

Address

6 GEYLANG EAST AVE 2 #04-01

Postcode

389756

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

BLR1256 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO 3

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NAME:

: PANG YOOT LIN

GENDER:

: FEMALE

Passenger 2

NAME:

: TAN JIE YEE

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

TRAFIK H/TERENGGANU

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG KUALA LUMPUR TWDS PULAU REDANG AT KM395.1 LPT 2, THE ROAD HAS NO STREET LAMP, WHEN I SAW A VEH STOP ON MY LANE TO AVOID COLLISION I SWERVED TO THE LEFT, BUT MY VEH RIGHT SIDE STILL GRAZED ONTO THE VEH RIGHT FRONT PORTION. AFTER THE INCIDENT, I REALIZED THE VEH WAS LOST CONTROL HIT THE ROAD BARRIER AND SPIN ONTO MY LANE.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

BLR1256

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Name MR LIM WOON CHENG ANTHONY Approximate Age Injuries Sustain BODY Injured person in which vehicle? SDM43K Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN		
8		A : SDM 43 K
10		B = BLR 1256
	Kuala Lumpur +	was Rulau Redana
	0+ KM 305.	uds Pulau Redang
1 1	N. 111313.	1 6/ 6/ 2
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
01	p .	
please	Nefer t,	Statement
		/
	/	
	-	
DECLARATION		20
/We declare the foregoing particula	rs are true in every respect	/ /
mil	The state of the s	/ /
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		ful
Policyholder's Signature	Driver's Signature	Possible Service Servi
Date & Time:	(If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:

NRIC/FIN No.:



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai	
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: TRAFIK H/TERENGGANU

Pegawai Penylasat

: R128379

Daerah

: HULU TERENGGANU

Kontinjen

: TERENGGANU

No Repot

: TRAFIK H/TERENGGANU/000332/19

Tarikh

: 23/03/2019

Waktu

: 0904 AM

Bahasa Diterima : B. Malaysia

. 0504 AW

Butir-butir Penerima Repot

Nama: NURUL IZZATI BINTI MOHAMAD

No Personel: R204892

Pangkat: KONST/P

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera: ---

No Paspot: ---

Bahasa Asal : ---

Alamat: ---

Butir-butir Pengadu

Nama: LIM WOON CHENG ANTHONY

No K/P (Baru): ---

No Polis/Tentera: ---

No Paspot: E5231018L

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 30/04/1952 Warganegara : Malaysia Umur: 66 tahun 10 bulan

Keturunan: Cina

Pekerjaan : BERNIAGA

Alamat Tempat Tinggal: 6 GELANG EAST AVE 2 04.01 SIMSVILLE SINGAPORE, 389756

Alamat Ibu/Bapa : --Alamat Pejabat : ---

No Tel (Rumah): 0162050539

No Tel (Pejabat): ---

No Tel (HP): 0296215355

Emel : ---

Pengadu Menyatakan:-

PADA 23/03/2019 JAM LEBIH KURANG 0200 PAGI SAYA MEMANDU M/KAR NO PENDAFTARAN SDM 43K JENIS BMW 135i DARI KUALA LUMPUR MENUJU KE PULAU REDANG BERSAMA KELUARGA SAYA. PADA JAM LEBIH KURANG 0615 PAGI APABILA SAMPAI DI KM 395.1 LPT 2(BUKIT BESI-AJIL), KETIKA ITU KEADAN JALAN MASIH GELAP, TIBA-TIBA ADA SEBUAH M/KAR NO PENDAFTARAN BLR1256 JENIS PROTON SAGA 1.3 YANG TERBABAS DI KANAN JALAN, OLEH KERANA JARAK YANG DEKAT SAYA CUBA MENGELAK TETAPI M/KAR YANG SAYA PANDU BERGESEL JUGA DENGAN M/KAR TERSEBUT. DALAM KEJADIAN INI, SAYA DAN KELUARGA TIDAK MENGALAMI SEBARANG KECEDERAAN MANAKALA M/KAR YANG SAYA PANDU MENGALAMI KEROSAKAN TERUK PADA BAHAGIAN BODI SISI KIRI, TAYAR DAN RIM HADAPAN SEBELAH KANAN ROSAK, CERMIN SISI KANAN TERCABUT, FENDER SEBELAH KANAN KEMEK, MUDGUARD HADAPAN SEBELAH KANAN ROSAK, LAMPU HADAPAN SEBELAH KANAN ROSAK, BUMPER HADAPAN SEBELAH KANAN CALAR, BONET HADAPAN ROSAK, KESEMUA AIRBAG ROSAK, PINTU DEPAN DAN BELAKANG SEBELAH KANAN CALAR DAN LAIN-LAIN KEROSAKAN BELUM DAPAT DIPASTIKAN LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:	Tandatangan Jurubahasa(Jika ada) :	

Tandatangan Penerima Repot:

Salinan Yang Disahkan

NOR SUZIELAWATI BT ARIFFIN (INSP) PEG. PENYIASAT TRAFIK IPD HULU TERENGGANU

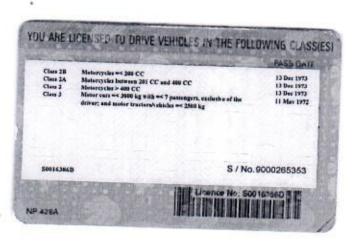
ID Pencetak | Tarikh @ Masa Cetak

: R204892 | 23/03/2019 09:26:15 AM











中国太平保险(新加坡)有限公司

MX1E N SH ANG673A COMPREHENSIVE AUTOSAFE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Engine No : 05148287N55830A Chassis No: WBA1872070J125363 CERTIFICATE No. DMPCSN3007351900 1, Index Mark and Registration SDM438 HR LIN WOON CHENG ANTHONY Effective date of the Communicement of insurance for the purposes of the Regulations, Ordinance or Enactment 23 JANUARY 2019 (16:21 BOURS) IN ADDITION TO MAMED DRIVERS EX! 22 JANUARY 2020 4. Date of Expiry of Insurance 5. Persons or Classes of Persons antitled 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 FERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERKITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF AMY ENACTHMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitatione as to use: *

USE FOR SOCIAL, DOMESTIC AND PLRASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIME OR REMARD 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 RE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST RS), OCO WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF ONN DAMAGE CLAIM AT DUE AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : MATBANK AS HP ONNER

* 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 (Melaysia), 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-Perty Risks and Companisation) Act (Chapter 189) and Pert IV of the Road Transport Act, 1967 (Malaysta). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By

utherised Officer

Authorised Signatory