| NATIONAL Assessment Centre | Services. | ert i Jambaj . / | MNAYG | 043823 | 1 | |
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| OD / TP - Reporting Only | I-Photo Uploa | ded | | | 1 | • |
| TD Lawrence | Assessment/Sur | vey Report | | | | |
| TP Insurer: | Ass't Report by | Fax/Hand to | Owner/Wksp | | | DESCRIPTION OF |
| Proforred Wissp / INC Assign Wkep / QW: (| | | Teli | Fax | | |
| TP Particulars: Veli No: | N 1762L | . INC(|)/Non-IN | 0(). | | |
| Owner / Driver: (· | | lite . | Tel: | , | | |
| Policy No: () Peri | od: (|) | Cover Type: | | | |
| Confirmed by 1 (| | Datei. | Tin | |) | |
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| genning a transferious en castreo comb | | | 到代表的情報 | athing street | Marcellione) | by · · |
| 1) Apply for Transport Allowance ()/Co | urtssy Car () | | | - | | |
| 2) QC Check / Post Repair Inspection | (·) | | <u> </u> | | 7.1 | |
| 3) Upload Resurvey Photo [Repair Cost> \$30 | 00] () | | | 1.1 | | |
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 GtA Records Management Centre established by the General Insurance Association of Singapore (GtA) 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.

| Sales of the second second | ACCIDENT STATEMENT | |
|--|--|--|
| Date Of Report | 04/04/2019 14:32 | |
| Date Of Accident | 04/04/2019 09:30 | |
| Exact Location Of Accident | SLIP RD OF UPP SERANGOON RD TOWARDS SERANGOON CTRL | |
| Country/State of Loss | SINGAPORE | |
| | DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | GBE4678T | |
| Insured/Policyholder | | |
| Name Of Registered Owner | HOME SPRAY COATING & PAINTING SERVICE | |
| Co Reg No | 52847976L | |
| Email Address | LANZWONG@HOTMAIL.COM | |
| Mobile Phone No | (LOCAL) +65-90035314 | |
| Alternative Phone No | OFFICE-90035314 | |
| Vehicle Particulars | | |
| Manufacturer | NISSAN | |
| Model | NV350 | |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES | |
| 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 | COMMERCIAL VEHICLE | |
| Insurance Company | | |
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | |
| Type Of Coverage | COMPREHENSIVE | |
| Fleet Policy | NO | |
| Policy Number | DMCVSN1608251802 | |
| Cover Note Number | | |
| Driver | | |
| Name of Driver | WONG KWAI CHUEN | |
| NRIC No | S0040908A | |
| Date Of Birth | 07/06/1951 | |
| Occupation | OUTDOOR | |
| Date Of Driving Pass | 13/02/1976 | |
| Driving Experience | 43 YEARS AND 1 MONTH | |
| Gender | MALE | |
| Mobile Number | (LOCAL) +65-90035314 | |
| - COMPANION - | | |

OTHERS-90035314

LANZWONG@HOTMAIL.COM

Address

Postcode

680225

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - DRIVER

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

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 2

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s)

YES

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

PLEASE REFER TO SKETCH PLAN

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

SLN1762L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAY SUAN KIMP

NRIC/Passport Number

S0083611G

Contact Number

87286889

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.

Home Spray Coating

& Painting Service

RCB No: 528479761

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.:

DECLARATION

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

Home Spray Coating

& Painting Service

Driver's Signature

& Tune: RCB No: 5284797(MEdriver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

the bearing the bearing of the

PERSONAL PARTICULARS

| Date of Accident: 04 /04 /2019 Time of Accident: 9:30 | (24Hrs) |
|--|---|
| Vehicle No: GBE 4678T Vehicle Make/Model: Nisson | NV 350. |
| Vehicle No: GBE 4678 Vehicle Make/Model: Nissan Exact Location of Accident: Slip Road of Upper Serangeon + Cowner's Name/NRIC: Home Spray Coating & Pointing Sovice Driver's Name/NRIC: Wang Kwai Chuen T/C No: Scattage Driver's Contact: 9035314 Insurance Co & Policy No: Chuen Driver's Email Address: Lanzwang@hatmail.com Relationship between Owner & Driver Spouse/Children/Friend/Parents/Others spect What do you wish to claim (Please circle one only) 1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Rep Exact Purpose for which the vehicle was being used at time of accident? (P Private Use / Work Purpose) | owned Sepangeon Control S 52847976 L A Inc Taiping MCVSN (608251802. Ify: Orting (Por Recording Purposes) |
| Weather Condition & Road Conditions? Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet Occupation Indoor / Outdoor | |
| Any Injuries? (MC of 3 Days or more, police report is required) | |
| Yes No If Yes, which police station? | |
| The Other Party (Vehicle B) Details Driver's Name/IC: Toy Suan Kimp IC 3008 3611G. Vehicle N | |
| Insurance Company: Driver's | Contact: 87286889 |
| (If more than 2 vehicles involved, please indicate the other party vehicle | numbers below) |
| Other Vehicle (Vehicle C) : | |
| Independent Witness (if Any): | Contact: |
| Preferred Workshop (If Any): | Contact: |
| * If no proper document are produced, IDAC should not file the report. * Information will be discarded after one week. | |

90035314

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0040908A





WONG KWAI CHUEN



CHINESE

07-06-1951

SINGAPORE





8em Date: 07 Jun 1951 Issue Date 31 Dec 2003





TEL: 64589883 9HP: 98161643: 131 NESC COE AUTOTRA BING 5388855

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Motor Cars and Motor Tractors the weight of which unlader does not exceed 2500 killograms

13 Feb. 1976

中国太平涤险(新加坡)有限公司

Co. Reg. No. 200208384E

NOTOR COMPRESCIAL VENTCLE

CHINA TAIPING INSURANCE (SINGAPORE) PTELLTD

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18ti) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1967 (Malaysia) Motor Vehiclas (Third-Party Risks) Rules, 1958 (Malaysia)

ME300/c R SN AHOO70A Cov. Type: C

PLM 322619

ORIGINAL

CERTIFICATE No.

DMCVSW1508251802

Engine No : VD25387385A Charlo: 391180282620905756

 Index Mark and Registration Number of Vehicle.

GBE4678T

2. Name of Policy Holder

M/S HOME SPRAY COATING & PAINTING SERVICE

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

EX ON WINDSCREEN \$\$100.00

Date of Expiry of Insurance

15 December 2019

5. Persons or Classes of Persons entitled to drive"

Any person who is driving on the Policyholder's order or with their 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 "
- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover.

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) the whilst drawing a trailer except the towing of any one disabled mechanically propelled vahicle.

HIRE FURCHASE CO. : TAN CHONG CREDIT 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. LTO.

Issued By:

Authorised Officer

Authorised Signatory



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048550
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: 5665500200 / 03T Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. :

| | ADDENDUM |
|------|--|
|) | PARTICULARS OF PERSON MAKING THE AMENDMENTS: |
| | Original Report No: MAY 19043823 Vehicle Registration No: GBE 46787 |
| | Name (as shown in NRIC) WOULY KWAY CHIEW NRIC/FIN/Passport No: SOO FLEGOSA |
| | (†Vehicle Driver-) Vehicle Owner) (*) Please delete as appropriate |
| | Address :Singapore() |
| | Contact (Tel) : |
| | Email Address : |
| | Date of Accident : 04/04/26/9Time of Accident : 69:30 . |
| | Place of Accident: SUP RODD OF UPP SURBALGOVA RO TOWARDS SURBALGOON |
| | Insurance Company: Other MPINE |
| | Jusupho YAHICH NUMBER TO GBE4628T |
| 0.00 | |
| 5 | |
| 1.5% | |
| 124 | |
| | |
| - 5 | Policyholder / Driver's Signature Reporting Centre Personnel's Signature |

Dates

COLUMN SERVICE - "