NATIONAL Assessment Centre :	Services.	poet i Jan'03] .	MNA 119044	342.		
Date In 5 (4) 19 (3:50	Jeb description		Date &Time C	ompleted	Don	ic by
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Voli No. SLD S177 C	E-mail (winde	a Slics, AIC 2hrs)				
D.O.A: 414 (19 19:00.	i-Motor Cla	lm Form				
	l-Motor W/C	O (Within: OD 2km	Tr 4brs)			
OD / D / Reporting Only	I-Photo Uplo	oaded				
TD	Assessment/S	urvey Report				
TP Insurer:	Ass't Report l	oy Fax / Hand to	Owner/Wksp	u aprilia de la composição de la composi	ARMINORPHOIDS	Secretary Con
Professed Wksp / INC Assign Wksp / QW: (			Tel:	Fax		, )
TP Particulars: Veh No: Ym	6507 B.	INC (	)/Non-INC	( )		
Owner / Driver: (			Tcl:		)	
Policy No: ( ) Period	:(	)	Cover Type: (		)	
Confirmed by : (		Date:	Time		)	
Insured/Driver Liability: ( %) [Note	c-Est. Status (	WO): N: 0-20	)%; P: 21-79%	P: 80-100	%]	
THE RESIDENCE OF THE PARTY OF T	ranty; YES (	Charles and the second	)			
Excess: (\$ ) Loading: \$1,000 (	CARDONNIA CONTRACTOR STREET	PRODUCED TO SOME OF STREET PROBLEM	Hermond Gertages	·	हरू हेन् <b>ब</b> रात	ur paradicipa, senici d
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( ) Walle-In Customer's Customer's information	tion strictly Co	ntidential & Str	ictly NO refer of	repairer.		
( ) Total Loss Case : to e-mail Insurer U	RGENTLY.	,		<u> </u>		
Drive-In ( )/ Towad-In ( ); Invoice: Y	ES()/r	YO ( ) ; To	owing Co: (	<u>','</u>		)
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1) Apply for 'Pransport Allowance ( ) / Cour	alexanderent minutes of the	)		* .		
2) QC Check / Post Repair Inspection	( -: )	)				
3) Upload Resurvey Photo [Repair Cost > \$3000	) (	)				
Injury:						
			minuskeneral	SEASON DE LA COMPANSA	MATTER STATE	Section Contractions
Date Time   Actions   Actions	Mile Secretary			NEGOTIVE SECTION	Michelle	
			**			
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Triunat's Particulars	11902461	1) All : Applient l		\$302,437,215-0-5	30.00	- True Plant
De la company		2) DA : Damage A 3) TF : Towing Fe	* (\$100);	1NC (580)	5	
river/Owner:		4) FT : Fellow-The	rough Survey	\$120 vey) \$30	or other particular pa	
ontact No:		Per elaiming ag	rough Burray (Resur alast INC Only (wel	10 Jan 2005)		
amäged Portion:		7) NI : Idan DA +		. \$160	OF TAXABLE PARTY AND PERSONS ASSESSED.	
		8) NTUC Addition	iel Services;-			
C Checked by (Engr-In-Charge):	1. 20	*NS; Courtesy (	ler / Tpt Allowence	S:	THE PERSON NAMED IN COLUMN	
NAVINE HEBSERVER NOTICE WAS RECTURNED TO SHOULD BE THE		*NG: Repair Co *NT: Post Repair	ir Inspection	510	5	
nditors Comments 2	规划的测量性	*NR: DV / Colle	oot Excess Coordinat Evan INC) against IN	čiu 520	OF STREET, SQUARE, SQU	
		9) 1-12: Idao Mobi	ile	e Charged	P. ST. PRINCES AND ADDRESS OF	MINER MEN
27.35		Invalor dated		e Charged	PARTITION N	

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### 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.

The state of the s	ACCIDENT STATEMENT
Date Of Report	05/04/2019 13:50
Date Of Accident	04/04/2019 19:00
Exact Location Of Accident	AYE TWDS TUAS
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD5177C
Insured/Policyholder	
Name Of Registered Owner	LEE PAK KEOW
NRIC No	S7733121B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96819836
Alternative Phone No	OFFICE-96819836
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	DMPCSN3060831802
Cover Note Number	
Driver	
Name of Driver	LEE PAK KEOW
NRIC No	S7733121B
Date Of Birth	24/11/1977
Occupation	INDOOR
Date Of Driving Pass	29/10/1998
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96819836
Fax Number	
Contact Number	OFFICE-96819836
EMail Address	NOEMAIL

Address 7 LEW LIAN VALE #04-23

Postcode 537019

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 CLOUDY Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

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)

**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 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

YM6507B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE Name of Driver SUBBUKKANNU KANNAN

NRIC/Passport Number

G5938730N

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# SKETCH PLAN

## IMPORTANT NOTICE

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

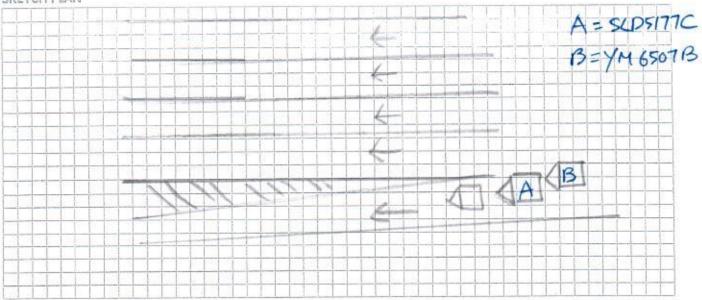
Policyholder's Signature

Date & Time:

1040

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

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On ale	19 at 19-00 HRS I was travelling at AYE toward Twa Road). I was stopping at the Slip Road due to traffic. Suddenly I feel an impact a m/lorry YM 650 nto my tear portion. I quickly came down and take the and exchange license. No one was injured
101	Part To a description of the state of the to
CSUP	1000). I was stopping at the sip 10000 one to
heavey	trattic. Indoleny I teel an impact a millorry 9 11 570
hit or	nto my tear portion. I quickly came down and take the
photo	and exchange license. No one was injused

DECLARATION

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

Policyholder's Signature

Date & Time: 5/4/19 1049

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

NRIC/FIN No.:

# Singapore Accident Statement

Date of Accident	4/4/19		
Time of Accident	1-00 pm (24hr format)		
Exact Location Of Accident	AYE toward Tuas		
Country/State of Loss			
- Charles and Charles and Charles	Details Of Own Vehicle		
Vehicle No	SLD 5177C		
Insured/Policyholder			
T.	Individua / Company		
Name of Registered Owner	Lee Pak Keon		
Co Reg No			
Email Address	pakmay @ yahoo.com. / wonnewing @ babwin M9.com		
Mobile No	96819836		
Alternative Phone No			
Vehicle Particulars			
Manufacturer	Hunda Vezel		
Model			
Are you claiming under your	own insurance Yes / No		
policy for repair to your vehic	cle?		
If No, Please state action to b	pe taken		
Vehicle Category			
Insurance Company	HER LEGISLATION OF THE PROPERTY OF THE PROPERT		
Name of Insurance Company	China Taiping Insurance		
Type Of Coverage	Comp		
Fleet Policy	Yes /No		
Policy Number	DMPCSN 3060831802		
Cover Note Number			
Driver	CHARLES AND		
Name of Driver	Ce Par Keow		
NRIC No	IRIC No 57733121B		
Date of Birth 24/11/1977			
Occupation (inde	oor / Outdoor		
Date of Driving Pass	29/10/1998		
Gender F	emale / (Male)		

Mobile Number 9687 9836		
Fax Number		
Contact Number		
Email Address		
Address		
Postcode		
Was driver an employee of the Insured's Company	(Yes) / (You)	
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own Vehicle	cle Nil	
Insurance Company of Driver's Own Vehicle	Nil	
General Information of the Accident		
Type of Accident		
Weather Conditions	Account to the second s	
Road Surface Other Information		
Was any foreign vehicle involed in this accident?	Yes / No	
Was any body injured in the Accident?	Yes / No	
Was any other material or property damaged?	(es)/ No	
Was there any video captured by Car Camera?	Yes / No	
Number of Passengers (including Driver)		
Details of Police Action		
Was the accident reported to the police?	Yes / No	
If Yes, Please state which Police Station	A	
Was notice of intended Prosecution given?	Yes / No	
If Yes, against whom?		
	M 6507 B	
	11070117	
Vehicle Make/Model/Colour		
Details Of Properties	S. Lbuklcoon K	
Name of Driver	Subbukkannu Kannan	

# IDENTITY CARD NO. S7733121B REPUBLIC OF SINGAPORE



(LI BOCHAO) 博 旭

Date of birth 24-11-1977

SINGAPORE

Country/Place of birth





5319288



NRIC No. S7733121B

19-06-2014

7 LEW LIAN VALE #04-23 SINGAPORE 537019 NRIC No: \$7733121B

20/07/2017



7 Lew Lian Vale #04-23 S 537019

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES:

PASS DATE

Class 3

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

29 Oct 1998

ND 430





中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co Reg No 200208384E

MX1E R SN AN0571A Cov. Type: C

MOTOR PRIVATE CAR

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)

**ORIGINAL** 

CERTIFICATE NO.

DMPCSN3060831802

Engine No :L15B4036308 ChaNo: RU11116301

1 Index Mark and Registration

Number of Vehicle

SLD5177C

Name of Porcy Holder

4. Date of Expiry of Insurance

LEE PAK KEOW

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

20 June 2018

Named Drivers Ex Sect. I ...... s\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25...... \$\$3,000.00

Ex Sect. I - Age >= 26...... \$\$500.00

19 June 2019

\* Age as at date of accident EX ON WINDSCREEN ..... \$\$100.00

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 1

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)

One time Waiver of Excess for the first \$\$500 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.: HL BANK 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 re-

\_\_\_ M9

For CHINA TAIPING INSURANCE (SINGAPORE) PTE: LTD.

Issued By:

OBILE PIE LTD.

nonsed Officer

Authorised Signatory

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