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Assessment/Su	
TP Insurer: Ass't Report b	y Pax / Hand to Owner/Wksp
Proforred Wksp / INC Assign Wksp / QW: (Tol: Fax: ')
TP Panticulars: Veh No: SHO 5905H.	. INC(,)/Non-INC()
Owner / Driver: (Tel:
Policy No: () Period: () Cover Type: ().
Confirmed by 1 (Datei, Thire;
	WO): N: 0-20%; P: 21-79%. P: 80-100%]
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2/3	hvotes dated Per Charged , Billion

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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	17/04/2019 11:09
Date Of Accident	13/04/2019 10:05
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ5199U
Insured/Policyholder	
Name Of Registered Owner	NEIL YANG YANMING
NRIC No	S8314718J
Email Address	EJTXTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92722229
Alternative Phone No	OTHERS-92479694
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO PERSONAL EVENT
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120029181701
Cover Note Number	
Driver	
Name of Driver	TAN TIAN HEE, ELIZABETH JOY (CHEN TIANXI)
NRIC No	S8712156I
Date Of Birth	04/05/1987
Occupation	INDOOR
Date Of Driving Pass	10/08/2006
Driving Experience	12 YEARS AND 8 MONTHS
Gender	FEMALE
1-19-11-1	

(LOCAL) +65-92722229

EJTXTAN@GMAIL.COM

OTHERS-92479694

Address

65 SUNSET WAY

#05-14

Postcode

597090

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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

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?

NO

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)

2

Passenger 1

NAME:

: FRIEND

GENDER:

: FEMALE

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

I WAS DRIVING IN HEAVY TRAFFIC ALONG THE PIE IN THE DIRECTION OF CHANGI AIRPORT, WHILE I WAS TRYING TO CHANGE LANE, THE TAXI SHD5925H IN FRONT OF ME HAD STOPPED AND I KNOCKED INTO THE BACK OF THE SAID TAXI.

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

SHD5925H

Vehicle Make/Model/Colour

TOYOTA PRIUS

Details Of Properties

Vehicle Category

Name of Driver

KOH SWE HOCK

NRIC/Passport Number

S1109189Z

Contact Number

94711393

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

3

ME:

GENDER:

Passenger 2

NAME:

- 1

GENDER:

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.

Policyholder's Signature

Date & Time:

17/04/19, 1006 HPS

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/04/19, 1006 hrs

Reporting Centre Persønnel's Signature

Name: RESh WAND

NRIC/FIN No.:

I was driving in heavy traffic along the PIE in the direction of changi
Airport. While changing lane, the taxi in front of me had stopped,
and I knocked into the back of the taxi.

DECLARATION

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

Policyholder's Signature

Date & Time: 17/04/19, (006 HPS Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/04/19, 1000 hrs

Reporting Centre Personnel's Signature

NRIC/FIN No.:

ACCIDENT STATEMENT

	ACCIDENT DATE: (13. / 04/ 19)(DD/MM/YYY), WME: (10 : 05)(HH:MM)
#	I A A FINAL IN THE REST OF THE
3	LOCATION: PAN ISLAND EXPRESS HAY TOWARDS CHOUSE ATROOK?
	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: SJQ 51994
	b)INSURANCE COMPANY: UOI *
	CIPOLICY NUMBER: DHOM 1200 SIR 1701
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	D)MAKE & MODEL: HONDA STREAM
	I)TYPE: (SALOON / COUPE (MPV) / VAN / LORRY / MOTORCYCLE / OTHERS)
	.g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE)
6	h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING TO PERSONAL EVENT
	HARE YOU CLAIMING UNDER YOUR OWN INSURANCE (NES) HO
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER
121	A) NAME: NEIL YANG YANMING AMALE DEEMALE)
RIFURD (F)	b) NRIC/FIN/PASSPORT: S8314718J CONTACT: 92722229
	C) ADDRESS: 65 SUNSET HAY, #05-14 FREELIA WOODS
	. \$(597090)
MILL D	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
A Ho of bass	en az DRIVER
Clincluding a	DINAME: IAN TIAN HEE EUZABETH DOY
(<u>2</u>)	CONTACT: 034101361 CONTACT: 02470604
-2	CIADDRESS: 65 SUNSET WAY, #05-14 FREESIA HOODS,
	3(347040)
v.	e)OCCUPATION: (NDOOR) OUTDOOR)
	FIDATE OF DRIVING PASS 10/08/06
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES LIND
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: W SPOUSE
	5. GIWEATHER CONDITION: (CLEAR) RAINING / OTHERS
eth.	b ROAD SURFACE: DRY/ WET / OTHERS
	6. WAS ANYBODY INJURED IYES (NO)
50	7. a) REPORTED TO POLICE (YES (NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
14 No of me	8. THIRD PARTY VEHICLE
4 He of passon	eser of VEHICLE NUMBER: SHD 5925H MODEL: TOYOTA PRIUS.
C Including di	b) DRIVER'S NAME: KOH SWE HOCK
(3)	c) NRIC/FIN/PASSPORT: S11091892 CONTACT: 94711393
× 1. A	9. THIRD PARTY VEHICLE
4 No of passe	d) VEHICLE NUMBER: MODEL:
(Including d	HIVER S NAME:
1 3	NRIC/FIN/PASSPORT:CONTACT:
()	
	W 97 97

email = ejtxtan @ gmail.com

REPUBLIC OF SINGAPORE





TAN TIAN HEE, ELIZABETH JOY (CHEN TIANXI)

陈 天 喜 CHINESE

Date of birth Se 04-05-1987 F Country of birth SINGAPORE



4753058



NRIC No. S87121561



Date of Issue 21-06-2011

65 SUNSET WAY #05-14 SINGAPORE 597090

NRIC No: \$87121581

Date: 27/01/2019

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

PASS DATE

DRIVING LICENCE

Leance Namber S 8 7 1 2 1 5 6 1

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

10 Aug 2006

NP 428A





United Overseas Insurance Limited

3 Anson Road #28-01 Springleaf Tower Singapore 079909

Tel (65) 6222 7733 Fax (65) 6327 3869 / 6327 3870 Email: ContactUs@uoi.com.sg uoi.com.se

Co. Reg. No. 197100152R

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.

DH0M120029181701

Excess:

\$500/-NAMED DRIVERS

Type of Cover

COMPREHENSIVE

\$1500/-OTHERS

Vehicle Number

\$3000/-APPL TO <25 YRS & OR <3YRS EXP

Name of Insured

SJQ5199U

\$100/-WINDSCREEN DAMAGE CLAIM

Restricted Driver(s)

NEIL YANG YANMING NOT APPLICABLE

Period of Insurance 17 May 2018 to 16 May 2019

Engine#

R18A13850296

Hire Purchase

UNITED OVERSEAS BANK LIMITED

Chassis#

JHMRN68809C200301

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1] AUTHORISED DRIVER

(1) The Insured

(2) Any other person who is driving on the Insured's order or with his permission

(3) In the event of the death of the Insured
(a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and

(b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business

THE POLICY DOES NOT COVER

Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purposes in connection with the Motor Trade

The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be deemed to constitute use for hire or reward

Provided that the person 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

*Limitation 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).

UNITED OVERSEAS INSURANCE LTD

pper

For the Company

RCHJC

Date: 17/04/2019