NATIONAL Assessment Centi	e Services (mer Harrow)			
Date In: 16/05/19	Job description	Date & Time Completed	Done	by
Ref No NA/CTI19008674/13	SAS e-filing			
Veli No: 5246312 K	E-mail (within 8hrs, AIC 2hrs)			A
DOA 15/05/19 1400	i-Motor Claim Form		-	
OD TP (Reporting Only	f-Motor W/O (Within: OD 2	thrs. TP 4hrs)		
The following only	i-Photo Uploaded			157
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	d to Owner/Wksp	61121000 =xe===	
Preferred Wksp / INC Assign Wksp / QW; (Tel: Fax:		
TP Particulars: Veh No:	SKP3919R INC	()/Non-INC()		re- mer
Owner / Driver: (Tel:)	
	riod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-100	%]	
	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,0	000 () / \$2,000 ()			
General Remarks:-			NE CONTRACTOR	de la contrata
() Walk-In Customer: Customer's info	rmation strictly Confidential & S	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insur-				
Drive-In ()/Towed-In (); Invoice	e: YES () / NO () ;	Towing Co. (+)
Remarks:- (INC horline: 6788 6616)				
17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date&Time Completed	Done	ьу
Apply for Transport Allowance ()/(QC Check / Post Repair Inspection	Courtesy Car ()			
3) Upload Resurvey Photo [Repair Cost > \$3	()			
Injury:	()		-	
Injury:	148	-		
Date/Time Actions			A CONTRACTOR	HTG/H/GGG
NA1903655	Invoice Pr	eparation Checklist	Anit (S)	Amt (\$
laimant's Particulars :-	1) AR : Accide		lst Bill	Add Bil
	2) DA : Dama 3) TF : Towing	ge Assessment (\$100); INC (\$80) g Fee \$40/\$4	S	
Priver/Owner:	4) FT : Follow	-Through Survey \$12	0	
Contact No:		-Through Survey (Resurvey) \$30 g against INC Only (wef 10 Jan 2005)	0	
Pamaged Portion:	6) TR : Re-ins	10 - 10 - 10	+	
		itional Services		
C Checked by (Engr-In-Charge):	OD* *N5: Courte	ssy Car / Tpt Allowance \$	5	
	*N6: Repair	Co-ordination \$1	0	
Auditors' Comments :-	and the state of t	epair Inspection \$2 Collect Excess Coordination \$		
at. 1:	<u>TP(NH)</u> :	TP (Non INC) against INC \$2	0	
at 2/3:	9) N12: Idne N Invoice dated	Sobile 30 Fee Charged	1	him Z
ESPECIAL W	Invoice dated	Fee Charged	THE STATE OF THE S	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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</u> and <u>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.
- 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.

ACCIDENT STATEMENT

	ASSIDENT STATEMENT	
Date Of Report	16/05/2019 12:09	
Date Of Accident	15/05/2019 14:00	
Exact Location Of Accident	750A VIVA BUSSINESS PARK CARPARK LVL 2	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJY6312K	
Insured/Policyholder		
Name Of Registered Owner	NEO GUEK WU	
NRIC No	S7215186J	
Email Address	GUEKWU@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-90118996	
Alternative Phone No	OTHERS-90118996	
Vehicle Particulars		
Manufacturer	VOLVO	
Model	S80	
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	REPORTING ONLY	
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	DMPCSN3002881901	
Cover Note Number		
Driver	RESTRICTED TO SERVICE OF THE PARTY OF THE PA	
Name of Driver	NEO GUEK WU	
NRIC No	S7215186J	
Date Of Birth	28/04/1972	
Occupation	INDOOR	
Date Of Driving Pass	09/01/1995	
Driving Experience	24 YEARS AND 4 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-90118996	
Fax Number		

OTHERS-90118996

GUEKWU@HOTMAIL.COM

BLK 291C COMPASSVALE STREET Address

#11-260

Postcode 543291

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 SIDE SWIPE 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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance? Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKP3919R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver NG KIAN WEE NRIC/Passport Number

Contact Number

S7915004E

98531652

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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:
 - (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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

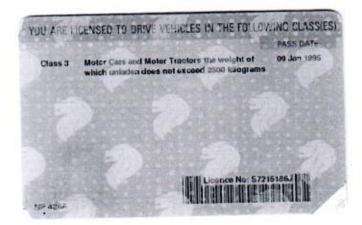
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











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 AN0478A 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, 1950 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMPCSN3002881901

Engine No : B5254T4459427 Chano: YV1AS6050A1132848

1. Index Mark and Registration

SJY6312K

Number of Vehicle

AUTOSAFE

2. Name of Policy Holder

4. Date of Expiry of Insurance

NEO GUEK WU

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

20 March 2019

Named Drivers Ex Sect. I S\$1,500.00

Additional Ex Other than Named Drivers:

19 March 2020

Ex Sect. I - Age <= 25...... 5\$3,000.00

* Age as at date of accident

- 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:

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) will be doubled.

One time Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised workshops for each Policy Year.

* 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. LTD.

Issued By: ____INSURE HOS. PTE_LID._____ Authorised Officer

Authorised Signatory