i april de l'arr NATIONAL Assessment Centre Services. por Doring. MINIA 119065479 Date In: 2115/19 Jeb description Date & Time Completed Done by 15:34 Ref No: SAS c-filing MA/ CTI 19008858/ 64. Veh No: SJD 9444D E-mail (while this, AIC this) DUA . I-Motor Claim Form 2015/19 18:40. I-Motor W/O (Within: OD 2hrs, TP 4brs) (11) (D) ! Reporting Only I-Photo Uplonded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Whon Proformed Wisp / INC Assign Wisp / QW: (Fact: I'P Particulars: Veh No: INC ()/Non-INC (Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: (Confirmed by: (Dates Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (S Loading: \$1,000 ()/\$2,000 (Concellite to he have been a some field) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towad-In (); Invoice: YES () ; Towing Co: (1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection .) Upload Resurvey Photo [Repair Cost>\$3000] Injury : Data Edny Raction WA190366 Charachts Dordenton 1) AR 1 Apoldent Reporting (530); 2) DA | Damege Assessment (\$100); Driver/Owner: 3) Tr I Towing Pee 340/345 4) PT : Follow-Through Survey \$120 Contact No: 5) PT t Pollow-Through Burvey (Resurvey) Porolaining against INC Only (wol 10 Jan 2003) Damaged Portion: 6) TR : Re-Inspection 7) NI 1 Idao DA + SMRT Surve) 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): *NS: Courtesy Car / Tpt Allowance 23 * NG: Repair Co-ordination 510 Auditors Comments * 197; Post Repair Inspection 323 *Na: DV / Collect Excess Coordination 31 Cat. 1: TP (N11) : TP (Kin INC) against INC \$20 9) N12: Idao Mobile 11 2/3: Involce dated Per Charged Involce dated

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.
- 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.

Date Of Accident 20/05/2019 18:40 Exact Location Of Accident HOUGANG ST 91 TWDS HOUGANG AVE 4 JUNC SINGAPORE DETAILS OF OWN VEHICLE SJD9444D JETAILS OF OWN VEHICLE JETAILS OF OWN VE		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss DETALS OF OWN VEHICLE SJD9444D Vehicle Registration Number SJD9444D Name Of Registered Owner Name Of Registered Owner Name Of Registered Owner Note Maldress NOEMAIL Mobile Phone No L(COAL) + 65-90172741 Vehicle Particulars Very out claiming under your own insurance policy or repair to your vehicle? Vehicle Category PRIVATE USE NO OFFICE-90172741 Vehicle Category PRIVATE CAR Interpretation to be taken Vehicle Category PRIVATE CAR Interpretation No Condition of the Number Vehicle Coverage Comprehensive Vehicle Coverage Comprehensive Vehicle Number Vehicle Sassassassassassassassassassassassassass	Date Of Report	21/05/2019 15:34
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or repair to your vehicle? If No, Please state action to be taken THIRD PARTY PRIVATE CAR THE CAR T	Exact Purpose for which vehicle was being used at time of accident	
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Cover Note Number	Fleet Policy	NO
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S8243453D	Driver	
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MALE Mobile Number (LOCAL) +65-90172741 ax Number Contact Number	Date Of Driving Pass	24/03/2004
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ax Number contact Number	Gender	MALE
ontact Number	Mobile Number	(LOCAL) +65-90172741
	Fax Number	
Mail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address BLK 610 HOUGANG AVE 8 #10-492

Postcode 530610

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - SON IN LAW

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 ON COLLISION

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

Was any body injured in the Accident? YES

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: : GOH SI MIN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

TEL NO: 65470000 - FAX NO:

If Yes, against whom?

Police Station Contact

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

GY3232M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ANG CHEE TAT ALFRED (WENG ZHIDA ALFRED)

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SJD9444D

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance? Address Postcode

NO

NO

DETAILS OF INJURED PERSON 2

Name GOH SI MIN

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SJD9444D Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address Postcode

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 truthful and accurate as possible. Any wliful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4 The lastic 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
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 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 personal information personal information to all insurer(s) may 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)
 - 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.

& Goh

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.:

		vehicle A: SJD 9444D
	Hougang st 51	vehicu B: GY 3232 m
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	No.	igang tive 4
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DESCRIBE CIRCUMS	TANCES OF THE ACCIDENT Housing & 91	
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DECLARATION We declare the forces		
the foregoing p	particulars are true in every respect.	//
Goh	Sul	ful
licyholder's Signature te & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
	Date & Time:	Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

LOCATION: Naughing of 91 took thoughing Ave & Jandhon 1. DETAILS OF VEHICLE divenicle Number: SSD 9444D DIPISURANCE COMPANY: China Taiging CIPOLICY NUMBER: Dump LCS N3651611902 DIPOLICY TYPE: (COMPRESED)SIVE / THIRD PARTY / THIRD PARTY FIRE & THEF 9)MAKE & MODEL: Toyoth Allis FITYPE: SACOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) HOPEROSE OF LUNKO AT ACCIDENT TIME: Private Lunc IJARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 1. INSURED / POLICY HOLDER A)NAME: Gook Kok Huge. (MALE / FEMALE) DINRIC/FIN/PASSPORT: S 1318712F CONTACT: CIADDRESS: Binc 610 Haugery Ave & #10-492 (S) 536610 TONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER A)NAME: Gook Kok Huge. (MALE / FEMALE) DINRIC/FIN/PASSPORT: S 81 +5453D CONTACT: 9017 1741 CIADDRESS: Binc 610 Haugery Ave & #10-492 (S) 536610 TONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER A)NAME: Gook Cot Tol Alfred DINRIC/FIN/PASSPORT: S 81 +5453D CONTACT: 9017 1741 CIADDRESS: Binc 610 Hougery Ave & #10-492 (S) 536610 TONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER A)NAME: Gook Cot Tol Alfred DINRIC/FIN/PASSPORT: S 81 +5453D CONTACT: 9017 1741 CIADDRESS: Binc 610 Hougery Ave & #10-492 (S) 536610 TONTINUE TO 3.d IF DRIVER ALSO POLICY FOR THE INSURED'S COMPANY? (YES / NO) 1) CIADDRESS: Binc 610 Hougery Ave & #10-492 (S) 536610 TONTINUE TO 3.d IF DRIVER WITH INSURED: Son - In - Low DINRIC/FIN/PASSPORT: DOLICE (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son - In - Low DIRRORAD SUPPRICE (BY / WET / OTHERS DIRRORAD SUPPRICE (BY / WET / OTHERS DIRRORAD SUPPRICE (BY / WET / OTHERS DIRRORAD SUPPRICE DIRRORAD SUPPRICE (BY / WET / OTHERS DIRRORAD SUPPRICE (BY / WET / OTHERS DIRRORAD SUPPRICE (BY / WET / OTHERS DIRRORAD SUPPRICE (BY / WET / OTHERS) DIRRORAD SUPPRICE (BY / WET / OTHERS) DIRRORAD SUPPRICE (BY / WET / OTHERS) DIRRORAD SUPPRICE (BY /		ACCIDENT DATE 10 5 / 201	9 (DD/MM/YYYY), TIME: 18 40)(HH	MM
DETAILS OF VEHICLE DIVENICLE NUMBER: SSD 9444D DIRISURANCE COMPANY: Chira Tairing DIPOLICY NUMBER: DWG LC N3051611902 DIPOLICY NUMBER: DWG LC N3051611902 DIPOLICY TYPE: (COMPRESEDSIVE / THRD PARTY / THRD PARTY FIRE & THEF B)MAKE & MODEL: Torgeth, AHB DITYPE: (SAC)ON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) BIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) BIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) BIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) BIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) BIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 1 INSURED / POLICY HOLDER ANAME: GOL KOK HUGE DINRIC/FIN/PASSPORT: S 13 18712 CONTACT: 9017 1911 DINRIC/FIN/PASSPORT: S 11 18712 CONT	100	LOCATION: Housing st 91	tude Hongany Ave 4 Junction	
DIVERIOLE NUMBER: SSD 91444D DIRISMANCE COMPANY: Chim Taiging CIPOLICY NUMBER: DMP (SN301611902) DIPOLICY TYPE: (COMPRESSIVE / THRD PARTY / THRD PARTY FIRE & THEF B)MAKE & MODEL: TOGGTO AND DIVERICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) BIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) DIPURPOSE OF USING AT A CCIDENT TIME: Private Larce DIARRY YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER AJNAME: GON KOK HUGE DINRIC/FIN/PASSPORT: S 13 18712F CONTACT: CIADDRESS: BIN GIO HOLDER DINRIC/FIN/PASSPORT: S 13 18712F CONTACT: 997 1741 DINRIC/FIN/PASSPORT: S 13 18712F DINRIC/FIN/PASSPORT: S 13 187				
DIPISURANCE COMPANY: China Taiging CIPOLICY NUMBER: DWP LIST NO STILL 1902 DIPOLICY TYPE: (COMPRETEDSIVE / THIRD PARTY FIRE ATHER BIMAKE & MODEL: Togoth AHIS ITYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) BIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) IN PURPOSE OF USING AT ACCIDENT TIME: Private Late I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: Gold Kok Huges (MALE / FEMALE) D)NRIC/FIN/PASSPORT: S 13.18712F CONTACT: C) ADDRESS: BING 610 Houseing Ave 8 #10 - 492 (S) 530610 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CINCLED AND STORM OF THE INSURED (S) 530610 DINRIC/FIN/PASSPORT: S 82 454533 CONTACT: 9017 1741 D)NRIC/FIN/PASSPORT: S 15.1982 J(DD/MM/YYYY) D)NRIC/FIN/PASSPORT: S 12 / 1982 J(DD/MM/YYYY) D)OCCUPATION: (INDOOR / OUTDOOR) I) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 15 (D) WEATHER CONDITION: (COMPANY RAINING / OTHERS D) ROOAD SURFACE: (DRY / WET		alvehicle NUMBER SST	094440	
CIPOLICY NUMBER: DWO LS N3051611902 DIPOLICY TYPE: (COMPRETEDSIVE / THIRD PARTY FIRE & THEF DIMAKE & MODEL: TOYOTA MH); DITYPE: (SACON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) DIVERICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) DIPOLOR OF USING AT A CCIDENT TIME: Private Late DIPOLOR OF DESING AT A CCIDENT TIME: Private Late DIPOLOR OF DESING AT A CCIDENT TIME: Private Late DIPOLOR OF DATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: Gold Kok Husee (MALE / FEMALE) DINRIC/FIN/PASSPORT: S 1318712F CONTACT: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S 81 454530 CONTACT: 907 1741 DINRIC/FIN/PASSPORT: D 1 12 / 1982 J(DD/MM/YYYY) DINRIC/FIN/PASSPORT: D 1 12 / 1982 J(DD/MM/YYYY) DINRIC/FIN/PASSPORT: D 1 14 PRIVER WITH INSURED: SM - TM - LOW DIRROCAL SUPPLICION (D 14 PRIVER WITH INSURED: SM - TM - LOW DIRROCAL SUPPLICION (D 14 PRIVER WITH INSURED: SM - TM - LOW DIRROCAL SUPPLICION (D 14 PRIVER WITH INSURED: SM - TM - LOW DIRROCAL SUPPLICION (D 14 PRIVER WITH INSURED: SM - TM - LOW DIRROCAL SUPPLICION (D 14 PRIVER WITH INSURED: SM - TM - LOW DIRROCAL SUPPLICION (D 14 PRIVER WITH INSURED: SM - TM - LOW DIRROCAL SUPPLICION (D 14 PRIVER WITH INSURED: SM - TM - LOW DIRROCAL SUPPLICION (D 14 PRIVER WITH INSURED: SM - TM - LOW DIRROCAL SUPPLICION (D 14 PRIVER WITH INSURED: SM - TM - LOW DIRROCAL SUPPLICION (D 14 PRIVER WITH INSURED: SM - TM - LOW DIRROCAL SUPPLICION (D 14 PRIVER WITH INSURED: SM - TM - LOW DIRROCAL SUPPLICION (D 14 PRIVER WITH INSURED: SM - TM - LOW DIRROCAL SUPPLICION (DINSURANCE COMPANY:	China Taisia	
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FITTYPE: (SA ON / COUPE / MY / VAN / LORRY / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) GIVEN GIVEN ON INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER ANAME: Gob Kok Huge (MALE / FEMALE) DINRIC/FIN/PASSPORT: S 13 1 87 12 P CONTACT: CIADDRESS: BIN 610 Housens Ave 8 #10 - 492 (\$) 530610 TO ONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER BINAME: Rog Chee tot Altred DINRIC/FIN/PASSPORT: S 8 1 454530 CONTACT: 907 2741 DINRIC/FIN/PASSPORT: S 8 1 454530 CONTACT: 907 2741 GODATE OF BIRTH: (22 / 12 / 19 82)(DD/MM/YYYY) BIOCCUPATION: (INDOOR / OUTDOOR) GIVEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son In - Low DIROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (COBAR / RAINING / OTHERS DIROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (COBAR / RAINING / OTHERS DIROPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Online WHICE APPROXIMATE (Including driver) DIROPORTED TO POLICE (YES / NO) DIROPORTED TO POLICE (YES / NO) ONLY OF THE PARTY VEHICLE ONLY OF THE PARTY VEHICLE ONLY OF THE PARTY VEHICLE ON PRICIPIN/PASSPORT: OONLY ON THE STATION: ONLY OF THE PARTY VEHICLE O		DIPOLICY TYPE ICOMPREH	None / Turn and	
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in purpose of using at accident time: Private use if are you claiming under your own insurance (YES/NO) IF NO, Please state (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: Gob Kok Huger (MALE / FEMALE) b) NRIC/FIN/PASSPORT: S 13 18712F CONTACT: c ADDRESS: Bin GIO Haugury Ave 8 tho 402 (\$) 530610 TO TIMUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (1) DINRIC/FIN/PASSPORT: S 82 454553 CONTACT: 907 1741) DINRIC/FIN/PASSPORT: ONLY 1845 ALIGN CONTACT: 907 1741 DINRIC/FIN/PASSPORT: ONLY 1845 DINRIC/FI		FITYPE /SAPON / COURE (ADV OCCUPANT	
IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: Gob Kock Hugee [MALE / FEMALE] D)NRIC/FIN/PASSPORT: S 13 18712F CONTACT: C ADDRESS: BIK 610 Haugery Ave 8 the 40 402 (\$) 530610 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CINCLED AND CONTACT: 907 JT 11 DINRIC/FIN/PASSPORT: S 82 454550 CONTACT: 907 JT 11 DINRIC/FIN/PASSPORT: 9000000000000000000000000000000000000		GIVEHICLE CATEGORY (PRO	MPV /VAN / LORRY / MOTORCYCLE / OTHERS	5)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER ANAME: Gob Kok Huser [MALE / FEMALE] DINRIC/FIN/PASSPORT: S 13 1 8712 P CONTACT: CIADDRESS: BIN 610 Hargary Ave 8 #10 - 492 (\$) 530610 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CINCLETIN/PASSPORT: S 81 434533 CONTACT: 907 1741 CIADDRESS: 9K 610 Hougany Ave 8 #10 - 492 (\$) 530610 **TO Gob Si Min F God Chee tot AND POLICY HOLDER CONTACT: 907 1741 DINRIC/FIN/PASSPORT: S 81 434533 CONTACT: 907 1741 DINRIC/FIN/PASSPORT: CONTACT DINRIC/FIN/PASSPORT: CONTACT CONTACT MALE / FEMALE) [MALE / F		DIPURPOSE DE LIGINO AT A O	MIE/ COMMERCIAL / MOTORCYCLE)	
2. INSURED / POLICY HOLDER ANAME: Gob Kok Huser [MALE / FEMALE] DINRIC/FINIPASSPORT: S 13 1 8712 P CONTACT: CIADDRESS: BIN 610 Hargang Ave 8 #40 - 492 (\$) 530610 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CINCLETINIPASSPORT: S 81 434533 CONTACT: 907 J741 CIADDRESS: BIN 610 Hougang Ave 8 # 10 - 492 (\$) 530610 DINRIC/FINIPASSPORT: S 81 434533 CONTACT: 907 J741 CIADDRESS: BIN 610 Hougang Ave 8 # 10 - 492 (\$) 530610 FOR SI MIN F GODATE OF BIRTH: 122 / 12 / 1982 J(DD/MM/YYYY) DIOCCUPATION: (INDOOR / OUTDOOR) TYPEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON - In - Law DIROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. CIREPORTED TO POLICE (YES / NO) 18 THRD PARTY VEHICLE CINCLETING AVIVER: GY 3232M MODEL: CINCLETIN/PASSPORT: CONTACT CONTACT MALE / FEMALE) (MALE / FEMALE) (MA		HARE YOU CLAIMING HADED	CIDENT TIME: You've Use	
A JNAME: GON KOK HUDER DJNRIC/FIN/PASSPORT: S 13 1 87 12 F CONTACT: CIADDRESS: BING GOD HOUGH AVE 8 #40 - 492 (\$) 530 610 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CINCLEDING STORY DRIVER CINCLEDING STORY CIADDRESS: BX 610 HOUGH ALFORD DJNRIC/FIN/PASSPORT: S 81 454530 CONTACT: 907 1741) CIADDRESS: BX 610 HOUGH AVE 8 #10-492 (\$) 530610 TO GOL SI MIN (F) "CIADDRESS: BX 610 HOUGH AVE 8 #10-492 (\$) 530610 TO GOL SI MIN (F) "CIADDRESS: BX 610 HOUGH AVE 8 #10-492 (\$) 530610 TO GOL SI MIN (F) "CIADDRESS: BX 610 HOUGH AVE 8 #10-492 (\$) 530610 TO GOL SI MIN (F) "CIADDRESS: BX 610 HOUGH AVE 8 #10-492 (\$) 530610 TO GOL SI MIN (F) "CIADDRESS: BX 610 HOUGH AVE 8 #10-492 (\$) 530610 TO GOL SI MIN (F) "CIADDRESS: BX 610 HOUGH AVE 8 #10-492 (\$) 530610 TO GOL SI MIN (F) "CIADDRESS: BX 610 HOUGH AVE 8 #10-492 (\$) 530610 TO GOL SI MIN (F) "CONTACT 901 1741) TO GOL SI MIN (F) "CONTACT 901 1741 TO GOL SI MIN (F) "CONTACT 901 1741		IF NO. PLEASE STATE ITHIRD	YOUR OWN INSURANCE (YES/NO)	
AJNAME: Gol Kok Huge (MALE/FEMALE) DJNRIC/FIN/PASSPORT: S 1318712F CONTACT: C/ADDRESS: BIK 610 Haugery Ave 8 #40-492 (\$) 530610 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CINCLED DINRIC/FIN/PASSPORT: S 82 #5533 CONTACT: 907-2741) DJNRIC/FIN/PASSPORT: S 82 #5533 CONTACT: 907-2741 DJNRIC/FIN/PASSPORT: S 82 #5053 CONTACT: 907-2741 CONTACT: 907-2741 DJNRIC/FIN/PASSPORT: S 82 #5053 CONTACT:		2. INSURED / POLICY HOLDER	PARTY CLAIM / REPORTING ONLY)	
D)NRIC/FIN/PASSPORT: S 13 18712F CONTACT: CIADDRESS: BIN 610 Hangary Ave 8 #40 - 492 (5) 530610 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CINCLORY driver) DINRIC/FIN/PASSPORT: S 81 454530 CONTACT: 907 1741) CIADDRESS: BK 610 Hougary Ave 8 # 10-492 (5) 530610 DO GOL SI MIN F "DIDATE OF BIRTH: 122 / 12 / 1982 [IDD/MM/YYYY] PIOCCUPATION: [INDODR / OUTDOOR] 17 YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 40) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 500 - In - Low DIROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Online 8. THIRD PARTY VEHICLE O VEHICLE NUMBER: GY 3232M MODEL: C) NRIC/FIN/PASSPORT:		ANAME GOD YOU W		
CIADDRESS: BIK 610 Hargang Ave 8 #10-492 (5) 530610 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CINCLED ASSPORT: 582 454533 CONTACT: 9017 1741) CIADDRESS: BK 610 Hougang Ave 8 # 10-492 (3) 530610 DINRIC/FIN/PASSPORT: 582 454533 CONTACT: 9017 1741) CIADDRESS: BK 610 Hougang Ave 8 # 10-492 (3) 530610 DINRIC/FIN/PASSPORT: 122 / 12 / 1982)(DD/MM/YYYY) POCCUPATION: (INDOOR / OUTDOOR) IF YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 40) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son - In - Law DINROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Online 8. THIRD PARTY VEHICLE (1) INCLUDING AVIVER) DINRIC/FIN/PASSPORT: CONTACT CONTACT: 9012 (S) 530610 [MARIE/FEMALE] [MARIE/FEMAL		DINRIC/FIN/PASSPORT: 5 13	[Trible Lander Lander	
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CINCLETING driver) DINRIC/FIN/PASSPORT: 582 +5+550 CONTACT: 9017 1741 CIADDRESS: 9K 610 HOLGON, Ave 8 # 10-492 (5) 530610 DISTRICTION: (INDOOR / OUTDOOR) IJYEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 50 - In - Low DIROAD SUFFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Onlive B. THIRD PARTY VEHICLE (Including driver) D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT:		CIADDRESS: BIK 610	CONTACT:	_
(Including driver) CINCLED DINRIC/FIN/PASSPORT: \$81 +3+530 CONTACT: 907 1741 CIADDRESS: OK 610 HOUGHING AVE 8 # 10-492 (3) 530610 (D) GOL SI MIN F "CIDATE OF BIRTH: 122 / 12 / 1982 J(DD/MM/YYYY) SIOCCUPATION: [INDOOR / OUTDOOR) I) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON - In - Law D) WEATHER CONDITION: (CODAR / RAINING / OTHERS D) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Online 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: GY 3232M MODEL: (Including driver) D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT:			margang AVE 8 #10-492 (s) 530610	0
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(02) SI MINE FOR CHE TOT AFFECT DINRIC/FIN/PASSPORT: S81454533 CONTACT: 9017 1741 CHADDRESS: WK 610 HOUGH, AVE 8 # 10-492 (3) 530610 TO GOL SI MINE GOLD FOR CONTACT: 9017 1741 DIOCCUPATION: [INDOOR / OUTDOOR) FLYEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / WO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SM - In - LOW DIROAD SURFACE: (DRY / WET / OTHERS MAS ANYBODY INJURED (YES / NO) 7. CIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Online 8. THIRD PARTY VEHICLE C) NRIC/FIN/PASSPORT: OCUMENT C) NRIC/FIN/PASSPORT:	The of passon.	A.D. DAINER	ALESO I OLICI HOLDER	
CONTACT: 907 1741 CIADDRESS: WK 610 HOUGAN, AVE 8 # (0-492 () 530616 GOL J. Min F "a)DATE OF BIRTH: 121 121 1982 I(DD/MM/YYYY) PIOCCUPATION: [INDOOR / OUTDOOR) If YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son - In - Low D)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Online 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: GY 3232M MODEL: C) NRIC/FIN/PASSPORT: CONTACT CONTACT: 907 1741 CONTACT: 90	Cincleding driv	I CINAME: And there took AIR	rad made records	
CIADDRESS: OK 610 HOUGH, ANC 8 # 10-492 (5) 530610 TO GOL SI MIN F "CIDATE OF BIRTH: 122 / 12 / 1982 10D/MM/YYYY) PLOCCUPATION: [INDOOR / OUTDOOR) INVEARS OF DRIVING EXPRESIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON - In - Law SON WEATHER CONDITION: (COMAR / RAINING / OTHERS DIROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) 7. CIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Online **HIRD PARTY VEHICLE** ON VEHICLE NUMBER: GY 3232M MODEL: (Including driver) DIRIC/FIN/PASSPORT:	(02)	DINKINIPASSPORT: 2 81	434537	
# GOL SI MIN F "DIDATE OF BIRTH: DL / 12 / 1982 IDD/MM/YYYY DIDCCUPATION: [INDOOR / OUTDOOR) FIYEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON - IN - LOW DIWEATHER CONDITION: (CODAR / RAINING / OTHERS DIROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) FYES, PLEASE STATE WHICH POLICE STATION: Online THIRD PARTY VEHICLE DISCONSIDER WODEL: ONEIC/FIN/PASSPORT: CONTINE	- CE	CIADDRESS: OK 610 Hougan	AVE 8 # 10-492 (5) 530610	_
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flyears of driver) flyears of driving exprerience: 4. Was driver an employee of the insured's company? (YES / 10) If no, relationship of the driver with insured: Son - In - Low 5. QIWEATHER CONDITION: (COBAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. QIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Online 8. THIRD PARTY VEHICLE QI VEHICLE NUMBER: GY 3232M MODEL: (Including driver) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT:	100 don 31 1111		1982 1(DD/MM/YYYY)	5
WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON - IN - LOW 3. QIWEATHER CONDITION: (CCDAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. QIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Online 8. THIRD PARTY VEHICLE QI VEHICLE NUMBER: GY 3232M MODEL: (Including driver) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTLOY		SICCOLATION: INDOOR IO	IIIDOORI	
5. a) WEATHER CONDITION: (COBAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Online 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: GY 3232M MODEL: (Including driver) b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT		4 WAS DATIVED AN EXPRERIEN	NCE:	
5. a) WEATHER CONDITION: (COBAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Online 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: GY 3232M MODEL: (Including driver) b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT		TE NO BELATIONER OF	OF THE INSURED'S COMPANY? (YES / NO)
b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. G) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Online 8. THIRD PARTY VEHICLE (Including driver) b) DRIVER'S NAME: (Including driver) b) DRIVER'S NAME: (Including driver) b) DRIVER'S NAME: (Including driver) CONTACT				i
THIRD PARTY VEHICLE (Including driver) b) DRIVER'S NAME:		DIROAD SURFACE: 1574 CHIE	R / RAINING / OTHERS	
# He of passenger of Vehicle Number: GY 3232m MODEL: (Including driver) b) DRIVER'S NAME: (Including driver) b) DRIVER'S NAME: (Including driver) b) DRIVER'S NAME:	97	WAS ANYBODY IN HIBED WET	OTHERS	
8. THIRD PARTY VEHICLE (Including driver) b) DRIVER'S NAME:	7	alreported to pouce ver	NO)	
(Including driver) b) DRIVER'S NAME:		IF YES, PLEASE STATE WHICH DE	(Q)	
(Including driver) b) DRIVER'S NAME: (Including driver) b) DRIVER'S NAME: (Including driver) b) DRIVER'S NAME:		THIRD PARTY VEHICLE	Online	_
(Including driver) b) DRIVER'S NAME: MODEL:	this of passenger	a) VEHICLE NUMBER GY 33	12.10	
C) NRIC/FIN/PASSPORT:	Clarefulding driver	b) DRIVER'S NAME	MODEL:	1
CONTACT:	()	C) NRIC/FIN/PASSPORT.		-
THICLE PARTY VEHICLE	9,	THIRD PARTY VEHICLE	CONTACT:	_
WILL OF VEHICLE MILLIABED	* No of nocons	d) VEHICLE NUMBER-	1705-	
(Industrial DRIVER'S NAME: MODEL:	(lad)	DRIVER'S NAME	MODEL:	
Charlestony draver) fl NIBIC (EIN / DACEDORS	Conducting driver			_
() CONTACT:CONTACT:	()	-1 7001 OKI	CONTACT:	_
	~			1/2

email = rico 60 autosurvices @gmail. com fax = 6286 7060





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20190521/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2019 11:42		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: ANG CHEE TAT, ALFRED			Address: APT BLK 610 HOUGANG AVENUE 8 #10-492 SINGAPORE 530610			
ID Type / ID No.: NRIC NO / S8243453D		53D	Contact No.: Home/Office:	Mobile: 91918769		
Nationality: SINGAPORE CITIZEN		ΈN	Email: alfredang82@gmail.com			
Sex: Male			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: civil servant			Driving Licence Informatio	on:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/05/2019 18:	Type X-Jur	of Location action
Location: HOUGANG S	STREET 91				
Weather: Clear		Road Surface: Dry		Road Spee	d Limit:
	· Way		rking	Road Spee Traffic Volu Moderate	2100

Details of V	ehicle Invo	lved	(11)			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GY3232M	Van					0
SJD9444D	Car	ТОУОТА	ALTIS	Silver	Seriously Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJD9444D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30316119 02	Character Constitution Constitu		





2 of 3

Report No. T/20190521/7008

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No					
No. of Pedestrians Injured: NIL			Use of Pe	Use of Pedestrian Crossing: NA		
Passenger	SOUND TO SELECT A SEL	PARKINET.		NEDEN		SWEET DER HELDER
Name	GOH SI MIN		ID No		S9449857J	
Related Vehicle	SJD9444D (Car)			Conta	ct No.	98536794
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	t 20/05/2019 Date		Date Dis	charge	20/05	5/2019
No. of Days gran	ted Medical Leave	03	Degree o	of Injury	Slight	
Driver					1990	
Name	ANG CHEE TAT, AL	ANG CHEE TAT, ALFRED		ID No		S8243453D
Related Vehicle	SJD9444D (Car)			Conta	ct No.	91918769
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	reatment 20/05/2019			charge	20/05	5/2019
No. of Days granted Medical Leave 03		Degree o	Degree of Injury Slight			

Brief Details.

ON THE STATED DATE & TIME. I , VEHICLE A WAS TRAVELLING ON THE STATED VENUE. I STOP AT THE TRAFFIC JUNCTION , WHEN THE TRAFFIC LIGHT TURNS TO THE GREEN ARROW I ACCELERATE MY VEHICLE BUT SAW VEHICLE B APPROACHING HENCE I STOP MY VEHICLE. VEHICLE B THEN COLLIDED INTO MY STATIONARY VEHICLE FRONT PORTION.





3 of 3

Report No. T/20190521/7008

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

		-	
Sket	ah		an
OKE	CH		an

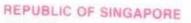
Informant is not able to provide sketch plan

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 21/05/2019 11:42
Classification Of Case:

Authentication Stamp

NP168





IDENTITY CARD NO. \$8243453D





ANG CHEE TAT, ALFRED (WENG ZHIDA, ALFRED)

志 达

CHINESE Date of birth

22-12-1982

982434500

SINGAPORE

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 kijlograms NP 428A

4918721 MRIC No. S8243453D 02-01-2013 APT BLK 610 HOUGANG AVENUE 8 518-492 SINGAPORE 530610

NRIC No. \$82434530

Date: 23/04/2018

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1318712F





GOH KOK HWEE

CHINESE

27-12-1958

Country of Birth

SINGAPORE

1152103





Stood Group Date of issue

14-07-1994

APT BLK 610 HOUGANG AVENUE 8 #10-492 SINGAPORE 530610

NRIC No: S1318712F Dete: 22-10-2000 No: 3836796



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MX1F R SN AN0287A 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.

DMPCSN3031611902

Engine No :32Z4743777 Chano: MR053ZEE106102418

1. Index Mark and Registration

2. Name of Policy Holder

SJD9444D

AUTOSAFE

Number of Vehicle

GOH KOK HWEE

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

10 April 2019

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

09 April 2020

Ex Sect. I - Age <= 25...... S\$3,000.00 Ex Sect. I - Age >= 26...... \$\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$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:*

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 S\$500 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: _____WEE_GIAP_ENTERPRISE_LLP_____ Authorised Officer

Authorised Signatory