in part there NATIONAL Assessment Centre Services. (well I Jamos) . MARA 1190 CC 60 Date In: Done by Jeb description Date & Time Completed 2215/19 14:14 Ref No: MAICTZ 1900,8982/64. SAS c-filing Vch Ho E-mail (within this, AIC 2his) 564 3795E DILLA . I-Motor Claim Form 1915/19 12:20. I-Motor W/O (Within: OD 2hrs, TP 4brs) (II) (II) Reporting Only I-Photo Uploaded Assessment/Survey Report TP insurer: Ass't Report by Fax / Hand to Owner/Wkon Proformed Wksp / INC Assign Wksp / QW: (Fax: I'l Particulius: Veh No: INC (SLW 86452.)/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: YBS ()/NO(Execus: (\$ Loading: \$1,000 ()/\$2,000 (Concold thinking & K. T. Man) Walk-In Customar: Customor's Information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mall Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () ; Towing Co: (Commence of the Commence of th 1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injurje: MA19.3739 Chammadaspartigulars 1) All t Accident Reporting (530); 2) DA : Damege Assessment (\$100) Driver/Owner: 3) Til 1 Towing Pee \$40/\$45 4) PT : Follow-Through Survey Contact No: 5) PT : Pollow-Through Burvey (Resurvey) Por plaining against INC Only (wof 10 Jan 2005) Damaged Portion: 6) TR : Re-Inspection 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): *NS: Courlesy Car/Tpt Allowanne 35 *Not Repair Co-ordination 510 Auchtors Comment * N7; Post Repair Inspection 523 *Na; DV / Collect Excess Coordination 35 at. 1: TP (N11) : TP (Kin INC) against INC = 520 9) N12: Idea Mobile

involve dated

Pee Charged

1 2/3;

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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
- 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.
- 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 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

	A COLDENIA OF A PERSON	
Date Of Report	ACCIDENT STATEMENT	
Date Of Accident	22/05/2019 14:14	
Exact Location Of Accident	19/05/2019 12:20	
	YIO CHU KANG RD B4 JUNC OF AMK AVE 5	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGY3795E	
Insured/Policyholder		
Name Of Registered Owner	MR TAN POH SOON	
NRIC No	\$70139971	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-92990033	
Alternative Phone No	OFFICE-92990033	
Vehicle Particulars		
Manufacturer	HONDA	
Model	STREAM	
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	DMPCSN3069131905	
Cover Note Number		
Driver	DAY IN A CONTROL OF THE PROPERTY OF THE PARTY OF THE PART	
Name of Driver	MR TAN POH SOON	
NRIC No	S7013997I	
Date Of Birth	24/04/1970	
Occupation	OUTDOOR	
Date Of Driving Pass	21/04/1994	
Driving Experience	25 YEARS AND 0 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-92990033	
Fax Number		
Contact Number	OFFICE-92990033	
EMail Address		

NOEMAIL

Address BLK 347B YISHUN AVE 11 #06-529

Postcode 762347

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 - CHANGE/CROSS LANE

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?

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)

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

I WAS TRAVELLING ALONG YIO CHU KANG RD BEFORE JUNC WITH AMK AVE 5, SUDDENLY I FELT AN IMPACT FROM MY RIGHT, AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO SLW8645Z) FROM MY RIGHT LANE CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT HAND SIDE.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLW8645Z

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver YAZID

NRIC/Passport Number

Contact Number 91542644

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.
- 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:
 - 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:

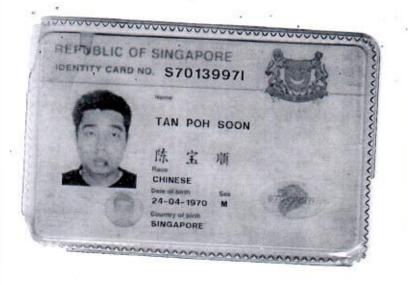
Reporting Centre Personnel's Signature

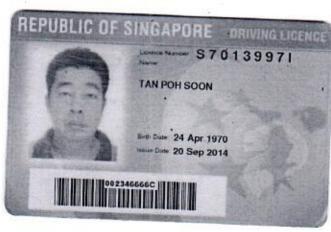
Name:

NRIC/FIN No .:

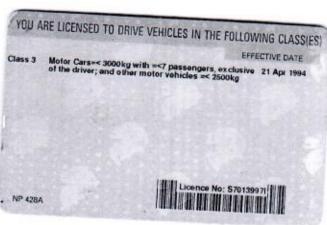
SKETCH PLAN		
MK Ave S	4 Cuangkok Gree	
	A	A= SGY 3795 B= SLW 8645
DESCRIBE CIRCUMSTANC	1 1 1 Y'a Chu Kang Ri	ol
Please	Refer to Statem	ent
DECLARATION		
Policyholder's Signature		ting Centre Personni's Signature
Date & Time:	(If driver is not the policyholder) Name:	ting Centre Personnel's Signature : FIN No.:

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

MX1F R SN AN0214A Cov. Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

otor 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.

DMPCSN3069131905

Engine No :R18A1739374 Chano: RN61035084

Index Mark and Registration

Number of Vehicle

SGY3795E

AUTOSAFE

2. Name of Policy Holder

MR TAN POH SOON

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

25 March 2019

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

24 March 2020

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

Ex Sect. I - Age >= 26...... 5\$500.00 * Age as at date of accident

EX ON WINDSCREEN 5\$100.00

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\$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.: HONG LEONG FINANCE 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. LTD.

Issued By:SC_ALLIANCE_PTE_LTD....

Authorised Officer

Authorised Signatory

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