NATIONAL Assessment Centre Services. (well) Jan'03] MIVA 11906947 Done by Date & Time Completed Date In: Jeb description 28/5/19 15:49 Ref No: SAS c-filing MAI CTI 1200,9389/64 E-mail (while this, AIC this) Vch No 56x 4338 R. i-Motor Claim Form DOA . 2715119 18:00. I-Motor W/O (Within: OD 2hrs, TP 4hrs) (1) AP Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wkap Preferred Wksp / INC Assign Wksp / QW: (Tol Fax: INC ()/Non-INC (TP Particulars: Veh No: 5LM 6593 E Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: (Thing: Confirmed by: (Date: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (Concold Romanicas & Communication) Walk-In Customer's Customer's Information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/ Towed-In (); Invoice: YES () / NO () ; Towing Co: (Cemarks: (INC Rounts Ground to Const. 1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date/Cime /Action MA1903978 1) AR 1 Analdent Reporting (530); Chrimant's Particulars VC (\$50) \$40/\$4: 3) TF 1 Towing Pee Driver/Owner: \$120 4) FT : Fellow-Through Survey 5) PT : Follow-Through Burvey (Resurvey Contact No: Por elsiming against INC Only (well 0 Jan 200) 6) TR: Re-Inspection Damaged Portion: 3160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OIL*
*NS; Courlesy Cos / Tpt Allowance QC Checked by (Engr-In-Charge): 22 510 * NG: Repair Co-ordination \$ 7.5 *N7; Post Repair Inspection Auditors Comments : *NS: DV / Collect Excess Coordination 35 TP (NII): TP (Kin INC) against INC \$20 Cat. 1: 9) N12: Idao Mobile Fee Charged Involve dated 18 2/3: Fee Charged Involce dated

i . p/t at 1.7

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.
- Information provided must be as <u>truthful and 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.
- 5. 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 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
Date Of Report	28/05/2019 15:49
Date Of Accident	27/05/2019 18:00
Exact Location Of Accident	TRAFFIC JUNC OF KALLANG BAHRU & KALLANG AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX4338R
Insured/Policyholder	
Name Of Registered Owner	CHAN WEI YAP
NRIC No	S8673164I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96549137
Alternative Phone No	OFFICE-96549137
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
f 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	DMPCSN3051051801
Cover Note Number	
Oriver	
Name of Driver	CHEN YOUREN
NRIC No	S8504512A
Date Of Birth	27/02/1985
Occupation	INDOOR
Date Of Driving Pass	18/09/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90885969
ax Number	10
Contact Number	
Mail Address	NOEMAIL

Address BLK 890A TAMPINES AVE 1 #08-311

Postcode 521890

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Drivers Own

enicie

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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? 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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

2

NO

2

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

MY VEH WAS AT THE TRAFFIC JUNC OF KALLANG BAHRU & KALLANG AVE, WHEN THE GREEN ARROW ON MY FAVOR, I TURNING RIGHT INTO KALLANG AVE, SUDDENLY VEH B (BEARING NO SLM6593E) FROM THE OPPOSITE DIRECTION BEAT THE RED LIGHT AND HIT ONTO MY VEH LEFT REAR PORTION.

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 SLM6593E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 18

Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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 B Kalleng Ave Bahru A: SGX 4332 R A B = S1M 6593E DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Sta	(Cuph)
/	

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

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.:

REPUBLIC OF SINGAPORE. JOENTITY CARD NO. \$8504512A





Name

CHEN YOUREN

陳

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任

0

CHINESE Date of birth

Sex

27-02-1985 CountryPlace of hirth

SINGAPORE











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

ANOOOGA

Cov. Type: C

PLM 318100

ORIGINAL

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)

CERTIFICATE No.

DMPCSN3051051801

Engine No :R18A11700251 ChaNo: JHMRN684075200251

Index Mark and Registration

Number of Vehicle

SGX4338R

Name of Policy Holder

CHAN WEI YAP

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

23 August 2018

Named Drivers Ex Sect. I S\$750.00

AutoSafe

Additional Ex Other than Named Drivers:

22 August 2019

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 \$\$100.00

- 5. Persons or Classes of Persons entitled to drive*
 - (a) The Policyholder.

4. Date of Expiry of Insurance

(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.

HIRE PURCHASE CO. : TOKYO CENTURY LEASING (S) PTE LTD

* 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.

Authorised Signatory

Issued By:

Authorised Officer