

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MHA19072264**

| | | | |
|----------------------------------|--|-----------------------|---------|
| Date In: 3/4/19-16:07 | Job description | Date & Time Completed | Done by |
| Ref No: NA/C7319009324/24 | SAS e-filing | | |
| Veh No: 0439999B | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 30/5/19-16:45 | i-Motor Claim Form | | |
| OD TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | | |
|---|----------------------|-----------------------|-------|
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax: |
| TP Particulars: | Veh No: Metal | INC () / Non-INC () | |
| Owner / Driver: (| | Tel: | |
| Policy No: (| Period: (| Cover Type: (| |
| Confirmed by: (| | Date: | Time: |
| 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 () | | | |

General Remarks:-

() Walk-In Customer: 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: ()

| | | |
|---|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury : _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|-------------|----------|----------|
| NA1904129 | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | Int Bill | Add Bill |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| Auditors' Comments:- | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | OD* | | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| | *N7: Post Repair Inspection \$25 | | | |
| | *N8: DV / Collect Excess Coordination \$5 | | | |
| | TP (N11): TP (Non INC) against INC \$20 | | | |
| | 9) N12: Idac Mobile \$0 | | | |
| | Invoice dated | Fee Charged | | |
| | Invoice dated | Fee Charged | | |

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 withholding 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.**
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

| | |
|----------------------------|------------------|
| Date Of Report | 03/06/2019 16:07 |
| Date Of Accident | 30/05/2019 16:45 |
| Exact Location Of Accident | CTE TWDS SLE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGS9999B |
| Insured/Policyholder | |
| Name Of Registered Owner | LUI PUI SZE |
| NRIC No | S7470693B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92259877 |
| Alternative Phone No | OFFICE-92259877 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | BB1.5 A |
| 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? | YES |
| If No, Please state action to be taken | |
| 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 | DMPCSN3067791801 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | KEITH ONN ZI ZHAO |
| NRIC No | S9546874H |
| Date Of Birth | 09/12/1995 |
| Occupation | INDOOR |
| Date Of Driving Pass | 23/09/2014 |
| Driving Experience | 4 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92259877 |
| Fax Number | |
| Contact Number | OFFICE-92259877 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 108 PUNGGOL WALK #17-18 |
| Postcode | 828764 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------------------|
| Type Of Accident | COLLIDED INTO PROPERTY |
| Weather Conditions | RAINING |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 1 |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190530/2098.

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 | METAL |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | GOVERNMENT |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder and/or the authorised driver.**
- 3) Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding 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.**
- 6) 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.
- 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.
- 8) **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

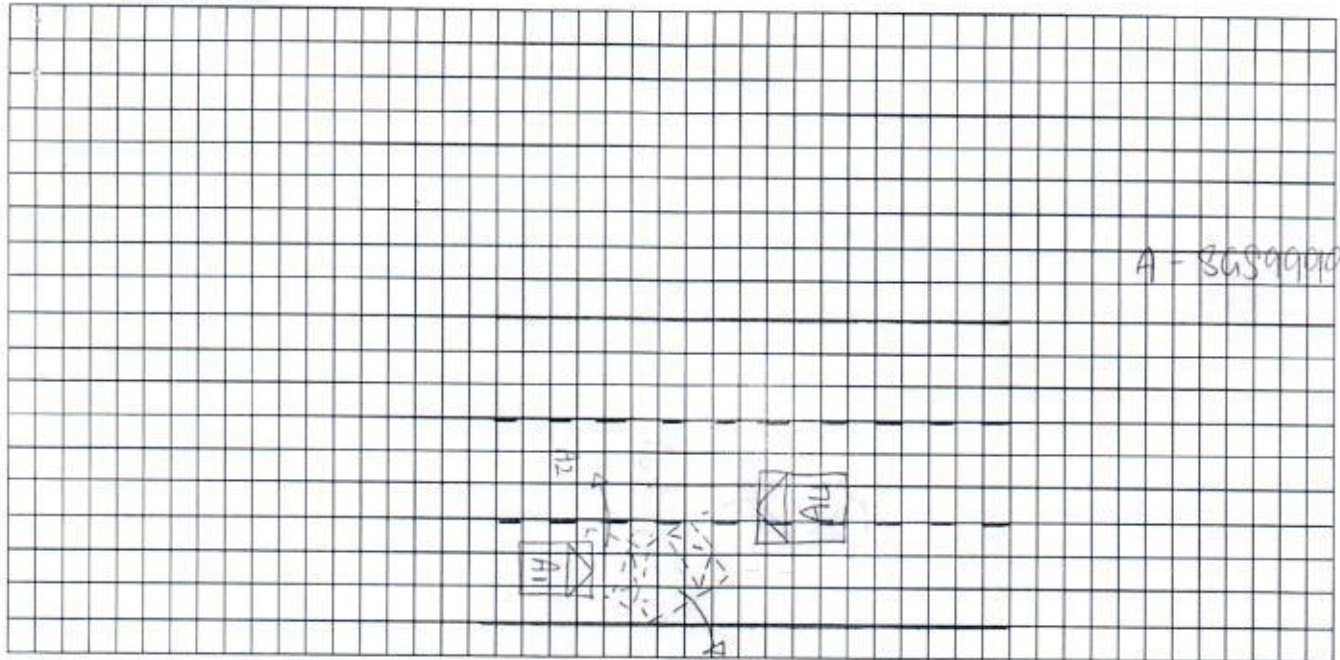
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
 - (I) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report.

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ 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 traffic police department for investigation.

ACCIDENT DETAILS

| | | |
|----------------------------|--------------------------------|------------|
| Date of accident | 30 May 2019 | (DD/MM/YY) |
| Time of accident | 4:45PM | (HH:MM) |
| Exact location of accident | Central Expressway towards SLE | |

DETAILS OF VEHICLE

| | | | |
|--|--|-------------------------------------|--|
| Vehicle registration number | SGS9999B SGS9999B | | |
| Vehicle make and model | Toyota BB | | |
| Type of vehicle | Saloon <input checked="" type="checkbox"/> | MPV <input type="checkbox"/> | CRV <input type="checkbox"/> Van <input type="checkbox"/> |
| | Lorry <input type="checkbox"/> | Bus <input type="checkbox"/> | Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category | Private <input type="checkbox"/> | Commercial <input type="checkbox"/> | Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | | | |
| Are you claiming under your own insurance company? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | if no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/> |

INSURANCE INFORMATION

| | |
|-------------------|---|
| Insurance company | China Taiping |
| Policy number | |
| Type of policy | Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

INSURED / POLICY HOLDER

| | | | |
|------------------------------|-------------|-------------------------------|--|
| Name | Zui Pui Sze | Male <input type="checkbox"/> | Female <input checked="" type="checkbox"/> |
| NRIC / Fin / Passport number | S7470693B | | |
| Contact | | | |
| Address | | | |

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

| | | | |
|------------------------------|---|--|---------------------------------|
| Name | Kath Onn Zi Zhao | Male <input checked="" type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S9546874H | | |
| Contact | 922589877 | | |
| Address | | | |
| Email address | | | |
| Date of birth | 9 Dec 1995 | | |
| Occupation | Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> | | |
| Driving date pass | 23 Sept 2014 | | |

| GENERAL INFORMATION OF THE ACCIDENT | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Son</u> |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____ |
| Road surface | Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/> |
| No of passenger | <u>1</u> (Inclusive of driver) |

| PASSENGER 1 | |
|-------------|--|
| Name | <u>Kath Onn Zi Zhao</u> |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 2 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 3 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 4 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 5 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 6 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| OTHER INFORMATION | |
|----------------------------|---|
| Was anybody injured? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was other vehicle damaged? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| DETAILS OF POLICE STATION ACTION | |
|----------------------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name | |

| WITNESS 1 | |
|-----------|--|
| Name | |

| WITNESS 2 | |
|-----------|--|
| Name | |

| THIRD PARTY VEHICLE 1 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 2 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 3 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 4 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 5 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 6 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 7 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| INJURED PERSON 1 | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| INJURED PERSON 2 | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| INJURED PERSON 3 | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| INJURED PERSON 4 | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| INJURED PERSON 5 | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| INJURED PERSON 6 | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



SINGAPORE POLICE FORCE



T/20190530/2098

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

1 of 3

Report No. T/20190530/2098

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 30/05/2019 16:45 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant: KEITH ONN ZI ZHAO | | | Address: APT BLK 108 PUNGGOL WALK #17-18 TWIN WATERFALLS SINGAPORE 828764 | | |
| ID Type / ID No.: NRIC NO / S9546874H | | | Contact No.: Home/Office: Mobile: 92259877 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 23 | Date of Birth: 09/12/1995 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: OTHERS | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|----------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 30/05/2019 04:00 | Type of Location: Straight Road |
| Location: Along Road 1 CENTRAL EXPRESSWAY | | | | |
| TWDS SLE | | | | |
| Weather: Heavy rain | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-------------------|-----------------|
| SGS9999B | Car | | | | Seriously Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20190530/2098

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

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Report No. T/20190530/2098

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|-------------------|------------------|--|---------------------------------|
| Driver | | | | |
| Name | KEITH ONN ZI ZHAO | | ID No. | S9546874H |
| Related Vehicle | NIL | | Contact No. | 92259877 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL | |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL | |

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION.

I WAS DRIVING MY CAR (SGS9999B) ALONG THE STRAIGHT ROAD OF THE EXPRESSWAY ON THE 1ST LANE. TRAFFIC WAS CLEAR AND LIGHT BUT IT WAS RAINING HEAVILY. DUE TO THE BAD ROAD SURFACE, I SKIDDED AND COLLIDED ONTO A METAL OBJECT.

NO OTHER VEHICLES WERE INVOLVED AND THERE IS NO INJURIES.

MY CAR HAS SLIGHT DAMAGES AND WAS TOWED TO TRAFFIC POLICE.

THATS ALL



**SINGAPORE
POLICE FORCE**



T/20190530/2098

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

3 of 3

Report No. T/20190530/2098

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
30/05/2019 16:45

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

5382923



NRIC No. S9546874H

Date of issue

31-08-2015

Address

APT BLK 108 PUNGGOL WALK
#17-1B
SINGAPORE 828764

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9546874H



Name

KEITH ONN ZI ZHAO

翁子釗

Race

CHINESE

Date of birth

09-12-1995

Sex

M

S9546874H

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait photo of a man.

Licence Number: **S9546874H**
Name: **KEITH ONN ZI ZHAO**

Birth Date: **09 Dec 1995**
Valid Date: **16 Sep 2015**

Barcode: 002473503H

SG 50

For LKK/NAC Use Only

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

| | EFFECTIVE DATE |
|---|----------------|
| Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg | 23 Sep 2014 |

NP 428A

Barcode: Licence No: S9546874H

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCEMotor 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. | DMPCSN3067791801 | Engine No :3SZ1551477 ChaNo:QNC210015408 |
| 1. Index Mark and Registration Number of Vehicle | SGS99998 | AUTOSAFE |
| 2. Name of Policy Holder | LUI PUI SZE | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 20 October 2018 | Named Drivers Ex Sect. I S\$500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25..... S\$3,000.00 Ex Sect. I - Age >= 26..... S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00 |
| 4. Date of Expiry of Insurance | 19 October 2019 | |
| 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\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

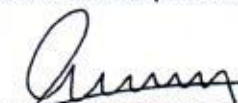
HIRE PURCHASE CO. : TOKYO CENTURY LEASING (S) PTE LTD

** 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.

Issued By: AUTO. WORLD. PTE. LTD.
Authorised Officer
.....
Authorised Signatory