NATIONAL Assessment Centre Services. [wel I Jan'03] . : MNA 119 07 6567 Date In: Done by Date & Time Completed Job description 12/6/19. 13:19 Ref No: SAS c-filling NA/ CTZ 19010371/64 Veh No: E-mail (while this, AIC this) SJG 2291 H DOA -I-Motor Claim Form 8 16/19 21:20 I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD - Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Proformed Wisp / INC Assign Wisp / QW: (Fax: TP Particulars: Veh No: INC ()/Non-INC (FW 6257 U. 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%. Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (Concold Reinholes & Commission) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repelier.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/ Towed-In (); Invoice: YES () ; Towing Co: (Rammers: 20086 nonnexicus cois 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date/Cimes & Actions MA1904291 Chamant's Particulars 1) AR : Analdeat Reporting (530); 2) DA : Damage Assessment (\$100) Driver/Owner: 3) TP : Towing Pee \$40/\$45 4) FT : Follow-Through Survey Contact No: 5) PT : Follow-Through Burvey (Resurvey) \$30 Por claiming against INC Only (wof 10 Jan 2005) Damaged Portion: 6) TR : Re-Impection 7) N1 ; Idan DA + SMRT Surve 2160 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge); *NS: Courlesy Car / Tpt Allowance 23 *Not Repair Co-ordination 510 * N7; Post Repair Inspection \$25 Auditors Comments *NS: DV / Collect Excess Coordination 33 lat. 1: TP (N11): TP (Non INC) against INC \$20

9) N12: Ideo Mobile

Fee Charged

Involve dated

Invoice dated

4 2/3;

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
- 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

	ACCIDENT STATEMENT
Date Of Report	12/06/2019 13:19
Date Of Accident	08/06/2019 21:20
Exact Location Of Accident	CTE TWDS SLE B4 YIO CHU KANG RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG2291H
Insured/Policyholder	
Name Of Registered Owner	YAN TUCK HONG
NRIC No	S7709192J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98632707
Alternative Phone No	OFFICE-98632707
Vehicle Particulars	100 0002707
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
Policy Number	DMPCSN3099461802
over Note Number	-
Oriver Control of the	
ame of Driver	YAN TUCK HONG
RIC No	S7709192J
ato Of Right	02/04/1977
counation	OUTDOOR
ata Of Dalaina B	06/10/2008
riving Eventions	
ander	10 YEARS AND 8 MONTHS MALE
obile Number	(LOCAL) +65-98632707
x Number	(-55,17) .03,20037101
ontact Number	OFFICE-98632707
Aail Address	NOEMAIL

Address

BLK 332 YISHUN RING RD #10-1384

Postcode

760332

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 - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

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

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FW6257U

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder and/or the authorised driver.
- 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:
 - 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 envelops/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:

tol

reporting centre personnel's Signature Date / time:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Was travelling TOWARD SLE BEFORE YIO HUKANH Traffic when was inla My in front Stopped Suddenly 40 nlowhere heard thun loyd on the rear vehicle schnittld vileo Dotage ffedo Although my left synal light nes MHICIENT po time Come second lattr. From n Mey seems like the behind 16+11 filter into my Thys motor bile hit and Mto

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: mo

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

SINGAPORE ACCIDENT STATEMENT

MPORTANT 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	08/06/19	(DD/MM/YY)
Time of accident	21:20	(HH:MM)
Exact location of accident	CTE TOWARD SLE BEFORE 410 CHY	

	DE	TAILS OF	VEHICLE	A SECTION	The state of the s
Vehicle registration number	STG 22	914			
Vehicle make and model	HONDA (IVIL	2.0L		
Type of vehicle	Saloon 🗹 Lorry 🗆	MPV 🗆 Bus 🗆	CRV 🗆 Motorc	Van vcle □	Others:
Vehicle category	Private 🗸	Comme		Motorcyc	
Purpose of using at said time	LEISUKE				
Are you claiming under your own insurance company?	Yes Third part clai	No □ im ☑	if no, pleas Reporting		

	INSURANCE IN	FORMATION	
Insurance company	(HINA TAI PIN	4	
Policy number			
Type of policy	Comprehensive of	Third party fire & theft	TP only 🗆

	INSURED / POLICY HOLDER	1000	(A) - (A) - (A)
Name	YAN TUK HONG	Male 🗆	Female
NRIC / Fin / Passport number	S7709192T		
Contact	9 863 2707		
Address	BLK 332 415HUN BAYL ROAD #10-1384	S760332	

DRIVER	SAME AS INSURED ABOVE [] (SKIP TO D.O.B)
Name	Male Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	62/04/77
Occupation	Indoor Outdoor
Driving date pass	

	GENERAL	INFORMATIO	N OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No 🗹		
the insured's company?	If no, re	lationship of th	e driver and insured:	
Accident captured by camera	? Yes 🗹	No 🗆		
Weather condition	Clear 🗹	Raining	Others:	
Road surface	Dry Z	Wet 🗆		
No of passenger	2			(Inclusive of driver
	- 1			(and the district
管理的III A CAST A CAST		PASSENG	ER 1	REMOVED TO SERVICE AND ADDRESS.
Name	,	-02		NAME OF TAXABLE PARTY OF TAXABLE PARTY.
Gender	Male 🗆	Female 6		
AND SECURIOR				
Name	St. Park	PASSENG	ER 2	
Gender		-		
Gender	Male 🗆	Female 🗆		
	SOUTH NAME OF STREET			
	新疆设施	PASSENG	ER 3	PERSONAL PROPERTY.
Name				
Gender	Male 🗆	Female 🗆		
Second Second				
以他以为原本外的工程,还是是不知识的	ALC: NOW	PASSENG	ER 4	
Name Gender	1			
Gender	Male	Female 🗆		
		Contract of the last of the la		
	de la serie	PASSENGE	ER 5	
Name				
Gender	Male 🗆	Female 🗆		
国际关系的		PASSENGE	R 6	
Name				
Gender	Male 🗆	Female 🗆		
建设在1990年的1990年的1990年		OTHER INFORM	MATION	A A LANCE
Was anybody injured?	Yes 🗆	No.		
Was other vehicle damaged?	Yes	No 🗆		
	15			
30亿元,100亿元,100万元	DETAIL	S OF POLICE ST	ATION ACTION	Line For July 19 19 19 19 19 19
Reported to police?	Yes 🗆		es, please state which pol	ice station.
Police station name				
	- VALE -			
35、1995年,1995年1995年1995年1		WITNESS	1	TO SERVICE MANAGEMENT
Name		2000		
		Assess To		
经非常服务和特别的经验的证据	10 × 10 × 10	WITNESS	2	The second second
Name				

	THIRD PARTY VEHICLE 1
Vehicle registration number	FW 62574
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
ROBLES IN THE STATE OF THE STAT	THIRD PARTY VEHICLE 2
Vehicle registration number	TIBESS 61 P
Vehicle make model	4128920
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
ALEXALDER FOR DAYS ARROWDED TO	THIRD DADTY VEHICLE 2
Vahida rasistration	THIRD PARTY VEHICLE 3
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number Contact	
Contact	
A STATE OF THE STA	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Backet Back Street	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	X
-	
製造品,用品用的基本的产品	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
/	
	THIRD BARTY VEHICLE 7
Vehicle registration purchase	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

Contact

1. 电位移性 体系 内侧 对 1. 1	INJURED PERSON	TO THE REAL PROPERTY OF THE PARTY OF THE PAR
Name	INJUNED PERSON	V.上海市市场等等各种联节等。
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆 No 🗆	
Was injured conveyed to	Yes D No D	
hospital by ambulance?	140	
	INJURED PERSON	2 marine Vice Vice
Name		全年的
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to	Yes D No D	
hospital by ambulance?	10.2	
		-
	INJURED PERSON	3
Name		
njuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
11		
was injured conveyed to	Yes D No.D	
Nas injured conveyed to nospital by ambulance?		
nospital by ambulance?	Yes □ Nò □ INJURED PERSON 4	
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lame njuries sustained Which vehicle person in?	INJURED PERSON 4	
lame njuries sustained Which vehicle person in?	Yes No	
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lame njuries sustained Which vehicle person in?	Yes No	
lame njuries sustained Which vehicle person in? Vere seat belts worn? Vas injured conveyed to	Yes No Yes No	
lame njuries sustained Which vehicle person in? Vere seat belts worn? Vas injured conveyed to	Yes No	
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lame njuries sustained l/hich vehicle person in? l/ere seat belts worn? l/as injured conveyed to ospital by ambulance?	Yes No Yes No	
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lame njuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to ospital by ambulance? ame juries sustained which vehicle person in? ere seat belts worn? as injured conveyed to ospital by ambulance? by ambulance?	Yes No No No No Yes No No Yes No No	



4087614

NRIC NO. S7709192J

YAN TUCK HONG (ZHEN DEHONG)



Date of birth 02-04-1977 CHINESE

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LIBERC

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Date: 2301/2015

SINGAPORE 760332 Date: 25mal;

Dote of texture 20-08-2007

PASS DATE

Liberto Number: S7709192JS

YAN TUCK HONG (ZHEN DEHONG)

Class 3 Motor Cars=< 3000kg with =<7 passangers, exclusive 06 Oct 200g of the driver; and other motor vehicles =< 2500kg

Only

Only

All

tesue Date: 06 Oct 2008 Birth Diale: 02 Apr 1977



NP 428A



中国太平保险(新加坡)有限公司

CHINATAIPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg. No. 200208384E

MX1F R SN AN0214A Cov.Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

ptor 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 (Maleysia)

ORIGINAL

CERTIFICATE No.

DMPCSN3099461802

Engine No :K20Z23501668 Chano: JHMFD264085201668

1. Index Mark and Registration Number of Vehicle

\$3G2291H

AUTOSAFE

7. Name of Policy Holder

YAN TUCK HONG

Effective date of the Commercement of incurance for the purposes of the Regulations. Ordinance or Enactment

25 December 2018 Named Drivers Ex Sect. I \$\$750.00 Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

Ex Sect. I - Age <= 25...... 5\$3,000.00 24 December 2019 Ex Sect. I - Age >= 26...... \$\$500.00

* Age as at date of accident EX ON WINDSCREEN

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. Limitetions 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 Walver of Excess for the first \$\$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 183) and Section 95 of the Road Transport Act 1987 (Maleysia), 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