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| NATIONAL Assessment Centre  | -                       |  | : MNA 1190 85  |  |
|---|-------------------------|--|--|--|
| Date In: 1/7/19 17:29   | Job description         | m  | Date &Time Completed   | Done by  |
| Ref No. MAI CTI 19011636/44.  | SAS c-filling           | ;  | i  |  |
| Vch No. SGP 57167   | E-mail (sens            | in Shes, AIC 2hrs)   |  |  |
| DOA: 1/3/19 11:45.  | I-Motor Cla             | dm Form  | L.   |  |
| OD Reporting Only   | THE RESIDENCE PROPERTY. | O (Within: OD 2ht  | s, TP 4brs)  |  |
|   | I-Photo Upl             |  |  |  |
| TP Insurer:   | Assessment/S            | Survey Report  |  |  |
| A CONTRACTOR OF THE SECOND SEC  | Ass't Report            | by Fax / Hand t  | o Owner/Wksp   | A CONTRACTOR OF THE PARTY OF TH   |
| Proformed Wksp / INC Assign Wksp / QW: (  |                         | 7  |  | Fax:   |
|   | T 1709Y.                | , INC(   | )/Non-INC( )   |  |
| Owner / Driver: (   |                         |  | Tcl:   | )  |
| Policy No: ( ) Period   | l: (                    | )  | Cover Type: (  | )  |
| Confirmed by : (  | 4-3-34-5                | Date:  | Time:  | (4)(F)(H)  |
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| THE RESIDENCE OF THE PROPERTY OF THE PARTY O  | ranty; YBS (            |  | )  | 11/2/  |
| Excess: (\$ ) Loading: \$1,000 (  |                         |  |  |  |
| Concentration of the second of the second   | 相在知识的                   |  | ar in the second and the   | School Processing  |
| ( ) Walk-In Customer: Customer's Informa  |                         |  |  |  |
| ( ) Total Loss Case : to e-mail Insurer U   | RGENTLY.                |  |  | LINES NO.  |
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| ((contacts)   | tesy Car (              | )  | bitessimus olipio 544  | And Allane by  |
| (Kunnels: #24(INC)hothue: 67(18/616)8]  1) Apply for Transport Allowance ( )/ Court 2) QC Check / Post Repair Inspection  | tesy Car (              | )  | wing Co: (   | 23 Millione by   |
| Remarks: (INC hothics of the form)  1) Apply for Transport Allowance ( )/ Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  | tesy Car (              | )  | owing Co; (  | Zala Vallasno by   |
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| (Kennarle) (INC flot)mes 6739 6616)8]  1) Apply for Transport Allowance ( )/ Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  | tesy Car (              | )  |  | Zala (gibane by  |
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| (Kennarle) (INC flot)mes 6739 6616)8]  1) Apply for Transport Allowance ( )/ Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  | tesy Car (              | )  |  | Call Albane by   |
| (Remarks: #24(INE flot)hies 67(0) f616)   1) Apply for Transport Allowance ( )/ Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury :  | tesy Car (              | )  |  | Zalakalbane by   |
| (Remarks: #24(INE flot)hies 67(0) f616)   1) Apply for Transport Allowance ( )/ Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury :  | tesy Car (              | )  |  | A Colone by  |
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| (Remarks (18) Chothus (20) for (19)  1) Apply for Transport Allowance (19) Court  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury:  Date/Line (Actions)  MA 1  | tesy Car (              |  |  | Sala (Andres)  |
| Remarks (INC hot)me; 6-40 for 616)  1) Apply for Transport Allowance ( ) / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000  Injury :  Daty/Fine: Actions:  MA (   | tcsy Car (              | Involution  | aporting (330);  | 30.00  |
| Remarks (INC not)mes of phroton  1) Apply for Transport Allowance ( ) / Court  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury :  Daty/Cines   Actions    MA (   | tcsy Car (              | in voi location in the control of th | aporting (330); seasment (3100); INC (35 cough Survey  | 30.00<br>10)<br>10)  |
| Remarks (INC hot)me; 6708 for 610  1) Apply for Transport Allowance ( ) / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000  Injury : Daty/Fine: Actions:  MA V  announts Protection : iver/Owner:  | tcsy Car (              | 1) Alt   Accident R 2) DA   Damage A 3) TP   Towing Per 4) FT   Vollow-Thr 5) PT   Fullow-Thr  | aporting (330); aporting (3100); INC (35 ough Survey ough Survey   | 30.00<br>10)<br>10)<br>105<br>105<br>105<br>105<br>105<br>105<br>105<br>105  |
| Remarks (INC not)mes of Direction  1) Apply for Transport Allowance ( ) / Court  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury :  Outo/Chao! Actions  MA 1  automatas Profitculars  iver/Owner:  | tcsy Car (              | 1) AR Acadent R 2) DA: Damage A 3) TF: Follow-Thr Forglainsing ag 6) TR: Re-inspection   | aporting (330); aporting (330); aporting (3100); INC (35 cough Survey ough Survey ough Survey (Resurvey) InstINC Only (wof 10 Jan 2005) on   | 30.00 knad biii<br>30.00 knad biii<br>1120<br>5120<br>575  |
| Remarks (INC hot)mes or phroton  1) Apply for Transport Allowance ( ) / Court  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury :  Date/Pines   Actions    MA 1  minimums Profitculars    iver/Owner:   | tcsy Car (              | Involuge III  Involuge III  I) AR Acadent R  DA: Damage A  J IF: Follow-Thr  For glainshin ata  TR: Re-inspecti  TR: Re-inspecti  NI: Idao DA +  | aporting (330); aporting (330); aporting (330); aporting (3100); INC (35 340 ongh Survey ough Burvey (Resurvey) lustINC Only (wof 10 Jan 2005) on SMRT Survey  | 30.00<br>10)<br>10)<br>10)<br>10)<br>10)<br>10)<br>10)<br>1  |
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| Remarks (INC hot)mes or phroton  1) Apply for Transport Allowance ( ) / Court  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury :  Date/Pines   Actions    MA \( \)  introduces Protection:  iver/Owner:  maged Portion:  | tcsy Car (              | Involuge Paragram  1) AR Acadent R  2) DA: Damage A  3) TF: Follow-The Forglainshinata  6) TR: Re-inspecti  7) NI: Idao DA +:  8) NTUC Additions  OD:  'NS: Courtesy C   | aporting (330); measment (3100); INC (35 cough Survey ough Survey (Resurvey) lustINC Only (wof 10 Jan 2005) on SMRT Survey al Sarvices:- or/Tpt Allowance ordination   | April   Apri   |
| Remarks (INC hot)me ( 7) Court  1) Apply for Transport Allowance ( ) / Court  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury :  Date/Fine ( Action )  Ituroants Posticulars ( )  river/Owner:  ontact No:  maged Portion:  Checked by (Engr-In-Charge):   | tcsy Car (              | 1 AR: Acadent R  2) DA: Acadent R  2) DA: Dairing Acadent R  3) TF: Follow-The Portulaling are  6) TR: Re-inspects  7) NI: Idae DA + 5  8) NTUC Additions  OD:  *N5: Courtesy C  *N6: Rapair Car-  *N7: Fost Repair  | aporting (330); reasonant (5100); INC (35 cough Survey ough Burvey (Resurvey) lustINC Only (wof 10 Jan 2005) on SMRT Survey al Sarvices:- or/Tpt Allowance ordination Inspection   | 30.00   And bill 30.00   Stand 13   And bill 30.00   Stand 13   St   |
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| (Remarks: #400 Methodalics of 100 Methodalics) / Court  1) Apply for Transport Allowance ( ) / Court  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury:  Dary/Fine: (Action) /  | 1csy Car (              | involuce Resident R  i) AR i Accident R  i) DA i Damage A  i) TP i Follow-The Forglainisticata  6) TR: Re-inspection  7) NI : Idao DA + 2  8) NTUC Additions OD:  *N5: Courtesy C  *N6: Rapair Cou- *N7: Fost Repair  *N8: DV / Collect  | aporting (330); reasonant (5100); INC (35 Gugh Survey ough Survey (Resurvey) lustINC Only (wof 10 Jan 2000) on SMRT Survey al Sarvives; of / Tpt Allowance ordination Inspection of Excess Coordination Can INC) against INC | 30.00 (3) (1A)((3)) (1A)((   |

#### 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         01/07/2019 11:45           Exact Location Of Accident         COLLYER QUAY NEAR ONE MARINA BLVD           Country/State of Loss           DETAILS OF OWN VEHICLE           Vehicle Registration Number         SGP5716T           Insured/Policyholder           Name Of Registered Owner         MR LIM WEE KOK           NRIC No         S6829665Z           Email Address         NCEMAIL           Mobile Phone No         (LOCAL) +65-81812174           Vehicle Particulars           Manufacturer         TOYOTA           Model         CAMRY           Exact Purpose for which vehicle was being used at Imme 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         CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         DMPCSN3071391805           Policy Number         DMPCSN3071391805           Policy Number         S6829665Z           <   | and the second of the second party of the second                             | ACCIDENT STATEMENT                            |
|--|--|---|
| Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE  Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No S68296652 SINGAPORE MR LIM WEE KOK S68296652 MOEMAIL (LOCAL) +65-81812174  Alternative Phone No OFFICE-81812174  Vehicle Particulars Manufacturer Model CAMRY Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category PRIVATE USE Insurance Company Name of Insurance Company COMPREHENSIVE Fleet Policy NO Policy Number DMPCSN3071391805 Dever Note Number Diriver NRIC No S68296652 S68296653 S68296653 S68296654 S68296654 S68296655 S6 | Date Of Report   | 01/07/2019 17:29                              |
| Country/State of Loss    DETAILS OF OWN VEHICLE  | Date Of Accident   | 01/07/2019 11:45                              |
| Vehicle Registration Number SGP5716T Insured/Policyholder Name Of Registered Owner NRIC No S6829665Z NOEMAIL Mobile Phone No (LOCAL) +65-81812174  Alternative Phone No OFFICE-81812174  Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at tare of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category No Insurance Company Name of Insurance Company COMPREHENSIVE No Policy Number Cover Note Number Driver Name of Driver Name | Exact Location Of Accident   | COLLYER QUAY NEAR ONE MARINA BLVD             |
| Vehicle Registration Number         SGP5716T           Insured/Policyholder         MR LIM WEE KOK           Name Of Registered Owner         MR LIM WEE KOK           NRIC No         S6829665Z           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-81812174           Alternative Phone No         OFFICE-81812174           Vehicle Particulars         William Comment of Campary           Model         CAMRY           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           Police Category         PRIVATE USE           Insurance Company         PRIVATE CAR           Insurance Company         CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.           Cybicle Category         COMPREHENSIVE           Policy Number         OMPCSN3071391805           Cover Note Number         -           Driver         WR LIM WEE KOK           Name of Driver         MR LIM WEE KOK           Name of Driver         MR LIM WEE KOK           Se829665Z         Oute of Birth         13/09/1968           Driver         MR LIM WEE KOK           Se829665Z         Oute of Birth  | Country/State of Loss  | SINGAPORE                                     |
| Insured/Policyholder Name Of Registered Owner NRIC No S6829665Z MOEMAIL Mobile Phone No (LOCAL) +65-81812174  Alternative Phone No OFFICE-81812174  Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE Fleet Policy No Policy Number Driver NAME OF DRIVER NAME  | <b>能表现不要的现在分</b> 点。  | DETAILS OF OWN VEHICLE                        |
| Name Of Registered Owner         MR LIM WEE KOK           NRIC No         \$6829665Z           Email Address         NOEMAIL           Mobile Phone No         (LOGAL) +65-81812174           Alternative Phone No         OFFICE-81812174           Vehicle Particulars         TOYOTA           Model         CAMRY           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         CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         DMPCSN3071391805           Cover Note Number         DMPCSN3071391805           Driver         WR LIM WEE KOK           NRIC No         \$6829665Z           Date Of Birth         13/09/1968           Dicupation         INDOOR           Date Of Birth         13/09/1968           Driving Experience         25 YEARS AND 0 MONTHS           Sender         MALE           Mobile Number         (LO  | Vehicle Registration Number  | SGP5716T                                      |
| NRIC No         \$68829665Z           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-81812174           Alternative Phone No         OFFICE-81812174           Vehicle Particulars         TOYOTA           Model         CAMRY           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         CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         DMPCSN3071391805           Cover Note Number         -           Driver         WR LIM WEE KOK           NRIC No         \$6829665Z           Date Of Birth         13/09/1968           Docupation         INDOOR           Date Of Driving Pass         25/06/1994           Driving Experience         25 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-81812174  | Insured/Policyholder   |   |
| Email Address NOEMAIL Mobile Phone No (LOCAL) +65-81812174  Alternative Phone No OFFICE-81812174  Vehicle Particulars  Manufacturer TOYOTA Model CAMRY Exact Purpose for which vehicle was being used at time of accident.  Are you claiming under your own insurance policy for repair to your vehicle?  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 NO Policy Number OMPCSN3071391805  Cover Note Number -  Driver  Name of Driver MR LIM WEE KOK NRIC No S68296652 Date Of Birth 13/09/1968 Docupation WALE Optiving Experience 25 YEARS AND 0 MONTHS Gender  Mobile Number (LOCAL) +65-81812174   | Name Of Registered Owner   | MR LIM WEE KOK                                |
| Mobile Phone No         (LOCAL) +65-81812174           Alternative Phone No         OFFICE-81812174           Vehicle Particulars         TOYOTA           Model         CAMRY           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         CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         COMPCSN3071391805           Cover Note Number         Drivier           Name of Driver         MR LIM WEE KOK           NRIC No         S6829665Z           Date Of Birth         13/09/1968           Docupation         INDOOR           Date Of Driving Pass         25/06/1994           Driving Experience         25 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-81812174  | NRIC No  | S6829665Z                                     |
| Alternative Phone No OFFICE-81812174  Vehicle Particulars  Manufacturer TOYOTA Model CAMRY  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR  Insurance Company  Vame of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD,  Type Of Coverage COMPREHENSIVE  Fleet Policy NO  Policy Number DMPCSN3071391805  Cover Note Number -  Driver  NARLIM WEE KOK  S6829665Z  Date Of Birth 13/09/1968  Docupation INDOOR  Date Of Driving Pass 25/06/1994  Driving Experience 25 YEARS AND 0 MONTHS  Gender MALE  Mobile Number  Corlocation Number  Fax Number  OFFICE-81812174  | Email Address  | NOEMAIL                                       |
| Alternative Phone No Vehicle Particulars  Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Coverage Fleet Policy Policy Number Cover Note Number Diriver NARIC No Se8296652 Date Of Birth Date Of Driving Pass Driving Experience Gender MALE Mobile Number Gendard MALE Mobile Number  Corporation MALE Mobile Number  Corporation MALE Mobile Number  Corporation MALE Mobile Number  OFFICE-81812174   | Mobile Phone No  | (LOCAL) +65-81812174                          |
| Manufacturer  Model  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  No  CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE  NO  POPOLICY NO  POPOLICY NO  POPOLICY NO  PORTON  NO  MR LIM WEE KOK  NO  Date Of Birth  13/09/1968  Diccupation  Divor  Date Of Driving Pass  Driving Experience  Gender  MALE  Mobile Number  Corlact Number  OFFICE-81812174  | Alternative Phone No   |   |
| Model CAMRY  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD, COMPREHENSIVE NO Policy Number Cover Note Number Dirver NAME OF Dirver NAME OF DIRVER NAME OF BIRTH NAME OF BIRTH NAME OF BIRTH NAME OF DIRVER NAME NAME OF DIRVER NAME NAME OF DIRVER NAME NAME NAME OF DIRVER NAME NAME NAME OF DIRVER NAME NAME OF DIRVER NAME NAME OF DIRVER NAME NAME OF DIRVER NAME OF DIRVE | Vehicle Particulars  |   |
| Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  THIRD PARTY  PRIVATE CAR  Insurance Company  Name of Insurance Company  Type Of Coverage  COMPREHENSIVE  NO  Policy Number  Cover Note Number  DMPCSN3071391805  Cover Note Number  NRIC No  S6829665Z  Date Of Birth  Docupation  Date Of Driving Pass  Driving Experience  Gender  MALE  Mobile Number  Contact Number  OFFICE-81812174  | Manufacturer   | ТОУОТА  |
| Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Name of Insurance Company  Name of Insurance Company  No  CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  Type Of Coverage  COMPREHENSIVE  Policy No  Policy Number  Cover Note Number  DMPCSN3071391805  Cover Note Number  NRIC No  S6829665Z  Date Of Birth  Docupation  Date Of Driving Pass  Driving Experience  Gender  MALE  Mobile Number  (LOCAL) +65-81812174   | Model  | CAMRY   |
| for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  PRIVATE CAR  Insurance Company  Name of Insurance Company  No  Company  No  Dome of Coverage  Company  No  DMPCSN3071391805  Cover Note Number  Cover Note Number  DMPCSN3071391805  Cover Note Number  Name of Driver  Name of Driv | Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE                                   |
| Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  Type Of Coverage  COMPREHENSIVE Fleet Policy  NO  Policy Number  DMPCSN3071391805  Cover Note Number   | Are you claiming under your own insurance policy for repair to your vehicle? | NO  |
| Name of Insurance Company  | If No, Please state action to be taken                                       | THIRD PARTY                                   |
| Name of Insurance Company         CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         DMPCSN3071391805           Cover Note Number         -           Driver           Name of Driver         MR LIM WEE KOK           NRIC No         S6829665Z           Date Of Birth         13/09/1968           Decupation         INDOOR           Date Of Driving Pass         25/06/1994           Driving Experience         25 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-81812174           Contact Number         OFFICE-81812174   | Vehicle Category   | PRIVATE CAR                                   |
| Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         DMPCSN3071391805           Cover Note Number         -           Driver           Name of Driver         MR LIM WEE KOK           NRIC No         \$6829665Z           Date Of Birth         13/09/1968           Occupation         INDOOR           Date Of Driving Pass         25/06/1994           Driving Experience         25 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-81812174           Contact Number         OFFICE-81812174  | Insurance Company  |   |
| NO   | Name of Insurance Company  | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Policy Number         DMPCSN3071391805           Cover Note Number         -           Driver           Name of Driver         MR LIM WEE KOK           NRIC No         S6829665Z           Date Of Birth         13/09/1968           Occupation         INDOOR           Date Of Driving Pass         25/06/1994           Driving Experience         25 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-81812174           Contact Number         OFFICE-81812174  | Type Of Coverage   | COMPREHENSIVE                                 |
| Driver   Driver   MR LIM WEE KOK   | Fleet Policy   | NO  |
| Driver         MR LIM WEE KOK           NRIC No         \$6829665Z           Date Of Birth         13/09/1968           Occupation         INDOOR           Date Of Driving Pass         25/06/1994           Driving Experience         25 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-81812174           Contact Number         OFFICE-81812174   | Policy Number  | DMPCSN3071391805                              |
| Name of Driver         MR LIM WEE KOK           NRIC No         \$6829665Z           Date Of Birth         13/09/1968           Decupation         INDOOR           Date Of Driving Pass         25/06/1994           Driving Experience         25 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-81812174           Contact Number         OFFICE-81812174   | Cover Note Number  | -   |
| NRIC No         \$6829665Z           Date Of Birth         13/09/1968           Decupation         INDOOR           Date Of Driving Pass         25/06/1994           Driving Experience         25 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-81812174           Fax Number         OFFICE-81812174   | Driver   |   |
| Date Of Birth 13/09/1968 Decupation INDOOR Date Of Driving Pass 25/06/1994 Driving Experience 25 YEARS AND 0 MONTHS Gender MALE Mobile Number (LOCAL) +65-81812174 Fax Number Contact Number OFFICE-81812174   | Name of Driver   | MR LIM WEE KOK                                |
| INDOOR   | NRIC No  | S6829665Z                                     |
| Date Of Driving Pass         25/06/1994           Driving Experience         25 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-81812174           Fax Number         OFFICE-81812174   | Date Of Birth  | 13/09/1968                                    |
| Oriving Experience         25 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-81812174           Fax Number         OFFICE-81812174   | Occupation   | INDOOR  |
| Gender         MALE           Mobile Number         (LOCAL) +65-81812174           Fax Number         OFFICE-81812174  | Date Of Driving Pass   | 25/06/1994                                    |
| Mobile Number (LOCAL) +65-81812174  Fax Number OFFICE-81812174   | Driving Experience   | 25 YEARS AND 0 MONTHS                         |
| Fax Number  Contact Number  OFFICE-81812174  | Gender   | MALE  |
| Contact Number OFFICE-81812174   | Mobile Number  | (LOCAL) +65-81812174                          |
| 311,02,01012114  | Fax Number   |   |
| EMail Address NOEMAIL  | Contact Number   | OFFICE-81812174                               |
|  | EMail Address  | NOEMAIL                                       |

Address 15 WEST COAST WALK #14-27

Postcode 12716

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 STRAIGHT ALONG COLLYER QUAY NEAR ONE MARINA BLVD ON THE EXTREME LEFT LANE. SUDDENLY I FELT AN IMPACT FROM THE RIGHT AND BEHIND, AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO SKT1709Y) FROM THE RIGHT LANE CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT 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

SKT1709Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

AWE YUN NAM

NRIC/Passport Number

S1141111H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

### 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 <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:
  - (i) 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:

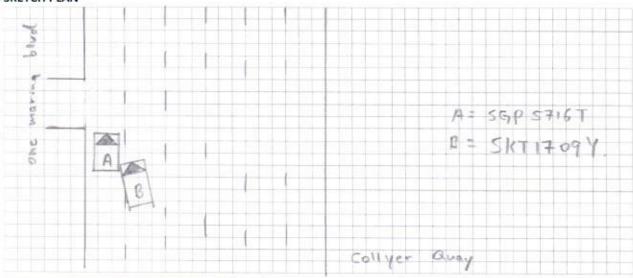
Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

| -   |    |    |    |            |
|-----|----|----|----|------------|
| SKI | ET | CH | DI | $\Delta N$ |



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| fleuse | Refer | +, | Statem Enf |  |
|--------|-------|----|------------|--|
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| la .   |       |    |            |  |
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|        |       |    |            |  |
|        | /     | /  |            |  |

# DECLARATION

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.:





NP 428A

For LKK/NAC Use Only

Liconce No: Sr8296657





# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1FR SN AN0166A Cov. Type: C AUTOSAFE

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)

770.06

CERTIFICATE No.

DMPCSN3071391805

Engine No :2AZE020173 Chassis No:MR053BK4007005483

1. Index Mark and Registration

Number of Vehicle

SGP5716T

Name of Policy Holder

MR LIM WEE KOK

Effective date of the Commencement of Insurance for

30 DECEMBER 2018

NAMED DRIVERS EX SECT. I ......S\$1,500.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS:

the purposes of the Regulations, Ordinance or Enactment 4. Date of Expiry of Insurance

29 DECEMBER 2019

EX SECT. I - AGE <= 25.......s\$3,000.00

Persons or Classes of Persons entitled to drive \*

EX ON WINDSCREEN ......S\$100.00

- (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 \$\$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. : MAYBANK 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

LQ BUSINESS PTE LTD

UEN NO. 201700648N 180B BENCOOLEN STREET #04-02, THE BENCOOLEN SINGAPORE 189648

Tel: 6333-4136 Fax; 6334-5238

**Authorised Officer** 

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

**Authorised Signatory** 

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

Countersigned By: