NATIONAL Assessment Centre Services	(see) January MNAV	(90A747)		
Date 10: OUO 1300 Jeb descriptio		ne Completed	Done by	7.11100514
Ref Nouled CT190 188 / SAS e-Ming				
Veh No SGO 90354 E-mail (wide	8hrs. AIC 2hrs;			
D.O.A : 0307 2017 12:15 1-Motor Clt				
	O (Within: OD 2hrs. 'P 4hrs)			****
i-Photo Upl				
Tr insure:	urvey Report by <u>Fax / Hand to Owner/W</u>	ken	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Paraiculars: Veh No: GB 3027	INC()/Non-			
Owner/Driver: (T'el:)	
Policy No: () Period: () Cover Ty	pe: (
Confirmed by : (Time:	;	
	WO): N: 0-20%; P: 21		(i)	
Year of Registration: () Wattanty: YES ()/NO()			
Excess: (\$) Londing: \$1,000 () / \$2,00				
General Remarks	HE WITE DE STEETE A	Tralia in		The same of the sa
() Walk-In Customer: Customer's information strictly C	The state of the s			
() Total Loss Case : to c-mail Insurer URGENTLY	4			
Drive-In()/Towed-In(); Invoice: YES()/	NO (); Towing Co:	()
Remarks: (INC horling: 6788 (616)		ne Completed	Done by	146
1) Apply for Transport Allowance () / Courtesy Car () Aucoun	Table at the same of the		
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury:				
Date(Time Actions		Pitti York of the	All alter	<u> </u>
1/0/00//00	Deng Wittenspille, graph Street Co.	-6.5-18.0	Anit (S)	mi (\$)
N41904992 "	Invaice Preparation (Sheeklist	4 6 6 6 6	dd.13111
Claimant's Particulars:	1) AR: Accident Reporting 2) DA: Dumoge Assessment	(\$30); (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee	\$40,54		
	4) FT : Fallow-Through Surve 5) FT : Fallow-Through Surve			
Contact No:	Enrelaiming against INC O	(wef 10 Jan 2005)		
Damaged Portion:	7) N1 : Idao DA + SMRT Surv	ey . \$16		
	6) NTUC Additional Services:			
QC Checked by (Engr-In-Charge):	* N3: Courtery Cor / Tpt All			
. Marke to the contract of the	*N6; Repair Co-ordination *N6; Fost Repair Inspection	51		
Authors Comments :-	*N8: DV / Collect Excess C	oordination \$	5	
24(.):	TP (NII) : TP (N-in INC) o 9) NI2: Idne Mobile	gainst INC \$2	0	
N.2/3:	Invoice dated	Fen Charynd		A Trick
171 7	I to retine depart	Fee Charged	200 SEC	1000

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 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

MEAL VICE BELLEVILLE STREET	ACCIDENT STATEMENT
Date Of Report	04/07/2019 18:11
Date Of Accident	03/07/2019 12:15
Exact Location Of Accident	JALAN EUNOS (STILL RD) JUNCTION OF SIMS AVENUE
Country/State of Loss	SINGAPORE
de la companya de la	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGQ9025Y
Insured/Policyholder	
Name Of Registered Owner	GEORGE CHUANG CHUEN HIANG (GEORGE ZHUANG JUNXIAN)
NRIC No	S7424377J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98381897
Alternative Phone No	OTHERS-98381897
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER-1.6 (A)
Exact Purpose for which vehicle was being used a time of accident	1700 E. 1700 E
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMPCSN3006761902
Cover Note Number	
Driver	
Name of Driver	GEORGE CHUANG CHUEN HIANG (GEORGE ZHUANG JUNXIAN)
NRIC No	S7424377J
Date Of Birth	28/07/1974
Occupation	INDOOR
Date Of Driving Pass	04/02/2012
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98381897
ax Number	22

OTHERS-98381897

NOEMAIL

Address

BLK 113 SERANGOON NORTH AVENUE 1

#01-585

Postcode

550113

Was driver an employee of the Insured's Company 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) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBJ3922T

Vehicle Make/Model/Colour

TOYOTA DYNA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 13

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 truthful 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 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.
- 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)

Lunderstand, 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 insurers) 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")
- 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.

Policyhol et s Signature

Date Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

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B SGQ90254 B GBJ 3922T.

ESCRIBE CIRCUINSTANCES OF THE ACCIDENT	sims Ave
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the stop line others for veh colloded only ny vehicle from that the whole involent wa	of portion. I work to stoles
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	2002/00/0

DECLARATION

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

Policyholder's Signature Date & Time Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Porsonnel's Signature

NRIC/FIN No.:

Date of Accident	: 03 07 1 Accident Time: 12 15 (24-HR-FORMAT)
Accident Place	: In Euros (stalkd) Fraffic Juntion of Sims Ave.
Vehicle Reg. No (Car plate No.)	5.00 Commence of the commence
Vehicle Make/Model	: Mitsubishi Lencer 1.6A
Insurance Company	: China Toiping Policy No.
Owner or Company Names /IC?	
Owner or Company Contact No.	: 98381897Owner's HPCompany Tel
DRIVER'S Name & IC no.	: as owner.
DRIVER'S Date of Birth	: 28/07/1974DRIVER'S License Pass Date
Relationship bet. Owner & Drive	
DRIVER'S Address	: BIK 113 Serangoon North Avel #101-585 s(550
DRIVER'S Contact No./ Alt No.	: 1)
DRIVER'S Occupation	: INDOOR WUTDOOR (eg. working inside or outside of an ofo)
Email Address	:
Weather & Road Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Ins
Number of Passengers (including	
Was there any video Captured by	
Oth	er Party Driver's Particulars (if any)
Vehicle Reg No: GBJ 3922T	
Vehicle Make Model: Toyote Dyn	Vehicle Make\Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC NO. DRIVER:
DRIVER'S Contact & add;	DRIVER'S Contact & add:

v v

90



For LKK/NAC Use Only

21-08-2004

APT BLK 113 SERANGOON NORTH AVENUE 1

SINGAPORE 550113

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7424377J





GEORGE CHUANG CHUEN

(GEORGE ZHUANG JUNXIAN)

28-07-1974

SINGAPORE

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

EFFECTIVE DATE

Motor Cars =< 3000kg with =<7 pessengers, exclusive 04 Feb 2012 of the driver; and other motor vehicles =< 2500kg

For LKK/NAC Use Only

NP 428A







中国太平保险(新加坡)有限公司

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

MX1 R SN

AN0056A

Cov. Type: F

PLM 324399

ORIGINAL

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act. 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSN3006761902

Engine No :4G18HT4246 ChaNo: JMYSNCS3A7U005251

Index Mark and Registration

Number of Vehicle

SG09025Y

2. Name of Policy Holder

GEORGE CHUANG CHUEN HIANG

Effective date of the Commencement of Insurance for the purposes of the Regulations, 26 January 2019 Ordinance or Enactment

4. Date of Expiry of Insurance

25 January 2020

- 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.

HIRE PURCHASE CO. : EFIZZIG CREDIT PTE LTD AS HP OWNER

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Authorised Officer

Authorised Signatory