Date In: 1911 200 10, 47 Job description	A CONTRACT OF THE PARTY OF THE		
The state of the s	Date & Time C	ompleted	Done by
Ref No: NEA/C12190/2765/4 SAS e-11ling			
Veh No. SKN 36961 E-mail (w)thin 8h	rs. AIC 2lusj		
D.O.A : 1807/2009 12:00 1-Motor Claim	Form -		A SHORT SHOW
I-Motor W/O	Within: OD Thes. TP 4brs)		** ***
OD (TP) Reporting Only	ded (
Assessment/Sur	vey Report		
TP Insurer: Ass't Report by	Fax / Hand to Owner/Wksp		
Preferred Wksp /4NC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: SGA 2749	INC()/Non-INC	()	
Owner / Driver: (Tel:)
Policy No: () Period: () Cover Type:)
Constrmed by : (Date: Tim	e:)
Insured/Driver Liability: (%) [Note-Est. Status (W	O): N: 0-20%; P: 21-799	a. F: 80-100%]	
Year of Registration: () Warranty; YES ()/NO()		
Excess: (\$) Londing: \$1,000 () / \$2,000 ()		-
General Remarks	annam til Nobel	Article (1 4 1 4 1 1	-
() Walk-In Customer's information strictly Con	fidential & Strictly NO rater	or repairer.	
() Total Loss Case : to e-mail Insurer URGENTLY,	O.C. N. Tamina Co. (· · · · · · · · · · · · · · · · · · ·
Drive-In () / Towed-In (); Invoice: YES () / N	O(); Towing Co:(
Remarks: (INC harline: 6788 6616)	Dite&Time(omple od	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] (
Injury:			
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TO 11 10 TO	BULL AND THE SEASON STANDARD OF THE	many property for 1 35 days	
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MA190558 Lumant!s Particulars: Oriver/Owner: Contact No:	1) AR: Accident Reporting (3)(2) DA: Beineys Assessment (5)(3) TF: Towing Fee 4) FT: Fellow-Through Survey (Feet Lorindus analyst INC Only 6) TR: Ite-largection 7) NI: Iday DA + SMRT Survey 8) NIUC Additional Servines:	(wef 10 Jan 1895)	· 是我们
AMP190508 Luimant a Barticulars - Driver/Owner: Contact No: Damaged Portion:	1) AR: Accident Reporting (33) 2) DA: Domey Assessment (510 3) TF: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Follow-Through Survey (6) Fortlaiming against INC Only 6) TR: Re-Impection 7) NI: Idau DA + SMRT Survey 8) NIUC Additional Services: (011)	(wef 10 Jan 1995)	· 是我们
MP190008 Liumanit's Particulars: Driver/Owner: Contact No: Damiged Portion: CC Checked by (Engr-In-Charge):	1) AR: Accident Reporting (3)(2) DA: Boineys Assessment (5)(3) TF: Towing Fee 4) FT: Fellow-Through Survey (Feet Loimius analust INC Only 6) TR: Re-largection 7) NI: Idau DA + SMRT Survey 8) NTUC Additional Servines: OIL *NS: Courtesy Car / Tpt Allow *N6: Repair Co-ordination	(wef 10 Jan 1005) 5100 5107 5120 (wef 10 Jan 1005) 575 5160 1036 550	· 是我们
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 5. Any false reporting may be referred to the Police for Investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	19/07/2019 10:47
Date Of Accident	18/07/2019 12:00
Exact Location Of Accident	CARPARK LOT OF BLK 156 BUKIT BATOK STREET 11
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN3696T
Insured/Policyholder	
Name Of Registered Owner	ZHANG WEI
NRIC No	S8273086I
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92392693
Alternative Phone No	OTHERS-92392693
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3011741804
Cover Note Number	
Driver	THE RESIDENCE OF THE PARTY OF T
Name of Driver	TIAN DAN
NRIC No	S8174051H
Date Of Birth	20/11/1981
Occupation	INDOOR
Date Of Driving Pass	13/06/2009
Driving Experience	10 YEARS AND 1 MONTH
Sender	FEMALE
Mobile Number	(LOCAL) +65-92392693
ax Number	Resent out - ARASTA A WATER

OTHERS-92392693

HANCARREPAIRS@GMAIL.COM

Address

50A TOH TUCK ROAD

#04-12

Postcode

596742

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

0

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGA2814S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MR. TEO

NRIC/Passport Number

Contact Number

98778959

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as 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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyfolder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Canarina Cantra Dassannal's Sidner

Name:

NERC/EIN No.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was not in my car(A).	
When I was approaching my car (1), I noticed that m	y
car's rear wheels were on the kerb.	
It was then I noticed that my car a was involved	in an
accident.	
There was a slip of paper on my windsween which s	tole
the contact number which I called for	fer on.
It was only a I called the number stated on the number	then 1
took down the vehicle number which the antest person gove	me.
The antal person also told me that it was a chain a	Mission
of 3 cars.	
DECLARATION I/We declare the foregoing particulars are true in every respect.	

Policyholder's Signature

Date & Time:

Driver's Signature

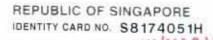
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Vame:
NRIC/FIN No.: What World

PERSONAL PARTICULARS

Date of Accident. 18 / 67 / 2019	Time of Accident: _	12 (24Hrs)
Vehicle No: SKN 3696 T.	Vehicle Make/Model:	Toyoto wish.
Exact Location of Accident: Cor Port	Llot of BIK 156 Be	kif Batok St. 11
Owner's Name/NRIC: Zhong we	IC No: 38273	586 I
Driver's Name/NRIC: Tian Jon :	1/c No 15817405	ı H
Driver's Contact: 9239 2693	Insurance Co & Poli	cy No: China Taiping
Driver's Email Address:		
Relationship between Owner & Driver Sp	ouse)Children/Friend/Parents	Others specify:
What do you wish to claim (Please cir 1) Own Insurance 2) Other Vehicle	cle one only) The one you want to claim ag	ainst) 3) Reporting (For Recording Purposes)
Private Use / Work Purpose	was being used at time of	accident? (Please circle one only)
Weather Condition & Road Condition Clear & Dry Raining & Wet / After- Occupation Indoor / Outdoor		√et
Any Injuries? (MC of 3 Days or mor	e, police report is required	<u>)</u>
Yes No If Yes, which po	lice station?	
The Other Party (Vehicle B) Details Driver's Name/ICML, Tho		Vehicle No: SGA 28145 Driver's Contact: 98778959
Insurance Company:		Driver's Contact: 9778959
(If more than 2 vehicles involved,	please indicate the other	
Other Vehicle (Vehicle C) :		
independent Witness (If Any):		
Preferred Workshop (If Any):		Contact:
 If no proper document are produ Information will be discarded 		ne report.





TIAN DAN

田

Race CHINESE

CHINA

Date of birth 20-11-1981 Country of mirth

HH17405111





For LKK/NAC Use Only

14-05-2011

50A TOH TUCK ROAD #04-12 SINGAPORE 596742

NRIC No: \$8174051H

Date: 06/04/2017

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

Motor Cars=<3000kg with <<7 passengers, exclusive 13 Jun 2009 of the driver, and other motor vehicles << 2500kg

For LKK/NAC Use Only

NP 428A





REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$82730861





ZHANG WEI

张 玮

Race CHINESE Date of ports

21-01-1982

08273085

4232311

CHINA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Licence No: \$827306#

Motor Cars=< 2000kg with =<7 passengers, exclusive $\,$ 16 Apr 2010 of the driver; and other motor vehicles $\,$ =< 2500kg

For LKK/NAC Use On

WIC No. S82730861

For LKK/NAC Use Only

50A TOH TUCK ROAD #04-12 SINGAPORE 596742

NRIC No: \$82730861

Date: 06/04/2017

NP 428A



MOTOR PRIVATE CAR

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co Reg. No. 200208384E

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Rules (Transport Act, 1987 (Molaysea) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysea) MX1WF R SN AN0421A COV.Type: C

ORIGINAL

C	ERTIFICATE No.	DMPCSN3011741804	Engine No :1223098669 Chano:ZNE100409121
1.	Index Mark and Registration Number of Vehicle	SKN3696T	AUTOSAFE
2.	Name of Policy Holder	MR ZHANG WEI	
3	Effective date of the Commencement of insurance for the purposes of the Regulat Ordinance or Eractment	10 September 2018 Named Drivers E Additional Ex O	x Sect. I 5\$750.00 ther than Named Drivers:
4	Date of Expiry of Insurance	Ex Sect. I - Ag 09 September 2019 Ex Sect. I - Ag * Age as at dat	
5.	Persons or Classes of Parabrit entities to	EX ON WINDSCREE	N 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 will be doubled). A Flat S\$5,000 Excess shall apply for Theft Losses occurring outside Singapore. 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.: MALAYAN BANKING BERHAD 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 those headings.

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

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory