NATIONAL Assessment Centre Services 😹	1 January Mary 1 January 1	1/10		
Date In: 2600 29 (2:00/ Ich description	Date & Time Compte	ted E	Jouie pi.	
Ref No: MBN (11/90/21/6/9 SAS e-filing	17/			
Veh No: CKT 6 MU E-mail (within 8hrs	AIC2hts;			
D.O.A : 25/07/2015 17:30 1-Motor Claim 1	form .			
i-Motor W/O (w	ithin: OD 2les. 'PP 4hrs)			
OD TP Reporting Only i-Photo Uploads	ul			
Assessment/Surve	y Report			
TP Insurer: Ass't Report by E	ax/Hand to Owner/Whan		-	_
Preferred Wksp /4NC Assign Wksp / QW: (Tel:	Faxt)
TP Particulars: Veh No: SMA 53136	INC()/Non-INC()		
Owner / Driver: (Tel:		<u> </u>	
Policy No: () Period: () Cover Type: (. <u> </u>	
Constituted by a	Date: Time:	00 100001	1	-
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Teat of Registration ()/NO()			
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) (); Towing Co: (`)	
	Dite Time Comp	SEA 1754.2	Done by	-
Remarks (INC harling)6788 (615)	Directing Collic	0.000		-
1) Apply for Transport Allowance () / Courtesy Car ()				
2) QC Check / Post Repair Inspection ()				
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	w			
Injury:		or Chall are the	-	-
Directions Actions		是是是是其	A. A.J. Obs	-
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Driver/Owner: Contact No: Damäged Portion: QC Checked by (Engr-In-Charge):	3) TF: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Fallow-Through Survey (Resurv. For claiming analist INC Only (well 6) TR: Ite-inspection 7) N1: Idae DA + SMRT Survey 8) NTUC Additional Servines: DIT 1 N3: Courtesy Car / Tpt Allowance 1 N6: Repair Co-tridination 1 N7: Fost Repair Inspection 1 N8: DV / Collect Excess Coordinate 2 C(N11): TP (N:m INC) against IN 9) N12: Idae Nobile Involve doted	\$120 \$120 \$20 0 Jan 2005) \$75 \$160 \$35 \$10 \$25 on \$5 \$25		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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

	ACCIDENT STATEMENT
Date Of Report	26/07/2019 12:20
Date Of Accident	25/07/2019 17:30
Exact Location Of Accident	PETIR ROAD (MAIN ENTRY OF BLOCK 167 CARPARK)
Country/State of Loss	SINGAPORE
E THE PERSON NAMED IN	DETAILS OF OWN VEHICLE
A POPERTY PROTECTION NAME AND ADDRESS.	PV 1077711

三 产生 1 经营业 生產 计 多 电线针	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ6777U	
Insured/Policyholder		
Name Of Registered Owner	TAN BOON LEONG	

S6822745C

NRIC No. ETANBL68@YAHOO.COM Email Address (LOCAL) +65-91881537 Mobile Phone No OTHERS-91881537 Alternative Phone No

Vehicle Particulars

BMW Manufacturer 5231 Model

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

DMPCSN3033711902 Policy Number

Cover Note Number

Driver

TAN BOON LEONG Name of Driver

S6822745C NRIC No 20/06/1968 Date Of Birth INDOOR Occupation 28/08/1992 Date Of Driving Pass

26 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91881537 Mobile Number

Fax Number

Contact Number OTHERS-91881537

EMail Address ETANBL68@YAHOO.COM Address

BLK 536 JELAPANG ROAD

#17-20

Postcode

670536

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) involved in the accident

2

Was any body injured in the Accident?

NO.

Was any injured conveyed to hospital by

NO

ambulance?

U

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)

2

Passenger 1

NAME:

: DAUGHTER

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

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

SMA5373G

Vehicle Make/Model/Colour

KIA CERATO FORTE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HO PEI XIN ALISON

NRIC/Passport Number

S8415204H

Contact Number

90053474

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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 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 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 :
 - (i) 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 1

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Beporting Centre Personnel Signature

PERIL ROBD (MAIN EMPLY OF BLK 167 CORPORK) SKETCH PLAN BIKILT. Car A = SKJ 67776 Car B = SMA 5373 G.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25 July 2019 about 1730 hrs. I was driving my vehicle SKJ 6777 at Potic Road (just beside BIK 167) corpore waiting to exit. Ht. wint of time there was another vehicle waiting to exit the gantry. For was stationary for about 030 seconds and suddenly there was a leftom the book of my vehicle. The soid vehicle was SMA 537369 driven by Ho Pa Xin Alison. My vehicle suffered demages at murear bumper. The driver of that vehicle has admitted that it her mistake and she has failed to brake in time	
point of time there was another vehicle waiting to exit. He point of time there was another vehicle waiting to exit the gantry. From the back of my vehicle. The said vehicle was SMA 537355 driven by the Pai Xin Alison. My vehicle soffered demages at murear bumper. The driver of that vehicle has admitted that it	Ü
from the bock of my vehicle. The soid vehicle was SMA 537355 driven by Ho Pai Xin Alison. My vehicle soffered demages at murear bumper. The driver of that vehicle has admitted that it	-
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rear bumper. The driver of that vehicle has admitted that it	
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her mistake and she has failed to brake in time	
no mistake and she has tailed to brake in time	W
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DECLARATION

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

Policyholder's Signature

Date & Time:

26/7/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name:

10.30 an

ACCIDENT STATEMENT

ACCIDENT DATE: 25	1.7., 19	J(DD/MM/YYY). TIME:/ 17	30)(HH:MM)
LOCATION: PETIR	ROAR (Main Entry	of BIK 167	1 1 11 144 4 16 7 1
I. DETAILS OF VEH	IICI E			
a) VEHICLE NU		67770		Na 1720
b)INSURANCE	VIOCK.	7772772	1	C 1.00
		Uning laight		
CJPOLICY NUM		P117880812		
d)POLICY TYPE: e)MAKE & MOE	(COMPREHEN	SIVE / THIRD PAR	TY / THÍRD PART	Y FIRE &THEFT)
		WWW	//MOTORCYCL	E (OTHERN)
♥ 9/VEHICLE CAL	EGORYMPRIVA	TE / COMMERCI	AL/MOTORCYC	CLE)
h)PURPOSE OF	USING AT ACC	DENT TIME: T	wate Use.	
IF NO, PLEASE	STATE (THIRD P)	OUP OWN INSUITABLE OF CLAIM / RE	RANCE (YES/NO PORTING ONLY))
2. INSURED / POLIC	CY HOLDER	0.000	(S)	
AINAMET -	AN PRON !		MALE	FEMALE)
1 DOUGH I MIC DINRIC/FIN/PAS	SPORT: 568:	12745c	CONTACT:	11881537
c)ADDRESS:	o36 Jelaper	19 Road # 1	- 3-0	
	"pure 6 05	3,0		
* CONTINUE TO	3.d IF DRIVER A	LSO POLICY HO	LDER	19 10
THE OF PRISSON OF DRIVER -				
(Including duties) GINAME:		DONL	IMALE	/ FEMALE)
b)NRIC/FIN/PAS		23 H5C	CONTACT:	/ ranna/
c)ADDRESS:	536 Jalapan	a Road #1	- 20 .	
	8, bour 10,0	536		**
"d)DATE OF BIRTI			M/YYYY)	7
e)OCCUPATION:	(INDOOR / OL	JTDÓORI	MCT-USEN	
FIGHTE OF DRIV	NG PACC	78 8 1	392 .	
4. WAS DRIVER AN	MEMPLOYEE C	F THE INSURE	S COMPANY?	(VES / NO)
IF NO, RELATIO	NSHIP OF THE	DRIVER WITH	INSURED: (wher.
5. a) WEATHER CON	DITION: (CLEAR	R/RAINING/O	THERS CO	tar 1
b)ROAD SURFAC	E: (DRY / WET /	OTHERS	· Day	
6. WAS ANYBODY IN	JURED IYES IN	val		
a)REPORTED TO P	OUCE IYES IN	O) ·		81 30
IF YES, PLEASE ST	ATE WHICH PO	LICE STATION	€:	
H THIRD DADTY VIEW	CLE			
THE OF PASSINGER OF VEHICLE NUN	CTAN A	53136	MODEL: KIA	Ceratto
(Including driver) b) DRIVER'S NAI		el XIn Aliso		
() NRIC/FIN/PAS		152044	CONTACT: 9	0053474
9. THIRD PARTY VEHIC	CLE			
A No of passanger d) VEHICLE NUM			MODEL:	*79
AL DONCEDIE NA			JANOBEL	
(Including driver) 1) NRIC/FIN/PAS			CONTLOT	
()	0.000		CONTACT:	
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52				E
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20-06-1968 M
Country of horth

SINGAPORE





ADDITION OF THE PROPERTY OF T





中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

CERTIFICATE OF INSURANCE

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

CERTIFICATENS Index Mark and Registration Number of Vehicle 2. Name of Policy Holder Effective date of the Commencement of insurance for the purposes of the Regulations. Ordinance or Enectment 4. Date of Expry of insurance 5. Persons or Classes of Persons entitled to drive *

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6 Limitations as to use *

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ONE THE ARTHER DATE OF SACISE WITHOUT PERSONNEL FOR EACH PRINTS SEAR.

Auptorised Officer

* Limitations randered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transcort 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 (Melaysia)

Please sex reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Countersigned By

Authorised Signatory

2 Anson Road #15-00 Springleaf Tower Singapore 079909. Tel: 6389-6111. Fax: 6225-3392. Website: www.sg-cnte.ping-com-