NATIONAL Assessment Centre Services. (wel I Jan'00) : MNA 119099045 Done by Date & Time Completed Job description 2917/19 15:49 Date In: SAS c-Illing Ref No. NA1 C7719013306/64. E-mail (within this, AIC 2hrs) Veh No SLC 4596 M I-Motor Claim Form DUA 2817/19 16:10 -I-Motor W/O (Within: OD 2hts, TP 4hrs) (ii) IP ' Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Proformed Wiksp / INC Assign Wiksp / QW: ( )/Non-INC ( INC ( TP Particulars: Veh No: SKU 8144 A. ) Tcl: Owner / Driver: ( Cover Type: ( Policy No: ( Period: ( ) Time: Confirmed by : ( Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Insured/Driver Liability: ( Year of Registration: ( Warranty: YBS ( )/NO( Excess: (\$ Loading: \$1,000 ( )/\$2,000 ( General Reinarks & Ches. ) Walle-In Customer: Customer's information strictly Confidential & Strictly NO refer of repetier. ) Total Loss Case : to e-mail Insurer URGENTLY. ) ; Towing Co: ( Drive-In ( )/Towed-In ( ); Invoice: YES ( ) / NO ( Remarks: 2018@nothics.6798661608 Apply for Transfort Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Finies SHELLING !! bad bin MA1905622 Claimant's Particulars is 1) AR : Acadent Reporting (330); NC (\$30) 2) DA : Damege Assessment (\$100) \$40/\$4: 3) TP : Towing Pee Driver/Owner: \$120 4) FT : Follow-Through Survey 530 5) PT : Follow-Through Burvey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idau DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \$5 \*NS: Courtesy Car / Tpt Allowance 510 \* N6: Repair Co-ordination \$25 \*N7; Post Repair Inspection Auditors Comments : 22 \*NS: DV / Collect Excess Coordination TP (N11): TP (Non INC) against INC \$20 Jal. Ja 9) N12: Idao Mobile Fee Charged Involve dated 1 2/3; wind I'M Fee Charged Involce dated

2 . per at 1.32

## 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.
- 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.

The second second	ACCIDENT STATEMENT
Date Of Report	29/07/2019 15:49
Date Of Accident	28/07/2019 16:10
Exact Location Of Accident	UPPER SERANGOON RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC4596M
Insured/Policyholder	
Name Of Registered Owner	MR KUA WEIZHONG, GIBSON (KE WEI ZHONG)
NRIC No	S8805249H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94559182
Alternative Phone No	OFFICE-94559182
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMPCSN3053641900
Cover Note Number	
Driver	

Name of Driver MR KUA WEIZHONG, GIBSON (KE WEI ZHONG) NRIC No S8805249H Date Of Birth 15/02/1988 Occupation **INDOOR** Date Of Driving Pass 01/12/2006 Driving Experience 12 YEARS AND 7 MONTHS Gender MALE

Mobile Number (LOCAL) +65-94559182

Fax Number

Contact Number OFFICE-94559182

EMail Address NOEMAIL Address APT BLK 108B MCNAIR ROAD #12-210 SINGAPORE

Postcode 323108

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

2

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

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) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : TENG HUI HUI

> GENDER: : FEMALE

4

Passenger 2 NAME: : KUA RUI TING, JENELLE

> GENDER: : FEMALE

> > : FEMALE

Passenger 3 NAME: : SUWIN DABOR

GENDER:

**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 ATTACHED STATEMENT

Attachment(s)

YES Are accident photos available for attachment? 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 **SKU8144A** 

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Page 2 of 15

Contact Number

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)

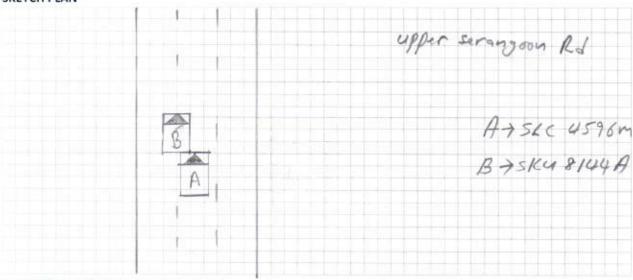
I understand, acknowledge, agree and consent that:

- (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:
  - (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.

X

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.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was travelling at	upp Setangooned towards Kovan, Vechicle Sku 81444
	to left lane. Sku 8144/4 Suddenly Stop in the middle
	Changing land and laused me to Ait his lar.
	# # # # # # # # # # # # # # # # # # #
- 10	
	91

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.:

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8805249H



KUA WEIZHONG, GIBSON (KE WEI ZHONG)

CHINESE

Date of birth 15-02-1988

SINGAPORE



For LKK/NAC Use On

S8805249H

KUA WEI ZHONG (KE WEIZHONG)

Birth Date 15 Feb 1988 Date 01 Dec 2006

5233890



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

otor Cars=< 3000kg with =<7 passengers, exclusive 01 Dec 2006 the driver; and other motor vehicles =< 2500kg

For LKK/NAC Use Only

29-10-2013

APT BLK 1088 MCNAIR ROAD #12-210 SINGAPORE 323108

NRIC No: \$8805249H

Date: 11/07/2017 (R)

NP 428A

Licence No: S8805249H



## 中国太平保险(新加坡)有限公司

MX1F N SN AN0561A COMPREHENSIVE

## 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)

CERTIFICATE No.

DMPCSN3053641900

Engine No : LEB5075186

Chassis No: RU31125191

1. Index Mark and Registration Number of Vehicle

SLC4596M

2. Name of Policy Holder

MR KUA WEIZHONG, GIBSON (KE WEI ZHONG)

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 15 JULY 2019 (12:56 HOURS) 14 JULY 2020

IN ADDITION TO NAMED DRIVERS EX:

EX SECT, I - AGE <= 25......\$3,000.00 EX SECT. I - AGE >= 26......\$\$500.00

\* AGE AS AT DATE OF ACCIDENT

4. Date of Expiry of Insurance

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.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST \$5500 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. : VENTURE 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.

Countersigned By:

Authorised Officer

Authorised Signatory