17 27 / 27 2	Involce dated	Fee Charged	
	Involve dated	Fee Charges	STATE OF THE PARTY
Tal. 1:	TP (N11):	rP (Non INC) against INC	30
Anditors Comments 3 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	NE DV/C	Collect Excess Coordination	\$3 \$20
The state of the s	TW. Law NY: Post R	Cu-ordination spair Inspection	525
QC Checked by (Engr-In-Charge):	*NS: Courte	sy Car / Tpt Allowance	510
(4)	OD.		
Damäged Portion:	7) N1 : Idau D/	+ SMRT Survey	3100
	6) TR : Re-lusp	ection	\$75 \$160
Contact No:	45 A 1000 - 17 - 11	Through Burvey (Resurvey) against INC Only (wof 10 Jan 2003)
Oriver/Owner:	AVET . Vollows	Through Survey	\$120
Chimant's Particulary is a long of the plants.	2) DA : Damer 3) TF : Towing	e Assessment (\$100); INC (34	/545
MA1905814	M.Yolkensee 1) Alt : Analde:	at Reporting (530);	3.00
141.	InvoiceRi	in then Checkling Sica	SECTION HANDIN
The second secon			STEAM (3) PEAN (3)
i i			Williams and the second
Andrew William Control of the Contro		. *	
Date/Fime / Actions 25 20 10 10 10 10 10 10 10 10 10 10 10 10 10			fishficus: Le
Injury :		·	Water September 1
The state of the s			
3) Upload Resurvey Photo [Repair Cost > \$3000]	() :	,.	
2) QC Check / Post Repair Inspection	()		
1) Apply for Transport Allowance ()/ Courtesy (Car()		
Romanics Dischoon Screen 100 Choons	FREE YEAR	Al Date & British Golding 548	Systempone by
Drive-In ()/ Towed-In (); Invoice: YES ()/NO();	rowing Co: (HATTOTAL CONTENTS
() Total Loss Case : to e-mail Insurer URGE			· · · ·
() Walk-In Customer: Customer's information s	trictly Confidential & St	trictly NO refer of repairer.	
General Commercials。如果是由中国的	经产品的证据的	THE WARRIEST CONTRACTOR AND A SECOND CONTRACTOR ASSECTION ASSECTIO	(A) (A) (A)
Bxccss: (\$) Loading: \$1,000 ()	7.3.2,000 ()		
Year of Registration: () Warranty:		<u>/</u>	
	The state of the s)	
Confirmed by : (0%; P: 21-79%. P: 80-10	00%]
1000 100.	Date:	Time:)
Owner / Driver: () Period: ()	Cover Type: ()
TP Particulars: Veh No: F5 352	ioA Hot	Tel:)
Proforred Wksp / INC Assign Wksp / QW: (INC()/Non-INC()	
THE RESIDENCE OF THE PERSON OF	THE RESERVE THE PARTY OF THE PA	Tol: Fa	x:)
ANNA PROPERTY OF A STATE OF THE	Report by Fax / Hand	o Owner/Wkap	
Asses	sment/Survey Report		
(OI) TP ! Repring Only	oto Uploaded		
I-Mo	tor W/O (Within: OD 2ht	s, TP 4hrs)	
110A 218/19 23:30. I-Mo	tor Claim Form	k	
Veh No. SIN 97142 E-ma	all (white Shis, AIC 2hrs)		
	c-filing	1	
Date lu: 518/19 09:08 Jeb de	scription	-	
NATIONAL Assessment Centre Servi		Date &Time Completed	Done by
MACTIONAL Appropriant Centre Sarul	CES. Fuel 1 Jan'05] .	: MIMA 119101985	

: . pri 11 * . 7"

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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

ACCIDENT STATEMENT			
05/08/2019 09:08			
02/08/2019 23:30 JUNC OF BUKIT PANJANG RD & JELEBU RD			
DETAILS OF OWN VEHICLE			
SLN9714Z			
MR CHOONG POH FATT			
S1525784I			
NOEMAIL			
(LOCAL) +65-94888439			
OFFICE-94888439			
MERCEDES-BENZ			
C180			
PRIVATE USE			
NO			
REPORTING ONLY			
PRIVATE CAR			
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			
COMPREHENSIVE			
NO			
DMPCSN3048201900			

-		· .	-	
-13	n	ľ	ю	

MR CHOONG POH FATT Name of Driver

S1525784I NRIC No. 26/05/1962 Date Of Birth INDOOR Occupation 31/01/1984 Date Of Driving Pass

35 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-94888439 Mobile Number

Fax Number

OFFICE-94888439 Contact Number

NOEMAIL EMail Address

Address

BLK 273 CHOA CHU KANG AVE 2 #09-247

Postcode

680273

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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

NO

Other Information

Was any foreign vehicle involved in this accident?

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 STOP BEHIND A MOTORCYCLE AT THE TRAFFIC JUNC OF BUKIT PANJANG RD & JELEBU RD DUE TO RED LIGHT, I ACCIDENTALLY TOUCH ONTO THE MOTORCYCLE REAR PORTION AND I SUSPECT BRAKE LIGHT NOT WORKING, THE MOTORCYCLE NEVER FALL DOWN, WE COME DOWN AND CHECK ON OUR VEH BUT NO DAMAGE FOUND, AFTER THAT WE EXCHANGE PARTICULAR THEN WE LEAVE THE SCENE.

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

FS3520A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

97245263

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 <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)

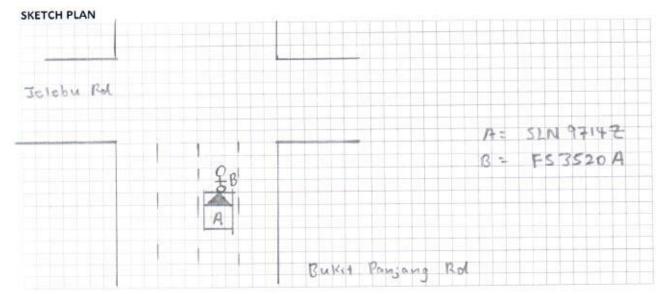
I understand, acknowledge, agree and consent that:

- (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:
 - 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: NRIC/FIN No.:

Reporting Centre Personnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Plenso	Kefer	to	Statement	
	/	/		

DECLARATION

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

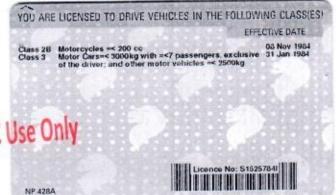
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





Date: 16/06/2018 (R)





中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MXIE N SN AN0576A COMPREHENSIVE 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)

CERTIFICATE No.

DMPCSN3048201900

Engine No : 27491030268611 Chassis No: WDD2050402R018482

1. Index Mark and Registration Number of Vehicle

ST.N97142

2. Name of Policy Holder

MR CHOONG POH FATT

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 27 JULY 2019

NAMED DRIVERS EX SECT. I.........\$\$900.00

IN ADDITION TO NAMED DRIVERS EX:

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

* AGE AS AT DATE OF ACCIDENT

4. Date of Expiry of Insurance

26 JULY 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: *

Countersigned By:

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 S\$1,000 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. : STANDARD CHARTERED BANK SINGAPORE 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.

Marketing Agency

Company Reg. No.: 57223825K Offise: (65) 6635 6698 Fax: (65) 6702 6707 71 Util Rosel 1 805-45 Oxley BinHub Singapore 4085 408732

Authorised Officer

Authorised Signatory

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