NATIONAL Assessment Centre	Services.	[wel 1 Jan'03] .	MNA	11911 35	91	
Date in 28 18 /19 /3:47	Jeb description	on	Date &Time	Completed	Do	ne by
Kertin WAI CTI 19015157 144	SAS c-filin	g				
Veh Phr 1 SMM 5340	E-mail (with	in Ohra, AIC 2hra)				9.
11(1) 2718119 20:45.	I-Motor Cl	alm Form	1.			
	I-Motor W	O (Within: OD 2hrs	")"P 4hrs)			
OD Any Reporting Only	I-Photo Up	londed				
	Assessment/S	Survey Report			1 .	
TP Insurer:		by Fax / Hand to	Owner/Wksp			
Professed Wksp / WC Assign Wksp / QW: (NAME AND ADDRESS OF THE OWNER, TH	WILLIAM STREET	Tol:	Fa	X:	TIPE HORLIS
TP Particulars: Veh No: <	KL 5499T	INC ()/Non-INC	2().		- 10
Owner / Driver: (NE 27111		Tel:)	
Policy No: () Perio	od: ()	Cover Type:	()	
Confirmed by : (Date:	Tim	e:)	
Insured/Driver Liability: (%) [No	ote-Est. Status ((WO): N: 0-20	%; P: 21-793	6. F: 80-10	0%]	
	arranty: YES ()	1		
Excess: (S) Loading: \$1,000						
Goneral Kennag Pare 18 Transport	CARTINSPA	PROPERTY NAMED	THE PROPERTY OF THE	Carrent In	वर हिरा	
				in the Annual Control	Deb 1,1	·
() Walle-In Customer: Customer's Inform		The same of the sa	ctly NO refer of	f repairer.		
() Total Loss Case : to e-mall Insurer				.,	•	
Drive-In () / Towed-In (); Invoice:	YES()/	NO(); To	wing Co: (· 4')
Usingels: Thing hounds of the forms				Minle Sales	TO THE STATE OF	5 by
11 2 4 7 1 1 1 1 2 1 1 1 1 2 1 1 1 1 1 2 1	irtesy Car (Carried Assessment All Assessment	TODANNI SPERFAZIONI		2010	And the second
2) QC Check / Post Repair Inspection)-		·		
3) Upload Resurvey Photo [Repair Cost > \$300		<u> </u>			100	
	,0) (
Injurje:						-
Date/Lime / Actions : 10 (1996) 1894 1896 1897		40.00	New Telesco	N. 124	500000	antonio anto
The state of the s	A PILATION IN PLANSMINE	ENTER THOUSAND AND AND	• •	AND DESCRIPTION OF THE PERSON	SOLITORIAL INC.	
				Volument of the second	AND DESCRIPTION OF THE PARTY OF	
*	4					
Control of the Contro	AMORROS ANTONIOS ANTONIOS	Berline R. Mitsalde J.	WORNEY WOOD		(Section)	Alan(I)
NA I	906332	Involged in	Maying neu	THE WANTED	Smill of	k knad bin
annanus Parriculares Colores 91404/926		1) AR 1 Accident Re		Vallet (###)	30.00	
iver/Owner:		2) DA ; Damege As 3) Ti : Towing Fee	. (2100);	1NC (550) 540/54	3	
		4) FT : Follow-Thro	agh Survey	\$12 (vey) \$3		
ntact No:		5) PT : Follow-Thro	ngh Burvoy (1004)	(10 Jan 2003)		
maged Portion:		6) TR : Re-Impectio	n	57	-	
Contraction of the contraction o		7) N1 : Idao DA + S 8) NTUC Additional			0	
		OD:	Services.			
Checked by (Engr-In-Charge):	4	* N5: Courtesy Co	/Tpt Allowance	2	THE RESERVE AND ADDRESS OF THE PARTY OF THE	
THE PROPERTY OF THE PROPERTY O	Nasadan katalan	*NG: Repair Co-o *N7: Post Repair		51 32		
ditors Comments :	SASE THE	+NS: DV / Collect	Excess Coordinat	lón 3	5	
.1;		TP (N11): TP (N 9) N12: Idao Mobile	in INC) against IN	IC 52	0	
2/3;		Involve dated	- 5	es Charged		是中国
		Involce dated	F	se Charged	MARIN	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> 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

	ACCIDENT STATEMENT
Date Of Report	28/08/2019 13:47
Date Of Accident	27/08/2019 20:45
Exact Location Of Accident	OUTSIDE 43A LOR L TELOK KURAU
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM534D
Insured/Policyholder	
Name Of Registered Owner	MR LEO CHIN HAO
NRIC No	S6939482E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96900909
Alternative Phone No	OFFICE-96900909
Vehicle Particulars	
Manufacturer	AUDI
Model	A1
Exact Purpose for which vehicle was being used at time of accident	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	DMPCSN3046811900
Cover Note Number	**************************************
Driver	
Name of Driver	MR LEO CHIN HAO
NRIC No	S6939482E
Date Of Birth	10/11/1969
Occupation	INDOOR
Date Of Driving Pass	23/12/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96900909
Fax Number	
Contact Number	OFFICE-96900909
EMail Address	NOEMAIL

Address 43A LOR L TELOK KURAU

Postcode 425461

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 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)

involved in the accident

2 NO

YES

NO

0

NO

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

MY VEH WAS PARKED OUTSIDE MY HOUSE, BEFORE I LEAVE MY VEH, EVERYTHING WAS INTACT. SUDDENLY I HEARD A "BANG" SOUND AND I WENT OUT TO SEE WHAT HAPPENED THEN I REALIZED VEH B HAD HIT ONTO MY VEH RIGHT REAR PORTION.

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

SKL5499T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver LOO LYE KIT

NRIC/Passport Number S9515303H

Contact Number

96583105

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:
 - (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.

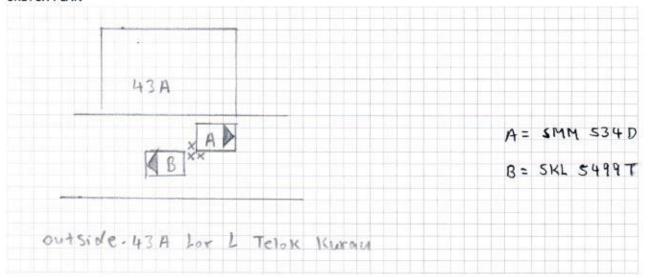
Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer 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.:

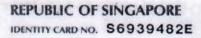
I Loo Lye Kit, Driving Licence * 59515303H

hereby confirm that on 27 August 2019, around
8.45 pm, I drove my our and hit the back

of a stationary car SMM 534D.

of light









LEO CHIN HAO

梁振浩

CHINESE

10-11-1969

SINGAPORE

568394820

1136002

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

ASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 23 Dec 2009 of the driver; and other motor vehicles = 1500kg

For LKK/NAC Use On

96020492E

Blood Group Chite of your

Mareas:

43A LORONG L TELOK KURAU SINGAPORE 1542

NP 438A





中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1E N SN AN0055A COMPREHENSIVE AUTOSAFE

Servicing Agent: Cowell Insurance Agency Pte Ltd | tel..6339 Trivex @ 8 Burn Road #09-09 contactus@cowell.com.sg

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.

DMPCSN3046811900

Engine No : CHZ057780

Chassis No: WAUZZZ8X4GB059793

 Index Mark and Registration Number of Vehicle

SMM534D

2. Name of Policy Holder

MR LEO CHIN HAO

3. Effective date of the Commencement of Insurance for

22 JUNE 2019 (11:42 HOURS) NAMED DRIVERS EX SECT. I.........\$\$500.00 IN ADDITION TO NAMED DRIVERS EX:

the purposes of the Regulations, Ordinance or Enactment

21 JUNE 2020

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

4. Date of Expiry of Insurance

5. Persons or Classes of Persons entitled to drive *

. AGE AS AT DATE OF ACCIDENT

(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 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. : KENSO LEASING 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