NATIONAL Assessment Contre	Services (** 1800)			
Date In: 03/09/19	Job description	Date & Time Completed	Done by	
Ref No MA/CTI 19015562/13	SAS e-filing			
Vch No. SLQ 785L	E-mail (within 8hes, AIC 2he			
DOA 02/09/19 1630	i-Motor Claim Form		control waters restly, as a returned of 1	
	i-Motor W/O (Within: Of	2hrs, TP 4hrs)		
(OD) TP / Perporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repo	rt		-41
Tr msurer	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (190	ax:)
TP Particulars: Veh No:	CINCUOUN IN	C()/Non-INC()		
Owner / Driver: (Tel:		085-0-
Policy No: () Peri	iod: () Cover Type: ()	
Confirmed by : (Date:	Time:	00%1	-
		0-20%; P: 21-79%. F: S0-1	10070]	
	Varranty: YES ()/NO	.)		
	00 () / \$2,000 ()	Street services of the services		-
General Remarks:-	*** 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a Cultura NO refer of consistor		
() Walk-In Customer: Customer's infor		& Strictly NO (Siet of reporter)		
() Total Loss Case : to e-mail Insure				
Drive-In () / Towed-In (); Invoice	YES () / NO (; Towing Co. ()	
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done by	
1) Apply for Transport Allowance ()/C	ourtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()			
Injury:				
Date/Time Actions				
Date/Time Actions		26.00 SER. V. STORRESS - SERVICE - CHES. V.		
				1000
				-
	Inveice	Preparation Checklist		Bill
NA1906681		ccident Reporting (\$30);	- Internal	
Claimant's Particulars :-	2) DA : D	amage Assessment (\$100); INC (\$80) 40/\$45	
Driver/Owner:		llow-Through Survey	\$120	
5) FT : Follow		llow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 20	\$30 05)	-
Damaged Portion:		e-inspection	\$75	-010
Juniagou i ortion.		ac DA + SMRT Survey Additional Services:-		
QC Checked by (Engr-In-Charge):		Courtesy Car / Tpt Allowanse	\$5	
		epair Co-ordination	310	
Auditors' Comments :-		ost Repair Inspection OV / Collect Excess Coordination	\$25	
Cat. 1:	TP (N	11) : TP (Non INC) against INC	\$20	
	9) N12: 1	dae Mobile Fee Charge		7
Cat. 2 / 3;	Invoice	11 01	d Britis	

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.
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation or will 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.

 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.

	sent to the archiving of this report at the centre and to copies of the report being made available	
where a little of the little o	ACCIDENT STATEMENT	
Date Of Report	03/09/2019 12:56	
Date Of Accident	02/09/2019 16:30	
Exact Location Of Accident	TANGKAK(JB)TWDS SINGAPORE	
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM	
A STATE OF THE STA	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLQ785L	
Insured/Policyholder		
Name Of Registered Owner	MR TOH SHEN LEE	
NRIC No	S8907901B	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98152324	
Alternative Phone No	OTHERS-98152324	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	LEXUS	
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE	
Are you claiming under your own insurance policy for repair to your vehicle?	YES	
f No, Please state action to be taken		
/ehicle Category	PRIVATE CAR	
nsurance Company		
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMPCSN3077271800	
Cover Note Number		
Oriver		
lame of Driver	TOH CHEW LIM	
NRIC No	S1174747G	
Date Of Birth	09/10/1955	
Occupation	OUTDOOR	
Date Of Driving Pass	26/12/1973	
AND THE PROPERTY OF THE PROPER	NAME OF THE PARTY	

45 YEARS AND 8 MONTHS

Mobile Number (LOCAL) +65-96280120

Fax Number Contact Number

Driving Experience

Gender

EMail Address NOEMAIL

BLK 1 EVERTON PARK Address

#05-35

Postcode 081001

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

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 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

4

YES

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

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

Passenger 1

NAME:

: CHUA LAY CHING

GENDER: : FEMALE

Passenger 2

NAME:

: CHUA LAY HONG

GENDER: : FEMALE

Passenger 3

NAME:

: KHO SWEE TING

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

BUKIT AMAN

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I AND MY FAMILY WAS TRAVELLING FROM TANGKAK TWDS SINGAPORE ON THE RIGHT LANE.SUDDENLY I FELT THE IMPACT FROM MY REAR AND MY VEH LOST CONTROL TO THE LET LANE AND HIT DIVIDER MY VEH SPIN AND HIT ONTO THE TRAILER(VEH C) AND SPIN AGAIN THAN HIT ONTO DIVIDER AGAIN.ALL OF US WAS INJURED AND MY VEH BADLY DAMAGED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

MISSING WHEN AFT ACCIDENT

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Page 2 of 13

Details Of Properties

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JGW3666 Vehicle Make/Model/Colour TRAILLER

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TOH CHEW LIM

Approximate Age

Injuries Sustain SLIGHT Injured person in which vehicle? SLQ785L Were seat belts worn? YES Was this injured conveyed to hospital by NO

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

CHUA LAY CHING Name

Approximate Age

Injuries Sustain SLIGHT Injured person in which vehicle? SLQ785L Were seat belts worn? YES Was this injured conveyed to hospital by NO

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 3

CHUA LAY HONG Name

Approximate Age

SLIGHT Injuries Sustain SLQ785L Injured person in which vehicle? YES Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name

KHO SWEE TING

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SLQ785L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Page 4 of 13

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.
- 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:

Reporting Jentre Personnel's Signature

Name:

NRIC/FIN No.:

GIABMC SketchPlanForm_VX

_		204 806 900
DECL	ADAT	IANI
DECL	.ARAT	ION

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

Policyholder's Signature Date & Time:

Driver's Signature

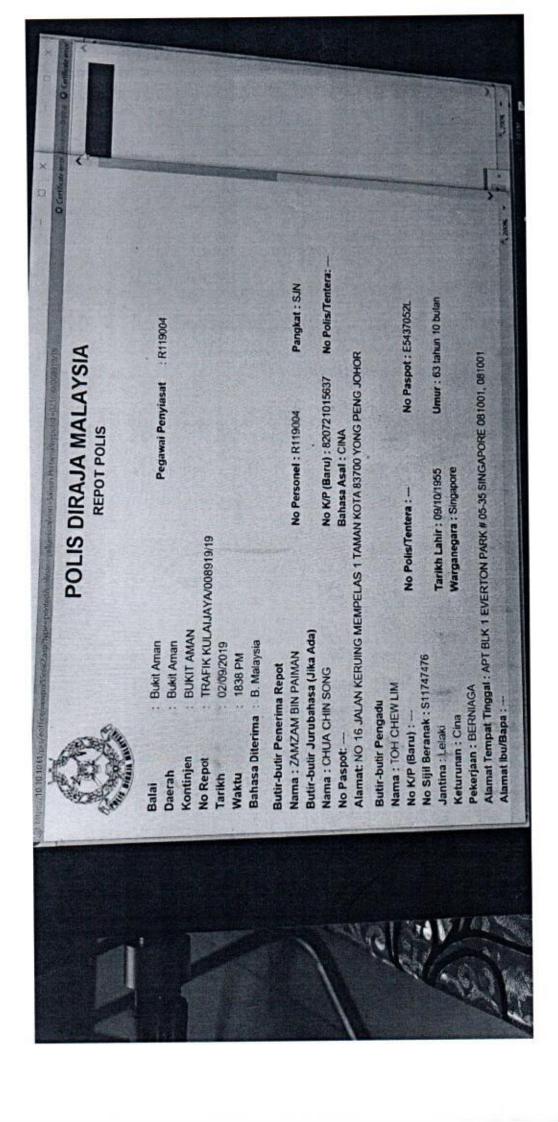
(If driver is not the policyholder)

Date & Time:

Reporting Contre Personnel's Signature

Name:

NRIC/FIN No.:



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No Tel (Rumah) :--

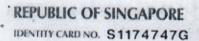
Emel: -

No Tel (HP): 96280120

No Tel (Pejabat): --

Pengadu Menyatakan:-

PADA 02/09/2019 JAM LEBIH KURANG 1630 HRS SEMASA SAYA MEMANDU MIKAR NO PENDAFTARAN SLQ785L JENIS LEXUS BERSAMA KELUARGA DARI TANGKAK HENDAK BALIK KE SINGAPORE, SAMPAI DI MIKAR SAYA TELAH DI LANGGAR DARI ARAH BELAKANG OLEH KENDERAAN NO PENDAFTARAN DAN JENIS TAK PASTI, LALU SAYA HILANG KAWALAN DAN TERBABAS KE LORONG KIRI DAN TERUS MELANGGAR KM 29.5 ARAH SELATAN LEBUHRAYA UTARA - SELATAN SAYA MEMANDU DI LORONG KANAN , TIBA-TIBA PENGHADANG JALAN DI SEBELAH KIRI DAN MIKAR SAYA TELAH BERPUSING KE LORONG KIRI DAN TELAH DI LANGGAR OLEH MILORI TRALLER NO PENDAFTARAN JGW3666 JENIS VOLVO FH12 NO TRALLER TIJA2161 DAN MIKAR SAYA TELAH BERPUSING LAGI DAN TERUS MELANGGAR PENGHADANG JALAN DI SEBELAH KIRI JALAN . DALAM KEJADIAN TERSEBUT SAYA TELAH MENGALAMI KECEDERAAN RINGAN DI KOB64662H MENGALAMI SAKIT DI BAHAGIAN BELAKANG BADAN . EMAK MERTUA SAYA NAMA : KHO SWEE TANGAN SEBELAH KANAN, SAKIT KEPALA, SAKIT DI BAHAGIAN BELAKANG BADAN, ISTERI SAYA NAMA TING NO. PASSPORT : K0381498D MENGALAMI CEDERA RINGAN DI BAHAGIAN TANGAN KIRI . SAKIT CHUA LAY CHING NO PASSPORT: E5773240E TELAH MENGALAMI SAKIT DI BAHAGIAN BELAKANG BADAN MARGUARD DEPAN KIRI / KANAN, RIM / RODA / ARM KIRI / KANAN HADAPAN, KEROSAKKAN DI BAHAGIAN RASA TERKEJUT, RASA HENDAK MUNTAH, ADIK IPAR SAYA NAMA; CHUA LAY HONG NO. PASSPORT BELAKANG DAN LAIN-LAIN KEROSAKKAN SAYA BELUM PASTI LAGI. SAYA BUAT LAPORAN UNTUK RUJUN CERMIN BESAR BELAKANG, RIM / RODA RAM KIRI / KANAN. PINTU KIRI / KANAN DI BAHAGIAN DEPAN KEPALA. MIKAR SAYA TELAH MENGALAMI KEROSAKKAN DI BAHAGIAN HADAPAN BUMPER, BONET TANGKI AIR / TANGKI PENGHAWA DINGIN , FANDER , BAHAGIAN ENJIN , LAMPU BESAR KIRI / KANAN BELAKANG BUMPER / BONET , LAMPU KIRI / KANAN , MARGUARD KIRI / KANAN DI BAHAGIAN BELAKAN PIHAK BERKENAAN, SEKIAN LAPORAN SAYA,







TOH CHEW LIM

卓樹林

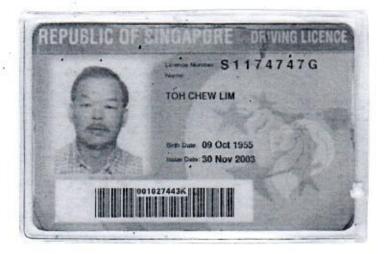
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09-10-1955 M

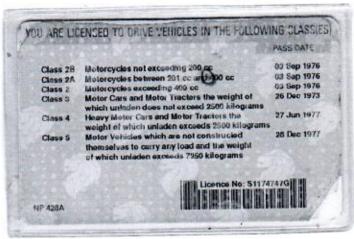
Country of Birth

SINGAPORE











中国太平保险(新加坡)有限公司

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)

MX1E N SN AN0101A COMPREHENSIVE AUTOSAFE

Engine No : 4GR0560993 CERTIFICATE No. DMPCSN3077271800 Chassis No: JTHBK262405098829 1. Index Mark and Registration SL0785L Number of Vehicle 2. Name of Policy Holder MR TOH SHEN LEE 3 Effective date of the Commencement of Insurance for 04 DECEMBER 2018 the purposes of the Regulations. Ordinance or Enactment 15:16 HOURS) IN ADDITION TO NAMED DRIVERS EX: 03 DECEMBER 2019 4. Date of Expiry of Insurance

(A) THE POLICYHOLDER

Persons or Classes of Persons entitled to drive *

(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 DWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. | THONG LEE TRADING 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 Boad Transport Act, 1987 (Mataysia). Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

ITRUST PTE LTD 52 FOCH ROAD

#03-02

SINGAPORE 209274 TEL: 6488 0885 TAX: 6286 0295

EMAIL: itrust@singnet.com.sg

Authorised Signatory

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