NATIONAL Assessment Centre	a Summingo				
TAXABLE STREET			Date & Time Comple		Jone by
214116 24:35	Jeb description		Date & Time Comple	10(1)	Douc of
MAI CTZ 190 15713/64.	The state of the s		1		
Vali No. 37P 41318.	E-mall (with	in Shis, AIC 2hrs)			
419119 11:25.	I-Motor Cl	alm Form	<u> </u>		s was been as a second
(II) Reporting Only	l-Motor W/	O (Within: OD 2hrs	TP (hrs)		
0	I-Photo Upi	onded	1		
TP Insurer:	Assessment/S	Survey Report			
11 Insurer;	Ass't Report	by Fax / Hand to	Owner/Wksiz		
Proforred Wksp / INC Assign Wksp / QW; (	o Deservation and a series	TO DECEMBER OF THE PARTY OF THE	Tol:	Fax:	PORTECT MANAGEMENT
FP Particulars: Veh No: 5	LU 6641 H.	INC (	)/Non-INC( )		
Owner/Driver: (	LU GO TI M.		Tel:	)	
Policy No: ( ) Peri	od: (	)	Cover Type: (		)
Confirmed by : (		Date:	Times	)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (		%; P: 21-79%. P: 8	0-100%1	
	arranty: YES (	)/NO(			
Excess: (\$ ) Loading: \$1,000					
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$300	urtesy Car (	)- ) : :	•		
Injury:			<del></del>		
merima e Neticula de la competación de la compe	840° 21.4*0° 2				No.
ALAU Zapa wasan na wasan ka sa ka sa					N. S. C.
A Court States on the same state of the same sta			· · · · · · · · · · · · · · · · · · ·		1
And July 1999 Committee of the Committee			· · · · · · · · · · · · · · · · · · ·		1 · 4 · · · · · · · · · · · · · · · · ·
	-1			Wilson.	N.S.
MA	.1 1906648	I) AR ! Annident Ro	porting (530);	30-0	-
MA	1906648	1) AR! Acadent Re 2) DA: Dairing As 3) TP: Towing Pre	porting (330); INC	30-0	in land!
MA  Hannes Particulars	1906648	1) AR : Annident Re 2) DA : Dairege As 3) TF: Fedlow-Thro 5) PT : Follow-Thro 5) PT : Follow-Thro	porting (530); seasment (5100); INC sugh Survey sugh Survey (Resurvey)	(580) (40/545 (5120 (530)	in land!
MA  mannus Particular  ver/Owner:	1906648	1) AR! Acadent Re 2) DA: Dainege As 3) TP: Towing Pee 4) PT: Pollow-Thro 5) PT: Pollow-Thro For claiming atain 6) TR: Re-inspectio 7) NI: Idau DA + Si	porting (330); seasment (5100); INC sells Burvey sells Burvey (Resurvey) sell NC Only (well to Jan 20 n MRT Survey	(580) (40/545 (5120 (530)	o knaglit
MA  inantise Particulars  cor/Owner:  inct No:	1906648	1) AR ! Analdent Re 2) DA : Damege As 3) Tr : Follow-Thro 5) PT : Follow-Thro Forglainting atals 6) TR : Re-impedio 7) NI : Idao DA + Si 8) NTUC Additional OD: *NS: Courtosy Co.	porting (530); porting (530); porting (5100); lNC ugh Survey ugh Survey (Resurvey) ust INC Only (wef 10 Jan 20 n MRT Survey Services:	(380) 3 2 - 2 (380) \$40/\$43 \$120 \$30 23) \$75 \$160	o knaglit
ACTION ACTION AND ACTION ACTION AND ACTION	1906648	1) AR: Accident Re 2) DA: Dairinge As 3) TF: Fowing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming atain 6) TR: Re-impectio 7) NI: Idao DA + S 5) NTUC Additional OD*  *NS: Courtosy Ca *NG: Repair Ca-o *NT: Fast Repair *NB: DV / Collect  *NB: DV / Collect	in Control of Control	3 9-9 (\$40)\$43 \$120 \$30 \$30 \$35 \$160	o knaglit

## 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 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.

ESSISTENCE OF THE PROPERTY CONTRACTOR OF THE PARTY OF THE	ACCIDENT STATEMENT	
Date Of Report	05/09/2019 09:32	
Date Of Accident	04/09/2019 11:25	
Exact Location Of Accident	SLE TWDS CTE AFTER LENTOR AVE ENTRANCE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJP4131B	
Insured/Policyholder		
Name Of Registered Owner	WANG JUNLIANG	
NRIC No	S8423288B	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97903255	
Alternative Phone No	OFFICE-97903255	
Vehicle Particulars		
Manufacturer	MITSUBISHI	
Model	LANCER	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE	
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	DMPCSN3047371800	
Cover Note Number	¥	
Driver		
Name of Driver	WANG JUNLIANG	
NRIC No	S8423288B	
Date Of Birth	14/08/1984	
Occupation	OUTDOOR	
Date Of Driving Pass	09/11/2009	
Driving Experience	9 YEARS AND 9 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97903255	
Fax Number		
Contact Number	OFFICE-97903255	
EMail Address	NOEMAIL	

Address BLK 278 YISHUN ST 22 #11-282

Postcode 760278

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 - CHANGE/CROSS LANE

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

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

#### REFER TO STATEMENT.

# Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLU6641H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category Name of Driver

PRIVATE CAR ANG HAN MENG

NRIC/Passport Number

S7620107B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

VEHICLE NO .: SJP 431

DATE & TIME: OHIO9/2017

## 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.
- 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.
- 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 aforesald.
- 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)
  - (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
- 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:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	SLE TWOS CTE After Lentor AVR Entrance	
7 -1 -1 -1 -1 -1	Idado A	: SJP4131 B
+1-+11		
+ + + + + + + + + + + + + + + + + + + +	The state of the s	: SLU 6641 H
++++++		
DESCRÍBE CIRCUMSTAN	CES OF THE ACCIDENT	
On the st	ated time and date, I, Whide A (SJP4131B), Was	
	the Stated venue After I have finish filtering	
1 1	De William (CIV ( FULL) Confliction	
from lane	1 to Lane 3, Vehicle B (SLU 6641 H) Suddenly	
	A way to take	
filter lave a	nd collided onto my vehicle.	
M.		
		-
		4
		-
		1
		(A)
	Address Toront for you to submit an Own Damage Claim	
Note : Please note the	at your insurer may have 14days Time Frame for you to submit an Own Damage Claim	
under your own	comprehensive policy. Please check with your policy for more information.	
DECLARATION  //We declare the foregoing	particulars are true in every respect.	
1	took	
Policyholder's Signature	Oriver's Signature Reporting Centre Personnel's Signature	
Date & Time:	(If driver is not the policyholder) Name:  Date & Time: NRIC/FIN No.:	
	Claim Own Policy (V) Claim Third Party () Reporting Only Claim OUTP at other workshop (Two Tuterrational Pte Ltd.)	

Date of Accident	: 04/09/2019 Accident Time: 1125 (24-FR-FORMAT)
Accident Place	: SLE TWDS CTE After Lentor Ave Entrance
Vehicle Reg. No (Car plate No.)	: SJP 4131 B Vehicle Make/Model: Mitsubishi Lancer
Insurance Company	: Ching Taiping Insurance Policy No. DMPCN 304737800
Name of Registered Owner	: Company / Individual Wong Juntiany
ID of Registered Owner	: Co Reg No:Owner's NRIC No: S 84131882
	: Co Contact No: Owner's Contact No: 9790 3155
DRIVER'S Name	: Wang Junting DRIVER'S NRIC No: S8423188B
DRIVER'S Date of Birth	: 14/08/1984 DRIVER'S License Pass Date 09/11/2009
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: Owner
DRIVER'S Address	: Blk 278 Yishun St 22 #11-282 S(760278)
DRIVER'S Contact No./ Alt No.	1) 9790 3255 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	
Weather & Road Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including D Was the accident reported to the pol Was there any video Captured by ca Exact purpose for which vehicle wa	ice? YES \ NO)
Other	Party Driver's Particulars (if any)
Vehicle Reg No: SLW 6641 H	
Vehicle Make Model: Toyota Axio	Vehicle Make\Model:
Name DRIVER: Any Han Meng	Name DRIVER:
IC No. DRIVER: S7620 107 B	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:





07-09-2010

Date: 31/01/2017 APT BLK 88 BEDOK NORTH STREET 4 #03-147 SINGAPORE 460088 MRIC No: 57620107B

APT BLK 278 YISHUN STREET 22 \$11-282 SINGAPORE 760278 31-01-2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3

NOU AND VICENSED TO DRIVE VEHICLES IN THE FOLLOWING GLASSIEN

EFFECTIVE DATE

Class 3 Michal Cars 4 3000kg with #47 passangers, exclusive 08 Oct 1196 option carrier, and other motor vehicles #4 2500kg

Motor cars with unladen weight =< 3000kg with =< 7 09 Nov 2009 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg



NP 428A



# 中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MX1F E SN DR0555P Cov.Type: C

MOTOR PRIVATE CAR

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, 1967 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

**ORIGINAL** 

CERTIFICATE No.		Engine No :4A910125106
	DMPCSN3047371800	ChaNo: JMYSRCY2A9u004114
Index Mark and Registration		
Number of Vehicle	SJP4131B	AUTOSAFE
STATE NO.		=======
Name of Policy Holder		
Effective date of the Commence	WANG JUNLIANG	
Insurance for the purposes of t Ordinance or Enactment	ne Regulations, 13 July 2019	Named Drivers Ex Sect. I \$\$1,500.00 Additional Ex Other than Named Drivers:
4. Date of Expiry of Insurance		Ex Sect. I - Age <= 25
	23 September	2019 Ex Sect. I - Age >= 26
		* Age as at date of accident
5. Persons or Classes of Persons		EX ON WINDSCREEN
<ol><li>Persons or Classes of Persons</li></ol>	entitled to drive*	EX 51 WINDSCREEN
(a) The Policyholder	3	
(b) Any other person	who is driving on the Policy	holder's order or with his permission.
Provided that the per	son driving is permitted in	accordance with the licensing or other laws or
regulations to drive	the Motor Vehicle or has bee	n so permitted and is not disqualified by order of a
Court of Law or by re	eason of any enactment or reg	ulation in that behalf from driving the Motor Vehicle.
6. Limitations as to use:*		
The policy does not o trial, speed-testing	over use for hire or reward	d for the Policyholder's business. tuition driving test racing pace-making, reliability than samples in connection with any trade or business or Trade.
Excess whichever is a will be doubled.	pplicable for losses occurri	ng outside Singapore (Constructive Total Loss/Theft)
One time waiver of Ex	cess for the first S\$500 wil t our Authorised Workshops f	l apply to the Insured and Named Drivers in the event or each Policy Year.
HIRE PURCHASE CO.	ECK WEITING BY Section & Of the Milit Road Transport Act 1987 (Malaysia),	of Wencles (Third-Party Risks and Compensation) Act (Chapter 189) are not to be included under these headings.
I/We hereby	Certify that the policy to wootor Vehicles (Third-Party Risks a	hich this Certificate relates is issued in accordance with the and Compensation) Act (Chapter 189) and Part IV of the Road
Please and reverse		#2 PARTIE RECORD
Please see reverse		For CHINA TAIPING INSURANCE (SINGAPORE) PTE
0		/ /
		(1111111
ed By:CPWSN		Y
Authorise	d Officer	Authorised Signatory