NATIONAL Assessment Centr	C.SCIVICOS (Mr. 1 Jany),			
Date In: 24/09/19	Jeb description	Date & Time Completed	Done	e by
Res No NA/CTI 19016831/	SAS e-filing			
Veh No SFKBOSR (2)	E-mail (within 8hrs, AIC 2hrs)			
D.O.A 21/09/19 2330	i-Motor Claim Form			
	i-Motor W/O (Within: OD 2h	re TP 4hre)		
OD (TP)' Reporting Only	i-Photo Uploaded	1		200
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (REVO AUTO	Tel: Fa:	<u></u>	-
TP Particulars: Veh No:	55M7 6637 INC (14	
Owner / Driver: (, , , , , , , , , , , ,	Tel:	·)	
Policy No: () Per	riod: (Cover Type: (
Confirmed by : (Date:	Time:		
	Note-Est. Status (WO): N: 0-2		0%1	
	Warranty: YES () / NO ()	- 1 4]	
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General Remarks:-	100 (), \$2,000 ()	CHRIST TO THE PARTY OF THE PART	-, -	
TO THE MENT WHEN THE THE STATE OF THE PARTY		Relative transfer of	9.	
() Walk-In Customer: Customer's infor	mation strictly Confidential & St	rictly NO rafer of repairer.		
() Total Loss Case : to e-mail Insure	r URGENTLY.			100
Drive-In () / Towed-In (); Invoice:	: YES () / NO (); T	owing Co. (1
	7,110(),1	overing cov (
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by
	A STATE OF THE PARTY OF THE PAR			
Apply for Transport Allowance ()/Co	ourtesy Car ()	1		
	ourtesy Car ()	 		
2) QC Check / Post Repair Inspection	()			***
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30]	()			
2) QC Check / Post Repair Inspection	()			
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SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

 1. Please report correctly the details of the accident to speed up the claims process.

 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.
 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
Date Of Report	24/09/2019 12:46
Date Of Accident	21/09/2019 23:30
Exact Location Of Accident	YUAN CHING RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFK805R
Insured/Policyholder	
Name Of Registered Owner	TAN LAI HOCK
NRIC No	S7348787J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92222225
Alternative Phone No	OTHERS-92222225
Vehicle Particulars	
Manufacturer	MASERATI
Model	QUATTROPORTE
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	DMPCSN1908891900
Cover Note Number	
Driver	
Name of Driver	TAN LAI HOCK
NRIC No	S7348787J
Date Of Birth	31/12/1973
Occupation	INDOOR
Date Of Driving Pass	01/08/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92222225
Fax Number	
Contact Number	OTHERS-92222225
EMail Address	NOEMAIL
CONTRACTOR OF THE PARTY OF THE	

BLK 138D YUAN CHING RD Address

#02-155

614138 Postcode

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 BY FALLEN TREE / OTHER OBJECTS

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

YES

NO

Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO

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)

NAME:

YES

NO

: YVONNE HO YI WEN

GENDER: : FEMALE

Passenger 2

Passenger 1

ambulance?

NAME: : GEORGIO YEO SHI LIN

: MALE GENDER:

Passenger 3

: NG TING SHENG NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

TEL NO: 65470000 - FAX NO:

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190922/7016

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJW2693Y

Vehicle Make/Model/Colour

Page 2 of 17

Details Of Properties

Vehicle Category

PRIVATE CAR

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 TAN LAI HOCK

Approximate Age

SLIGHT Injuries Sustain Injured person in which vehicle? SFK805R Were seat belts worn? YES Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

NO

YVONNE HO YI WEN Name

Approximate Age

SLIGHT Injuries Sustain Injured person in which vehicle? SFK805R Were seat belts worn? YES Was this injured conveyed to hospital by NO

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 3

GEORGIO YEO SHI LIN Name

Approximate Age

SLIGHT Injuries Sustain Injured person in which vehicle? SFK805R Were seat belts worn? YES Was this injured conveyed to hospital by NO

ambulance? Address

Postcode

DETAILS OF INJURED PERSON 4

Name NG TING SHENG

Approximate Age

SLIGHT Injuries Sustain Injured person in which vehicle? SFK805R Were seat belts worn? YES Was this injured conveyed to hospital by NO

ambulance?

Address Postcode

Page 3 of 17

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN		yuan CHI
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DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
	Polor	to Police
	Refer	10 / 000-
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	atti	ached 17/2019090/7016
	/	
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The Property of the Control of the C	iculars are true in every respect.	
THE PROPERTY OF THE PROPERTY O	iculars are true in every respect.	P
The Property of the Control of the C	iculars are true in every respect.	fyn 24/09/
ECLARATION We declare the foregoing parti	iculars are true in every respect. Driver's Signature	Sym 24/09/ Reporting Centre Personnel's Signature
We declare the foregoing parti	4	Reporting Centre Personnel's Signature





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20190922/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2019 20:57			Vide Report No.: J/20190921/0167	Station Diary No.:	
Informa	nt's Particu	ulars	The Market	THE RESERVE TO SERVE THE PARTY OF THE PARTY	
Name of Informant: TAN LAI HOCK			Address: APT BLK 138D YUAN CHING ROAD #02-155 SINGAPORE 614138		
ID Type / ID No.: NRIC NO / S7348787J			Contact No.: Home/Office: Mobile: 83885460		
National SINGAP	ity: ORE CITIZ	EN	Email: yiwen.von@gmail.com		
Sex: Age: Date of Birth: 31/12/1973			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:	

		12.7.	T	1 = 51 11
Type of Accident:	Attended by Police	Drink Drive: No	Date/Time of Accident: 21/09/2019 23:30	Type of Location: Straight Road
Location:				
YUAN CHING	ROAD	Road Surface:		Road Speed Limit:
Clear		Dry		
Cicai		90		
Traffic Flow: Dual Carriage	e Way	Traffic Control: Not Controlled		Traffic Volume: Light

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFK805R	Car	MASERATI	QUATTROP ORTE AUTO			3
SJW2693Y	Car					0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SFK805R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN19088919 00	26/02/2019	25/02/2020	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20190922/7016

CONTINUATION OF REPORT

Details of Perso	the second secon					
Any Pedestrian Ir	volved: No		705			
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA			
Driver						
Name	TAN LAI HOCK			ID No		S7348787J
Related Vehicle	SFK805R (Car)			Conta	ct No.	83885460
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	22/09/2019		Date Disch	narge	22/09	/2019
	ted Medical Leave	05	Degree of		Slight	
Passenger		-				
Name	NG TING SHENG			ID No		S9229897C
Related Vehicle	SFK805R (Car)			Contact No.		88926563
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	22/09/2019		Date Disch	scharge 22/09/2019		
	ted Medical Leave	05	Degree of			
Passenger	According to the latest the lates					The second of the second of the
Name	GEORGIO YEO SH	II LIN		ID No.		S9633859G
Related Vehicle	SFK805R (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	22/09/2019		Date Disch	narge	22/09	9/2019
	ted Medical Leave	05	Degree of Injury Slight			



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 4 Report No. T/20190922/7016

CONTINUATION OF REPORT

Passenger		The state of the s						
Name	YVONNE HO YI WEN			ID No		S9130049D		
Related Vehicle	SFK805R (Car)			SFK805R (Car)		Conta	ct No.	83885460
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL		
Date Treatment	22/09/2019 Date D			harge	22/09	9/2019		
No. of Days granted Medical Leave 05			Degree o	f Injury	Sligh	t		

Brief Details.

On the above mention date time and location, I was with my wife and two worker going to jurong superbowl. While we were outside at the main road going to turn into the carpark we felt a big impact from the right and I immediately came to a complete stop. When I alighted from my vehicle (A) I realised it was vehicle (B) which was from the opposite direction had go up the kerb and hit onto the u-turn metal pole

causing it to hit onto my vehicle (A) and causing damages to my vehicle(A).

We felt unwell the next day hence we went to inte medical 24hr clinic to seek consultation and was given 5days medical leaves each.

Wife - s9130049d Yvonne ho yi wen

Worker - s9633859g georgio yeo shi lin

Worker - s9229897c ng ting sheng

Vehicle (A) - sfk805r Vehicle (B) - sjw2693y





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20190922/7016

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2019 20:57
Officer In Charge Of Case: TP / TPHQ / MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 121/9/2019/10	D/MM/YYYY), TIME: (73 : 22) (HH:MM
LOCATION: YUNG HO Ad	
100×1000. 10. 10.	8
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: SFK 80	05 R
DJINSURANCE COMPANY: China	Taiping
CIPOLICY NUMBER: DMPCSN 19	908891900
	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL: Maselati	, thing thin , thing this time sitter,
	AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / C	
h) PURPOSE OF USING AT ACCIDENT	
I) ARE YOU CLAIMING UNDER YOUR	
IF NO, PLEASE STATE (THIRD PARTY	
2. INSURED / POLICY HOLDER	
AJNAME: Tan Lai HOCK.	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT: S73485	187 3 CONTACT: 9222 2225
CIADDRESS: 2 VENTURE DINE	#13-32 S(608526)
* CONTINUE TO 3.d IF DRIVER ALSO F	POLICY HOLDER
Cladeding driver) DINDIC (FIND ASSECTED)	
(Indudina driver) a)NAME:	(MALE / FEMALE)
(PH)	CONTACT:
c)ADDRESS:	
1-10 ATE OF DELLA (1) . 10 . 10 . 10 . 10 . 10 . 10 . 10 .	13
*d)DATE OF BIRTH: (3) /12 /197	
e)OCCUPATION: (INDOOR / OUTDOO f)YEARS OF DRIVING EXPRERIENCE:	OR)
4. WAS DRIVER AN EMPLOYEE OF THE	E INCHDED'S COMPANYS (VES / NO
IF NO, RELATIONSHIP OF THE DRIV	
5. a) WEATHER CONDITION: (CLEAR / RA	
b)ROAD SURFACE: (DRY / WET / OTHE	
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES (NO)	F
IF YES, PLEASE STATE WHICH POLICE	STATION:
8 THIRD PARTY VEHICLE	THE RESERVE OF THE PROPERTY OF
the of passenger of VEHICLE NUMBER: 374 269:	MODEL:
(Including driver) b) DRIVER'S NAME:	20
(01) C) NRIC/FIN/PASSPORT:	CONTACT:
7. THIRD PARTY VEHICLE	
No of passenger of VEHICLE NUMBER:	MODEL:
Industrial datas	
NRIC/FIN/PASSPORT:	CONTACT:
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中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg. No. 200208384E

MX1/B AN0606A Cov.Type: C

MOTOR PRIVATE CAR R 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)

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