NATIONAL Assessment Centre S	ervices the Darios	MINA 119130349	
A STATE OF THE STA	cb description	Date &Time Completed	Done by
Refile MA/ CTZ 19017320/64	SAS c-filing		
Veh His SJU 1749 M	E-mail (within Sins, AIC 2hrs)		
1111A 2110/19 07:20.	i-Motor Claim Form		
	1-Motor W/O (Within: OD 2h	rs, TP +hrs)	
(H) (P) Reporting Only	I-Photo Uploaded	1	
	Assessment/Survey Report		
l il hemer	Ass't Report by Pax / Hand	to Owner/Wksp	
Proformal Wksp / INC Assign Wksp / QW: (	United the second secon	Tol: Fa	X:
The second secon	Q 1342A. INC(	)/Non-INC()	
Owner / Driver: (	~ 13 4 2 H	Tel:	)
Policy No: ( ) Period:	( )	Cover Type: (	)
Confirmed by: (	Dates	Time:	)
Insured/Driver Liability: ( %) [Note	-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	0%]
	anty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000( )		••
Goudentatelinkeitere & Charles and Black 213		ARMS AND ASSESSED.	AND THE RESERVE OF THE PARTY OF
( ) Walk-In Customer : Customer's Informati		rictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insurer UI			*
Drive-In ( )/Towed-In ( ); Invoice: YE	S( )/NO( );T	owing Co: ( · , '	• )
Remarks: (CINC norther 2018 616) 2019  1) Apply for Transfort Allowance ( )/Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	( ·)-		NI A
Injury :			
Outly finise Projection see Supply 18 and 19		••	
NA.	REPRESE		And (5)) (Sam(1)
MA 190		<b>建建的的合作逐渐和多处态</b>	midhey wallbin
luminus Paraigulary 2015 X 22 300 2 2015 X	1) AR i Accident 2) DA i Danwige	Reporting (530); Assessment (5100); INC (580)	30.00
river/Owner:	3) TP : Towing P. 4) PT : Follow-Ti	se . S40/S-	
ontact No:	5) PT : Pollow-Ti	rough Survey (Resurvey) 5:	the party of the last of the l
	6) TR: Re-Inspec	tion (wef 10 Jen 200)	75
nnaged Portion:	7) N1 : Idau DA	SMRT Survey	0 -
	8) NTUC Addition	nal Services:-	
Checked by (Engr-In-Charge):	*NS; Courlesy	Cer/Tpt Allowanne S	the same of the same of the same of the same of
COURT SHARE A SECRETARION OF PROPERTY OF A SHARE A SHA	*N6: Rapelr Co	ir Inspection 57	
rditors Comments:	别名於,孫於於 · Na: DV / Coll	est Excess Coordination 3	3
)	TP (N11): TP 9) N12: Idea Mol	ile	0
4 Z.V.	Involve dated	Fee Charged	NAMES OF THE PARTY
C28.000 #6 #6	Involce dated	Fee Charged	ATTENDED .

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**EMail Address** 

- Please report <u>correctly</u> 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.
- 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 aforesaid.

The Mark Street Street Street Street Street	ACCIDENT STATEMENT
Date Of Report	02/10/2019 10:52
Date Of Accident	02/10/2019 07:20
Exact Location Of Accident	TG RHU RD INFRT ENTRANCE OF THE LINE CONDO
Country/State of Loss	SINGAPORE
William State Control of the Control	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU1749M
Insured/Policyholder	
Name Of Registered Owner	MR TEOH HOCK MIN
NRIC No	S7069591Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91076726
Alternative Phone No	OFFICE-91076726
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO
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	DMPCSN3069811800
Cover Note Number	
Driver	
Name of Driver	MR TEOH HOCK MIN
NRIC No	S7069591Z
Date Of Birth	07/03/1970
Occupation	OUTDOOR
Date Of Driving Pass	30/08/1995
Driving Experience	24 YEARS AND 1 MONTH
Sender	MALE
Mobile Number	(LOCAL) +65-91076726
ax Number	
Contact Number	OFFICE-91076726

NOEMAIL

Address

77 TAMPINES AVE 1 #07-10

Postcode

529782

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 - MAJOR/MINOR RD

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?

YES

Was any other material or property damaged? 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?

YES

If Yes, Please state which Police Station

Police Station Name

TAMPINES N.P.C

Police Station Address

ROAD: TAMPINES N.P.C., POSTCODE: 529682, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT.

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 **SLQ1342A** 

Vehicle Registration Number Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

GOH TIONG ENG

NRIC/Passport Number

S6976690J

Contact Number

97856143

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# 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.
- 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

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

NRIC/FIN No.:

# SKETCH PLAN B = SIQ 1342 A DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to Police Report

Refer	+ -	Palica	Report	
	13	Pante	1-cpsF1	
		1		

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.:

# CONFIDENTIAL

ANNEX E

# NOTICE OF REPORTING

This is to confirm that <u>TEOH HOCK HIN</u>, NRIC/FIN: <u>S7069591Z</u>, <u>HP: 91076726</u> has reported to the Police a non-injury traffic accident which occurred at <u>TANJONG RHU ROAD NEAR TO THE LINE AT TANJUNG RHU CONDO</u> on <u>02/10/2019</u> at <u>0720HRS</u>involving the following vehicles:

- a) SLQ1342A
- b) SJU1749M (complt)

On the 02/10/2019 at around 0720hrs, I was driving my vehicle SJU1749M from Tanjong Rhu road and I was coming out from Dunman high school to go back to Tanjong Rhu Road going towards The Line@Tanjong Rhu condo direction. It is a two lanes two-way direction road. Upon nearing to the condo, there was a vehicle SLQ1342A from the opposite lane (at The waterside condo direction) then wanted to turn right in to the The Line@Tanjong Rhu condo and did not slow down and abruptly drove into the lane while I was approaching and I am unable to stop in time and thus collided on to the rear left of its vehicle. There is no in-car camera inside my vehicle. No one was injured and no government property is involved. Thus, we had agreed to settle this through individual insurance.

The particulars of the driver is one Goh Tiong Eng, S6976690J, HP: 97856143.

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap276.

Rank/Name of Issuing Officer: SGT LAM XUE TING

Date: <u>02/10/2019</u> Time: <u>1000HRS</u>

S/D Ref: ESD 32 dated 02/10/2019

Police Post / Unit: Tampines NPC

Original – to be issued to complainant Duplicate - to be submitted to Traffic Police No. 6 Tampines Avenue a Singapore 529682 Tel: 1800-5871999

CONFIDENTIAL

Version as of 15 Sep 2000



# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1F N SN AN0639A COMPREHENSIVE AUTOSAFE

64.7

# 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. Engine No : HR15109167B DMPCSN3069811800 Chassis No: JN1BAAC1120021502 Index Mark and Registration Number of Vehicle SJU1749M 2. Name of Policy Holder MR TEOH HOCK MIN Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 01 NOVEMBER 2018 IN ADDITION TO NAMED DRIVERS EX: 4. Date of Expiry of Insurance EX SECT. I - AGE <= 25......\$3,000.00 22 NOVEMBER 2019 EX SECT. I - AGE >= 26......\$500.00 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 \$\$500 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. : ABS FINANCIAL 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