

| | | | |
|---|--|-----------------------|---------|
| Date: 4/11/19 16:12 | Job description | Date & Time Completed | Done by |
| Ref No: MAL CTZ 19019467/h4 | SAS e-filing | | |
| Veh No: SKE 8462 R. | E-mail (within 3hrs, A/C 2hrs) | | |
| TP No: 311/19 16:40. | I-Motor Claim Form | | |
| TP Insurer: <input checked="" type="radio"/> Reporting Only | I-Motor W/O (Within: OD 3hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whip | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SJU 8640X. INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (IN 2 hrs, max 6748 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

| Date/Time | Action |
|-----------|--------|
| | |
| | |
| | |
| | |
| | |

| | | |
|---|--|--------|
| MA 1908295 | Invoice/Repairation/Claim/Disbursement | AMOUNT |
| 1) AR: Accident Reporting (\$30) | | 30.00 |
| 2) DA: Damage Assessment (\$180) INC (\$10) | | |
| 3) TP: Towing Fee | \$40/\$45 | |
| 4) FT: Follow-Through Survey | \$120 | |
| 5) FT: Follow-Through Survey (Resurvey) | \$30 | |
| For claiming status: INC Only (see 10 Jan 2005) | | |
| 6) TR: Re-Inspection | \$75 | |
| 7) NI: Idno DA + SMRT Survey | \$140 | |
| 8) NTUC Additional Services:- | | |
| QR: | | |
| *NS: Courtesy Car / Tpt Allowance | \$5 | |
| *NG: Repair Co-ordination | \$10 | |
| *N7: Post Repair Inspection | \$25 | |
| *NB: DV / Collect Excess Coordination | \$5 | |
| TP (N11): TP (Non INC) against INC | \$20 | |
| 9) N12: Idno Mobile | \$8 | |
| Invoice dated | Fee Charged | 30.00 |
| Invoice dated | Fee Charged | 30.00 |

QC Checked by (Engr-In-Charge): _____

Auditors Comments: _____

SINGAPORE ACCIDENT STATEMENT

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.
3. 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.
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 aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|------------------|
| Date Of Report | 04/11/2019 16:12 |
| Date Of Accident | 03/11/2019 16:40 |
| Exact Location Of Accident | RIVER VALLEY RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKE8462R |
| Insured/Policyholder | |
| Name Of Registered Owner | MR YANG WEN SHIN |
| NRIC No | S7198097I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91093572 |
| Alternative Phone No | OFFICE-91093572 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | BMW |
| Model | M3 |
| 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 | DMPCSN1759841901 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | MR YANG WEN SHIN |
| NRIC No | S7198097I |
| Date Of Birth | 14/01/1971 |
| Occupation | INDOOR |
| Date Of Driving Pass | 05/04/2011 |
| Driving Experience | 8 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91093572 |
| Fax Number | |
| Contact Number | OFFICE-91093572 |
| EMail Address | NOEMAIL |

| | |
|---|-------------------------|
| Address | 60 LENGKONG TIGA #08-04 |
| Postcode | 417454 |
| 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 |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-----------------------------------|
| Vehicle Registration Number | SJU8640X |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | EMMANUEL RAJ S/O GNPARASAM PAKIAM |
| NRIC/Passport Number | S8435542I |
| Contact Number | 98379287 |
| 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.
3. 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.
5. Any false reporting may be referred to the Police for investigation.
6. 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.
7. 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:
 - (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
- (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
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/11/19 @ 4.42pm, I was driving my vehicle SKE 8462R along River Valley Rd at lane 2 Center lane

Vehicle SJU 8640X on my right side lane ^{Extremely right lane} change into my lane and collided into my vehicle SKE 8462R right portion.

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.:

VEHICLE NO: SK 8462RMAKE & MODEL: BMW / M3

| | | |
|--|---|--|
| DATE OF ACCIDENT | <u>3 / 11 / 2019</u> | |
| TIME OF ACCIDENT | AM / PM <u>4.40pm</u> | |
| LOCATION OF ACCIDENT | <u>RIVER VALLEY RD TRAFFIC LIGHT JUNCTION</u> | |
| Exact Purpose use during accident | <u>15 meters BY BOON TENG KEE CHINESE RESTAURANT</u> | |
| NAME OF OWNER | <u>YANG WEN-SHIN</u> | |
| TELP NO | <u>91093572</u> | |
| NRIC | <u>S71980972</u> | |
| CLAIM TYPE | OD / <u>THIRD PARTY</u> / Reporting Only | |
| INSURANCE CO. | <u>CHINA TAIPING INS. (S) PTE LTD</u> | |
| TYPE OF COVERAGE | Comprehensive / Third Party / Third Party Fire & Theft | |
| POLICY NO. | <u>DMPCSN1759841901</u> | |
| NAME OF DRIVER | <u>As above</u> / If No. | |
| NRIC | <u>S71980972</u> Any passengers. | |
| DATE OF BIRTH | <u>14 / 1 / 1971</u> | |
| OCCUPATION | Outdoor / <u>Indoor</u> | |
| DATE OF DRIVING PASS | <u>05 / 04 / 2011</u> | |
| GENDER | <u>Male</u> / Female | |
| CONTACT NO. | <u>91093572</u> Office, Home. | |
| ADDRESS | <u>60 LENGKONG TIGA, #08-04, S (417454)</u> | |
| DRIVER HAVE ANY OWN Vehicle | NO / If yes, Reg No. | |
| RELATIONSHIP | Employee / If No. | |
| WEATHER CONDITION | <u>Clear</u> / Raining / Other. | |
| ROAD SURFACE | <u>Dry</u> / Wet / Other. | |
| ANY INJURIES | <u>No</u> / If yes, Who? | |
| CONTACT NO. | | |
| POLICE REPORT | <u>No</u> / If yes, Where? | |
| VEHICLE B NO. | <u>SJM 8640X</u> Any Passenger, <input type="radio"/> | |
| NAME | <u>EMMANUEL RAJ S/O GN PARASAM PAKIAM</u> | |
| CONTACT NO. | <u>98379287</u> , <u>IC: S8435542 I</u> | |
| VEHICLE C NO. | Any Passenger, | |
| VEHICLE D NO. | Any Passenger, | |
| VEHICLE E NO. | Any Passenger, | |
| VEHICLE F NO. | <u>vide o</u> Yes Any Passenger, | |
| ANY WITNESS | | |
| WITNESS CONTACT NO. | | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / NO | |
| PARTICULAR WORKSHOP | <u>Sme Motor Pte Ltd</u> <u>Y: Heng M/Shop</u> | |
| Telp NO | <u>1 Kaki bukit ave 6 #02-15</u> FAX: <u>67476106</u> | |
| CONTACT PERSON | <u>Autobay @ kaki bukit</u> <u>yihengmotorworkshop@yahoo.com.sg</u> | |
| FAX NO. | <u>Singapore 417883</u> <u>Telp: 67476106 (6 lines)</u> | |
| | <u>Fax: 67442368</u> | |



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
 R SN
 AN0498A
 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, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1950 (Malaysia)

ORIGINAL

| | | |
|--|--|--|
| CERTIFICATE No. | DMPCSN1759841901 | Engine No : 20724732565840A Chano: WBSKG92050E423173 |
| 1. Index Mark and Registration Number of Vehicle | SKE8462R | |
| 2. Name of Policy Holder | MR YANG WEN SHIN | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 29 January 2019 | Named Drivers Ex Sect. I S\$5,000.00 Excess Sect. I (Outside Singapore)... S\$10,000.00 EX ON WINDSCREEN S\$500.00 |
| 4. Date of Expiry of Insurance | 28 January 2020 | |
| 5. Persons or Classes of Persons entitled to drive* | As per Named Driver(s) stated below. | |
| <p>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.</p> | | |
| THE INSURED ONLY | | |
| 6. Limitations as to use* | <p>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.</p> | |
| <p>HIRE PURCHASE CO. : DBS BANK 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.</p> | | |

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.

Issued By: NEQ & COMPANY INSURANCE AGENCY PTE LTD
 Authorised Officer

Authorised Signatory