NATIONAL Assessment Centre	Services. purt + Jawooj.	MMA 119163419	
Date In: 12/12/19 10:53	Jeb description	Date & Time Completed	Done by
Ref (N) MAI CTI 19021893/64	SAS c-filing		
Veh Mo: 51X 603 P J	E-mail (within Mirs, AIC 2hrs)		
DOM 11/12/19 14:00	l-Motor Claim Form	Į.	
	I-Motor W/O (Within: OD 2h	rs, TP *hrs)	-
(II) - TP / Repaining Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Proformd Wksp / INC Assign Wksp / GW: (Anno me mercano anciona di ancion	Tol:	ex:)
TP Particulars: Veh No: R	arrier. INC	,)/Non-INC()	*
Owner / Driver: (71.7.273	Tel:)
Policy No: () Pario	d: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [No	to-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: () Wa	rranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000			S +
General Kembrisa, S. C. S. C. L. B. C. C.	YE COLUMN TO THE SECOND SE	n danner (d. 1884). Anna dan dan dan dan dan dan dan dan dan	Con St.
() Walk-In Customer : Customer's Inform	Name and Address of the Owner, when the Parket of the Owner, where the Owner, which is the		Action Control of the
() Total Loss Case : to e-mail Insurer	URGENTLY.		Tanganger agent/file
Drive-In ()/ Towed-In (); Invoice: 1	/ES()/NO();T	'owing Co: (','	,)
(Cemarks) (1862 holling 6788 6616)			Walliam by
1) Apply for Transport Allowance ()/ Cou	the state of the s	CONTRACTOR OF THE PARTY OF THE	Citizen and Citizen
2) QC Check / Post Repair Inspection	riesy Car ()		
3) Upload Resurvey Photo [Repair Cost > \$300			
	0) () -		
Injurý:			
Date/Time / Actions 1995; Scale Seguite			Legal Control
	,		
·			Ani(s)
hin I	909254 Invoice Pre	aradon Gircidiri	CE PROJECT Naufbin
Hammad's Parriculars is 2	A I AR Andreas	Reporting (530);	30.00
100 100 100 100 100 100 100 100 100 100	2) DA : Demego 3) TF : Towing F	Assessment (\$100); INC (\$30	
river/Owner:	4) FT : Follow-T	rough Survey 5	120
ontact No:	For claiming a	minating Only (wof 10 Jan 2005)	
anaged Portion:	6) TR: Re-luspes 7) NI: Idao DA	more and a second	673
	5) NTUC Addition	Marie Canal and	
Checked by (Engr-In-Charge):	OD.	and the same of th	\$3
- Successor of Asulti-tu-Guarket.	*NS: Courtory	- certination	310
uditors Comments	Bulleton Bakerleys . N7; Post Rep		55
The state of the s	TP (NLI): TP	(Nun INC) against INC	20 -
	9) N12: Idao Moi	ile Fee Chargei	MANAY FAIN
3/3/	Invalor dated	Fee Charged	METER

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 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.

W 100 CO
ACCIDENT STATEMENT
12/12/2019 10:53
11/12/2019 14:00
BUKIT PANJANG RD SLIP RD INTO BKE
SINGAPORE
DETAILS OF OWN VEHICLE
SLX6038J
M/S RYDESAFE
NOEMAIL
OFFICE-96320211
TOYOTA
VIOS
ot COMMERCIAL
NO
REPORTING ONLY
PRIVATE HIRE
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
COMPREHENSIVE
NO
DMHCSN3051451900
SU KO HSIN
S7960131D
22/12/1979
OUTDOOR
28/08/2007
12 YEARS AND 3 MONTHS
FEMALE
(LOCAL) +65-96320211

Address

BLK 470 SEGAR RD #09-234

Postcode

670470

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

COLLIDED INTO PROPERTY

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

1

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES

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)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police? If Yes, Please state which Police Station

YES

Police Station Name

BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20191211/2187

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

MEMORY CARD WITH TP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

BARRIER

Details Of Properties

Vehicle Category

GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 20

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

No. Of Passenger (Including Driver)		
Market Market April Comment	DETAILS OF INJURED PERSON 1	Service Committee
Name	GRAB PASSENGER	
Approximate Age		
Injuries Sustain	BODY	
Injured person in which vehicle?	SLX6038J	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	YES	
Address		
Postcode		

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.
- 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

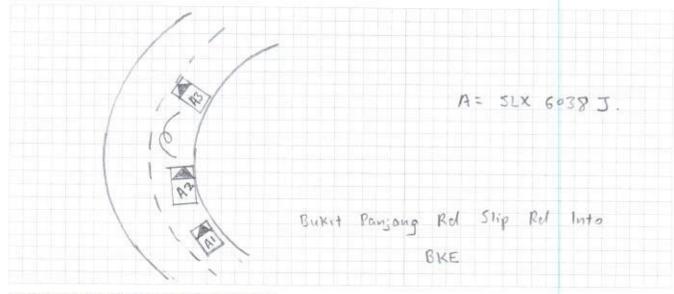
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to Polic	e Report	T/ 20191211/	2187
		/		

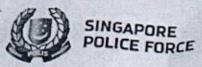
DECLARATION

I/We declare the toregoing 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.:



T/20191211/2187

1 of 3

Report No. T/20191211/2187

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

PERCET	OF A	TRAFFIC	ACCIDENT
REPURI	UFF	INAFFIC	MODIDER

Date/Time 11/12/201	e Report M 9 21:05	lade:	Vide Report No.: F/20191211/0087	Station 116	Diary No.:
Informan	t's Partice	ulars	BROWN BROWN SERVE	CHARLES IN CO.	
Name of I SU KO H	nformant: SIN		Address: APT BLK 470 SEGAR ROAD	#09-234 SINGAPOF	RE 670470
	ype / ID No.; C NO / S7960131D		Contact No.: Home/Office:		
Nationalit SINGAPO	y: ORE CITIZ	EN	Email:		
Sex: Female	Age: 39	Date of Birth: 22/12/1979	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / Schoo	Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3	Date of Expiry:	

General Inform	nation of the Accident	阿里加度 [5] [2] [5]	第二次,	
Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 11/12/2019 14:45	Type of Location Bend
Bukit Panjang Weather:	EXPRESSWAY	Road Surface: Wet		Road Speed Limit:
Raining Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collisio Self-Skidded	on:			Anyone conveyed by ambulance: Yes

	A STATE OF THE PARTY OF THE PAR	lved	Control Street, Square, Square			THE RESERVE OF THE PARTY OF THE
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLX6038J	Car				Slightly	1
		State Plantage			Damaged	

Details of Person Involved		NAME OF TAXABLE PARTY.
Any Pedestrian Involved: No	THE RESIDENCE OF THE PERSON OF	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



2 of 3

Report No. T/20191211/2187

Police Station Of Origin. Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No. 1800-8929999

CONTINUATION OF REPORT

Driver	"我们是这些事情,我们不是一个		Service Services		S7960	131D
Name	SU KO HSIN		ID No.		3/300	1010
Related Vehicle	NIL		Contac	ct No.	96320	211
Hospital/Clinic	NIL		Class Driving Licence Expiry	e &	Class Date	3 of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL		
No. of Days grant	ed Medical Leave NIL	Degree of	Injury	NIL	Separate P	

Brief Details.

On 11/12/2019 at about 1345hrs, I was driving from Bukit Panjang Road into PIE along the loop, when my vehicle suddenly self-skidded. There was no vehicles around me at the time. My vehicle brushed along the barrier. However, I am unsure if there is any damage on the barrier. My vehicle front bumper was damaged.

My passenger complain of pain on her left arm and was subsequently conveyed Ng Teng Fong Hospital. I do not have the details of my passenger. I am not feeling any discomfort currently.



SINGAPORE POLICE FORCE

T/20191211/2187

3 of 3

V. 20 .7

Report No. T/20191211/2187

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / SC2 AARON PUAH CHIN HOW	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2019 21:05
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:
Authentication Stamp NP168	Hum.

ACCIDENT STATEMENT

ACCIDENT DATE:	11 / 12/ 19)(DD/MM/Y	YYY), TIME:(.: 00.	(MM:HH)
LOCATION:	Bukit Pan	ang Rd	Slip Rd	Into	BKE
1. DETAILS O	F VEHICLE				
	NUMBER:	54x 6038	T		
DINSURA	NCE COMPANY:	Chi	7		
c)POLICY	NULCONITATIO	Ching	Taiping		
	the state of the s				
d)POLICY	TYPE: (COMPREHE	NSIVE / THIRD F	PARTY / THÌRD PA	RTY FIRE	&THEFT)
EJMAKE &	MODEL: Toy	ota Vies.			
DITPE:(SAL	OON / COUPE / N	MPV /V AN / LO	RRY / MOTORCY	CLE / OT	HERS)
b)puppos	CATEGORY: (PRIV	ATE / COMMER	RCIAL / MOTORC	YCLE)	ED
I A BE YOU	OF USING AT AC	CIDENT TIME:_	commerc.	al_	
JAKE TOU	CLAIMING UNDER	YOUR OWN IN	SURANCE (YES/	10)	
1 INSURED (ASE STATE (THIRD	PARTY CLAIM /	REPORTING ON	LY)	
	POLICY HOLDER				
A)NAME:_	MIS Ryde	25916.	(MA	LE / FEM	IALE)
			CONTACT:	4637	20211
c)ADDRESS				77715	1000000
* CONTAIN	TO 2 1 15 0 50 mm		- 1- 1	-	
No of passengs DRIVER	TO 3.d IF DRIVER	ALSO POLICY	HOLDER		
The of heiszen de Driver	<u></u>	16.11	917973		
Including driver) alNAME:	PASSPORT:	131M		LE / FEM.	
	470 Se	an Rol	CONTACT:	7602	67
/	36	gar No	# -1 234	(3)	6404
*d)DATE OF	BIRTH: (/_	/ // // // // // // // // // // // // /	WALL WOOD		
eJOCCUPA	TION: (INDOOR / C	JUITO ORI	//MM/1111)		(B)
flyEARS OF	DRIVING EXPRERIE	NCE:			
	R AN EMPLOYEE		DED'S COMBAN	V2 (VEC	'/ N(O)
IF NO, REL	ATIONSHIP OF TH	E DRIVER WI	TH INSURED:	01400	= 1
5. a)WEATHER	CONDITION: (CLE	AR / RAINING	OTHERS	0 10 17	
HIROAD SUE	EACE IDDY INET	COTHERS	Total Transference		1
6. WAS ANYBO	DY INJURED (YES)	(NO) Gral	1000	HT.	
a)REPORTED	TO POLICE (YES /	NO) pendi	passenger.		
IF YES, PLEA	SE STATE WHICH I		1.9		10
8. THIRD PARTY					
of passanger a) VEHICLE	NUMBER: DI	vider.	MODEL:	4	100000000000000000000000000000000000000
iduating driver) D) DRIVER'	S NAME:	1000	-0.000000000000000000000000000000000000		
() NRIC/FIN	I/PASSPORT:		CONTACT:_		
9. THIRD PARTY					
	NUMBER:		MODEL:		141
e) DRIVER'S	NAME:				1-00-002
reducting driver f) NRIC/FIN	/PASSPORT:		CONTACT:_		
()					
				-	
				1	
S				6	
Police Report	email =	2/4/0			
, open	vinitial =	Jillyenc	li @ yahoo	2 . C .	. +. /
2 2	fax =		The state of the s		IW
chop.	7-1X =				
V	VIDEO =	1) 4	-	- 84	1000000
	V.14.	Memory	card w	ith	TP



DMHCSN305145190...







中国太平保险(新加坡)有限公司

167,4117 ANDSTWA COMPREHENSIVE AUTOGATE

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 (INCESS/SE) Chassis NorMEG5/MYS/S01/14640

1. Index Mark and Registration

Number of Vehicle

STATEMENT COM

3. Effective date of the Commencement of insurance for the purposes of the Regulations. Ordinance or Enactment

5. Persons or Classes of Persons entitled to drive *

ANY EMPLOYER OF ANY DERSON MWO IS DRIVING WITH THE POLICYMOLDER'S OBDER OF MITH THEIR PERMISSION.
PROVIDED THAT THE PERSON DRIVING IS FERMITIED IN ACCOMPANCE WITH THE LICENSING OF OTHER LANS OF
RECOLATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALITIED BY ORDER OF A
COURT OF LAW OR ST REASON OF ANY EMALTHEMS OR PERSULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: *

- (1) USE FOR THE CARRIAGE OF PASSENCERS OR GOODS IN COMPECTION WITH THE PULICYMOLIER'S BUSINESS.
 (2) USE FOR SOCIAL COMESTIC PLEASURE PURPLIES.
 THE POLICY DOES NOT COVER

(1) USE FOR RACING, PACE-MAKING, HELIABILITY TRIAL OR SPEED-TESTING. (2) DIE WHILST URANING A TRAITER EXCEPT THE TOWNS (OTHER TRAN FOR REMARD) OF ANY ONE GINABLED MECHANICALLY PROPELLED VEHICLE.

*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 Vehicle The Control of the Motor of the Port IV of the Road Transport Act, 1987 (Malaysia). Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Authorised Signatory

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

IMPORTANT NOTICE If you sell your motor vehicle this NOTICE is IMPORTANT and MUST be complied with