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| Survey | Assessment/Surv | | | 1 | 2000 |
| TP Insurer: | | | Owner/Wksp | | |
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| Tr Panticulars: Veli No: | SEP 790C. | . INC(| .)/Non-INC(|) | |
| Owner/Driver: (| THE PARTY OF THE P | | Tcl: | |) |
| Policy No: () | Period: (| .) | Cover Type: (| |) |
| Confirmed by : (| The Draw | Dates. | Timer | |) |
| Insured/Driver Liability: (% |) [Note-Est Status (We | O): N: 0-2 | 0%; P: 21-79%. P: | 80-100%] | |
| Year of Registration: () | Warranty: YES (|)/NO(| <u>)</u> | | |
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| 1) Apply for Transport Allowance (|)/Courtesy Ctr () | | | | |
| 2) QC Check / Post Repair Inspection | (·) | | | | 1 |
| 3) Upload Resurvey Photo [Repuir Cost | > \$3000] () | | | | |
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| Contact No: | William Walliam Wall | 6) TR : Re-lan | selion | \$75 | |
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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.

5. 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.

| Control of the Contro | ACCIDENT STATEMENT |
|--|---|
| Date Of Report | ACCIDENT STATEMENT |
| the contract the same and the s | 16/12/2019 11:13 |
| Date Of Accident | 14/12/2019 16:45 |
| Exact Location Of Accident | UPP CHANGI RD OPPOSITE APPLIED MATERIALS CO. BLDG |
| Country/State of Loss | SINGAPORE |
| WHICH BANGLEY THE PERSON OF THE PARTY OF THE | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SMK1930Y |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN BOON SIANG |
| NRIC No | S7366596E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-87877666 |
| Alternative Phone No | OTHERS-87877666 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | VEZEL-1.5 1.5X CVT (A) |
| 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 |

DMPCSN3023961900

Driver

Policy Number

Cover Note Number

Name of Driver TAN BOON SIANG NRIC No S7366596E Date Of Birth 03/10/1973 Occupation INDOOR Date Of Driving Pass 23/10/2009 Driving Experience 10 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-87877666

Fax Number

Contact Number OTHERS-87877666

EMail Address NOEMAIL Address BLK 157 YISHUN STREET 11

#08-136

Postcode 760157

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 - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKR790C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Page 2 of 14

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TAN BOON SIANG

NECK AND BACK PAIN

SMK1930Y

YES

NO

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:

Oriver's Signature
Of driver is not the policyh

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signati

Name:

NRIC/FIN No.:

| | Upper | | A-80K 1930Y |
|------|--------------------|---------------------|----------------------|
| | Chansi Rd | | B: 3KR 7900 |
| | | | |
| | | | |
| | | 12 | |
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| | | | |
| RIBE | CIRCUMSTANCES OF T | IE ACCIDENT | |
| | On 4.12. | 1019 at about 16:45 | hrs, I was taxelling |

| Off 12.2019 Of Down 10. 19M1, I YYAS TYANGIING |
|--|
| along Upper Change Rd opposite Applied Materials Co. Building. Upon |
| approaching the traffic purchan. I slaw down a stop once the traffic |
| turn rad. While waiting and on stationary all of a sudden I |
| felt an impact from the Hear. Then I realised a which SKR 7900 |
| had collided and mis hear. That's all |
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| DECLARATIO | NC |
|------------|----|

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Oriver's Signature

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

Name; NRIC/FIN No.:

GIARMC StatchPlanForm_V3

SINGAPORE ACCIDENT STATEMENT

| ACCIDENT DATE: 14th December 2019 | TIME: /6:45 (hh:mm) 24 hrs Format |
|--|--|
| LOCATION Upper Changi Road, OPP and | plied materiale Co. building . |
| | The second secon |
| VEHICLE NUMBER SMK 1950Y | |
| INSURED NAME Tan BOOK Stane | |
| NRIC/FIN S (566596E | CONTACT: |
| MAKE HUNDA MODEL | Worl LEY (VT |
| Are you claiming under your own insurance policy | for repair to your vehicle? |
| Yes, If No, Pis Select: (V) Third Party | () Reporting Only |
| INSURANCE COMPANY (MIND | |
| TYPE OF POLICY (V) COMPREHENSIVE (|) THIRD PARTY () TPFT |
| POLICY NUMBER: DM PCSN 3023 96 | 900 |
| | |
| NAME DRIVER: | () SAME AS INSURED |
| | (*) SAINE AS INSURED |
| NRIC/FIN S7366596E | CONTACT: 8187 7/66 |
| DATE OF BIRTH: 03.(0.(973 | CONTACT: 8187 7666 |
| DRIVING PASS DATE: 25.10 2009 | |
| The state of the s | UTDOOR |
| | EMALE |
| EMAIL ADDRESS: | THE REPORT OF THE PERSON OF TH |
| ADDRESS OF DRIVER: 157 15440 ST | WAR 121 (TOURT) NO EMAIL |
| TOWN STATE | WO 01 150 3 (100 97) |
| Number Of Passenger Include Driver: / DRIV | 10 5 0 |
| | ver > Possenyers. Liew yan volce |
| | Llaw bee Hui |
| Was driver an employee of the Insured's Company? | / VER / / NG |
| If No, Relationship Of The Driver With The Insu | () YES (V) NO |
| (V)Owner() Spouse() Friend() Re | |
| Does The Driver Own Any Other Vehicle?:() | lative () Children () Sibling () Others |
| If Yes, Vehicle Registration Number Of Driver's Ov | ES (V) NO |
| Insurance Company Of Driver's Own Vehicle | vn venicie: |
| | Name Of the Part of the Control of t |
| | |
| | () Others |
| Was Any Foreign Vehicle Involved In This Accid Was Anybody Injured In The Accident? (| |
| PRINCIPLE AND ADDRESS OF THE PRINCIPLE AND AD |) YES () NO |
| If YES, Injured details: New & back y | eath (all) |
| 3 | PAY |
| Convey Protections () NES (/ NO | |
| Convey By Ambulance: () YES (/) NO | 1120 2001 201-201 00 |
| Was There Any Video Capture By Car Camera? | |
| Was There Accident Reported To The Police? (|) YES (//) NO If Yes Attach Police Report |
| Police Report Number (if any) | NI 2/1/Vision Co. |
| Details Of 3rd Party Name / NRIC | No.of Paxs (incl'driver) Contact |
| VehB SKR790C Alb | ()/Not Sure () |
| Veh C | () / Not Sure () |
| Veh D | () / Not Sure () |
| Veh E | () / Not Sure () |
| Veh F | () / Not Sure () |
| Veh G | () / Not Sure () |



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

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)

MEST N SN AN0420A COMPREHENSIVE AUTOSAFE

CERTIFICATE No.

DMPCSN3023961900

Engine No : L1585563731 Charsis No: EU11313720

1. Index Mark and Registration Number of Vehicle

SMX1930Y

2. Name of Policy Holder

MR TAN WOON SIANG

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enschment

29 MARCH 2019 (10 42 HOURS) IN ADDITION TO NAMED DRIVERS EX-

4. Date of Expiry of Insurance

28 MARCH 2025

1. Persons or Classes of Persons entitled to drive "

. AGE AS AT DATE OF ACCIDENT

EX ON WINDSCREEN S\$100.00

(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 MITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO RESMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTHENT OR REQULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYROLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REMARD TUITION DRIVING TEST RACING PACE-MAKING, BELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF BOODS OTHER THAN SAMPLES EN COMMECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING GUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE PIRST \$5500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN CAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. . SWEE SEND CREDIT PTE LTD AS MP OWNER

* Limitations rendered incorrative by Section 8 of the Mossr Valuation (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act. 1997 (Maleyvia), 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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| ehicle Owner Particulars | |
|-------------------------------|--------------------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 596E |
| /ehicle Details | |
| /ehicle No.: | SMK1930Y |
| /ehicle to be Exported: | No |
| ntended Deregistration Date: | 31 Dec 2019 |
| /ehicle Make: | HONDA |
| /ehicle Model: | VEZEL 1.5X CVT |
| Primary Colour: | Purple |
| Manufacturing Year: | 2018 |
| ingine No.: | L15B5563731 |
| Chassis No.: | RU11313720 |
| Maximum Power Output: | 96.0 kW (128 bhp) |
| Open Market Value: | \$22,862.00 |
| Original Registration Date: | 29 Mar 2019 |
| First Registration Date: | 29 Mar 2019 |
| Fransfer Count: | 0 |
| Actual ARF Paid: | \$14,007.00 |
| ntended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 28 Mar 2029 |
| PARF Rebate Amount: | \$10,505,00 |
| ntended COE Rebate Details | |
| COE Expiry Date: | 28 Mar 2029 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$26,659.00 |
| COE Rebate Amount: | \$24,638.00 |
| Total Rebate Amount: | \$35,143.00 |

The information contained herein is correct as at 16 Dec 2019