NATIONAL Assessment Centre	Services portion	101. MMA 11917 0.	816
Dale lu 30/12/19 09:08	Jeb description	Date &Time Comple	eted Done by
Refilie MA/CTI 19022824/h4	SAS c-filing		
Veh No SGV 8585 C	E-mail (within Shrs, AIC	2hrs)	
29/12/19 0/100.	i-Motor Claim Fori	n ,	
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OD / Reporting Only	i-Photo Uplonded		
	Assessment/Survey Ro	eport	
TP Insurer	Ass't Report by Fax /	Hand to Owner/Wksp	
Professor Wksp / INC Assign Wksp / QW: (Property and the second	Tol:	Fax:
TP Particulars: Veh No: 5	TW 4550 M.	INC(,)/Non-INC().
Owner / Driver: (, , , , , , , , , , , , , , , , , , , ,	Tel:)
Policy No: () Perio	d: () Cover Type: ()
Confirmed by : (Date	The second secon)
Insured/Driver Liability: (%) [No	te-Est. Status (WO):	N: 0-20%; P: 21-79%. P:	80-100%]
The second secon	manty: YES ()/N		
Excess: (\$) Loading: \$1,000	()/\$2,000()		
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() Walk-In Customer : Customer's Inform	ation strictly Confidenti	al & Strictly NO refer of repa	lter.
() Total Loss Case : to e-mail Insurer		N.,	1
Drive-In ()/ Towed-In (); Invoice: Y); Towing Co: (.)
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	ertesy Car ()		
2) QC Check / Post Repair Inspection	(·)		
Upload Resurvey Photo [Repair Cost> \$300]	()	* 11 1	
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ontact No:	5) PT:1	follow-Through Survey (Resurvey) ninuing against INC Only (wef 10 Ja	01.2003)
	6) TR:	Re-Inspection	373
amaged Portion:	7) NL ; 1	dan DA + SMRT Survey	. 5160
2	OD!		\$55
C Checked by (Engr-In-Charge):	*N5:	Courtesy Cos / Tpt Allowance Repair Co-ordination	510
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the state of the s	THE NEW YORK	Post Repair Inspection DV / Collect Excess Coordination	\$3 \$20
relitors Comments : 11 (1995) 500	*NR:	Post Repair Inspection DV / Collect Excess Coordination VII): TP (Non INC) against INC Idao Mobile	\$3 \$20 \$0

per at the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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.

ALMOS AND THE PERSON OF THE PARTY.	ACCIDENT STATEMENT
Date Of Report	30/12/2019 09:08
Date Of Accident	29/12/2019 01:00
Exact Location Of Accident	JALAN KUNING (JB) EXIT TO TEBRAU HIGHWAY
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
HE-BURN THE WALL LAND	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV8585C
Insured/Policyholder	
Name Of Registered Owner	BAY CHUN HWEE
NRIC No	SXXXX882I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93847908
Alternative Phone No	OFFICE-93847908
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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	DMPCSN30761019000
Cover Note Number	
Driver	
Name of Driver	ONG HUEY CHE (WENG HUIQI)
NRIC No	SXXXX891D
Date Of Birth	07/02/1986
Occupation	INDOOR
Date Of Driving Pass	18/03/2005
Driving Experience	14 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97450728
Parameter Company Company	

NOEMAIL

Address BLK 169B PUNGGOL FIELD #05-679

Postcode 822169

Was driver an employee of the Insured's Company NO

SPOUSE If No, Relationship of the Driver with the Insured

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 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)

2

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

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

I STOP AT THE SLIP RD FROM JLN KUNING TO CHECK TRAFFIC COMING FROM THE TEBRAU HIGHWAY, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJW4550M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver JULIAN CHANG QI WEI

NRIC/Passport Number SXXXX787H

Contact Number

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.
- 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

SKETCH PLAN				
Tebrau Highway		1 =	SGV	8585
Jan Kuning				4550
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT				
Refer to statement		_		
DECLARATION I/We declare the foregoing particulars are true in every respect.	11	3		
<u> </u>	Junt			

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

NRIC/FIN No.:





CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

SN AN0667A

Cov. Type:C

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.

DMPCSN30761019000

Engine No.: 27491030417815

Cha. No.: WDD2050402R089364

Index Mark and Registration

SGV8585C

AUTOSAFE

2 Name of Policy Holder

4. Date of Expery of Insurance

BAY CHUN HWEE

Named Drivers Ex Sect. I

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

15/10/2019

Additional Ex Other than Named Drivers:

\$\$3,000,00

14/10/2020

Ex Sect. I - Age <= 25 Ex Sect. 1 - Age >= 26

\$\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

\$\$100.00

- 5. Persons or Classes of Persons entitled to drive*
- (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 SS1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our subscription for each Policy Year. Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: SING INVESTMENTS & FINANCE 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.

Lim Lee Choo Issued By: Authorised Officer

Authorised Signatory