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1 14 14	Assessment/St	nrvey Report		
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp	
Profured Wksp / IRC Assign Wksp / QW: (entra Carataria en esperante en electrica.	-	Tul: Fa	X:
	SKB 7675 R.	INC ()/Non-INC()	
Owner/Driver: (3KD 7873 K.		Tel:)
	criod: (-)	Cover Type: ()
Confirmed by : (Date:	Time:)
	(Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-10	00%]
Year of Registration: ()	Warranty: YES ()/NO()	
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SINGAPORE ACCIDENT STATEMENT

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 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.
 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.	to nelectly consent to the archiving of this report at the centre and to copies of the report being made available
State of the latest th	ACCIDENT STATEMENT
Date Of Report	20/07/2020 12:01
Date Of Accident	17/07/2020 18:00
Exact Location Of Accident	AYE TWDS CHANGI B4 ALEXANDRA
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV663C
Insured/Policyholder	
Name Of Registered Owner	NG THENG THENG (HUANG TINGTING)
NRIC No	SXXXX233B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92950901
Alternative Phone No	OFFICE-92950901

Vehicle Particulars

HYUNDAI Manufacturer AVANTE Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

DMPCSNW00005432000 Policy Number

Cover Note Number

Driver

JAMAS JEOW QI LONG Name of Driver

NRIC No SXXXX797E 08/03/1999 Date Of Birth Occupation INDOOR 02/09/2019 Date Of Driving Pass

0 YEAR AND 10 MONTH **Driving Experience**

Gender

(LOCAL) +65-83236625 Mobile Number

Fax Number Contact Number

NOEMAIL **EMail Address**

Address BLK 113 JURONG EAST ST 13 #08-418

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

EUNOS NEIGHBOURHOOD POLICE POST

Police Station Name

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE:

470629, COUNTRY: SINGAPORE

Police Station Address Police Station Contact

TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200717/2134

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKB7675R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 34

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLT5466J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

JAMAS JEOW QI LONG Name

Approximate Age

Injuries Sustain BODY SJV663C Injured person in which vehicle? YES Were seat belts worn? Was this injured conveyed to hospital by ambulance? NO

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:
 - (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.

25

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

NRIC/FIN No.:

SKETCH PLAN STV 663 C SKB 7675R B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT AYE travelling 17.07.2020 at about 18.00 DM Was Towards along Alexandra the Vehicle and -front slow down Changi Suddenly forward and seas Moved from My (af and collision Vehicles chain front Vehide in 9

7000	77717				
-	-	AP	4 4 7	200	D.I
D.		ДΗ	ΙАΙ	ΊO	IM

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

A

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Jul

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMI, ShirtonPlanForm, VS





Date of Expiry:

Police Station Of Origin:

Eunos NPP

Chinese

Occupation:

Police officer

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999 Report No. T/2020071772134

of Lecation:

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diar 210 17/07/2020 21:58 36 Informant's Particulars Name of Informant: APT BLK 113 JURONG EAST STREET 13 #03-418 JAMAS JEOW QI LONG SINGAPORE 600113 ID Type / ID No .: Contact No .: NRIC NO / S9913797E Home/Office: Mobile: 83236625 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 08/03/1999 21 Driver Race: Language: Institution / School Name:

Driving Licence Information:

English

Class: 3,3A

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/07/2020 18:10	Type of Location Straight France
	EXPRESSWAY STAL EXPRESSWAY ra exit			36 36
Weather: Clear		Road Surface: Dry	₹dr	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled	. <u>pr</u>	Tratic Volume:
Type of Collisio Between Movin	n: g Vehicles - Head To R	ear		Anyone conveyed by ambulance:

/ehicle No.	Туре	Make	Model	Color	Condition	No of Passeng
SJV663C	Car		1602		Seriously	0
es desperation contracts		(a)			Damaged	1 1
SKB7675R	Car	100	100	100	Seriously	1 1
					Damaged	2 7 14
LT5466J	Car			= di	Slightly	1 计 经
					Damaged	74 x 340x





T/20200717/2134

Report No. T/20200717/2134

ation Of Origin:): PP

eack Reservoir Road #01-1620

SINGAFORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Details of Pers	on Involved				
Any Pedestrian	Involved: No		NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,		
No. of Pedestria	ans Injured: NIL	I lies of D	odosti-	- 0	The second second second
Driver		- Use of P	euestria	n Cros	ssing: NA
Name	JAMAS JEOW QI LONG	1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	ID No).	S9913797E
Related Vehicle	SJV663C (Car)		Conta	act No.	. 83236625
Hospital/Clinic	- Contolin		Class Drivin Licend Expiry	g ce &	Class: 3,3A Date of Expiry: NIL
of Dave gran	17/07/2020 ted Medical Leave 03	Date Disc	harge		7/2020
Description of the control of the co	ted Medical Leave 03	Degree or	f Injury	Sligh	
Vendaus Reset for	TAN TONG LUN, LESLIE	25	ID No.		S8235484J
和多种 Vehicle	SLT5466J (Car)		Contac	ct No.	92312304
dospita/Clinic y val :	NIL		Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
ate Treatment	NIL	Date Disch		NIL	
o. of Days grant	ed Medical Leave NIL	Degree of	Injury	NIL	· · · · · · · · · · · · · · · · · · ·
THE REAL PROPERTY.		AND DESCRIPTION	THE REAL PROPERTY.	WEST OF THE PARTY OF	
ame	Ang Poh Giat		ID No.		S7937437G
elated Vehicle	NIL		Contact	No.	97608746
ospital/Clinio	NIL		Class of Driving Licence Expiry D	&	Class: NIL Date of Expiry: NIL
	NIL .	Date Discha	arge N	IIL	
o. Days Grante	ed Medical Leave NIL	Degree of li	njury N	IIL.	

Brief Details.
On 17/07/2020 at about 1810hrs, I was driving my white Hyundai Avante, SJV663C at the first lane along AYE towards MCE before Alexandra exit. While travelling straight, a red Mazda 6, SLT5466J in front of massuddenly applied emergency brake and I was able to stop my vehicle on time. After which, I felt an impact from my rear and my vehicle surged forward hence, collided onto the red Mazda 6. After the collision, my vehicle was sandwiched in between both cars and when I alighted from my vehicle, I realized that a silver Toyota. SKB7675R had hit me from the back. Due to the impact. I sustained a 2 cm cut on that a silver Toyota, SKB7675R had hit me from the back. Due to the impact, I sustained a 2 cm cut on my right feet and decided to call for the ambulance. When the ambulance arrived, nobody was convey. My vehicle front and rear portion were crumpled in. My vehicle was install with a front in-car camera. No





ili.

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 4 Report No. T/20200717/2134

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dit.

CONTINUATION OF REPORT

one else is injured. As I felt unwell after the accident, I had sought medical treatment at private and the doctor had given me 3 days MC. I do not have any witness.



Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-439999



4 of 4 .

Report No. T/20200717/2134

CONTINUATION OF REPORT

Sketch Plan . .

chaptan sa Mariar is

Informant is not able to provide sketch plan

Phys.

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

Of Officer Recording The Report:	Signature Of Informant:
Set Residence HEAP ZHI YONG	
pplicable	Date/Time: 17/07/2020 21:58
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp	

Date of Accident	: 17.07.2020 Accident Time: 18.00 (24-HR-Format)
Accident Place	: AYE Towards changi Before Alexandra.
Vehicle. No. (Car Plate No.)	: STV 663 C Make/Model:
Insurace Company	: dring Taiping Policy No: DMPCS NW 0000 5432000
Owner or Company Name /IC No.	: No Theng Theng (S7310233B).
Owner or Company Contact No.	: 9295 0901 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Jamas Jeon &i Long (S9913797E.)
DRIVER'S Date Of Birth	: 08.03. 1999 DRIVER'S License Pass Date 01.09. 2019
Relationship of Owner & Driver	: Spouse \Parents \Children \Sibling \Employee\ Others:
DRIVER'S Address	: BIK 113 Jurong East Street 13 # 08-418 (S) 600 113.
DRIVER'S Contact No./ Alt No.	:1) 8323 6625 2)
DRIVER'S Occupation	; NDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	iver): Priver .
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident. Private use \ Work purpose
Vehicle B Other P	arty Driver's Particular (if any) Vehicle : C
Vehicle, No: Sty 76751	Vehicle No: SLT 5466J
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:

A



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Private Car

MX1F

E SN

AN0397A Cov. Type:C

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter Motor Vehicles (Third-Party Risks and Compensation) Rules, 196 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00005432000

Engine No.: G4FC9U799538

Cha. No.:KMHDU41BMAU965247

1 Index Mark and Registration

Number of Vehicle

4. Date of Expiry of Insurance

SJV663C

AUTOSAFE

2. Name of Policy Holder

NG THENG THENG (HUANG TINGTING)

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (13:07:06)

06/01/2021

Named Drivers Ex Sect. I

\$\$500.00

Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25

\$\$3,000.00

Ex Sect. 1 - Age >= 26 * Age as at date of accident

\$\$500.00

EX ON WINDSCREEN .

S\$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 S\$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.: TOKYO CENTURY LEASING (S) PTE LTD
* 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).

Issued By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 🛪 3 Anson Road #16-00 Springleaf Tower Singapore 079909

w/4/15 0000

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6222 1033

www.sg.cntaiping.com