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Owner / Driver: (
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: Customers information strictly Confidential & Strictly NO refer of repairer. () Walk-In Customer: Customers 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: (1	
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TD /MILL TD /N. a. INCLASSING INC. 320	
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2/3: Invoice dated Fee Charged Invoice dated Fee Charged	

Figure 1 Com

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Contact Number EMail Address

Fax Number

Gender

- 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.
- 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.

Date Of Accident 11/09/2020 18:30 Exact Location Of Accident YISHUN AVE 2 TWDS CTE SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SkL7499E Insured/Policyholder Name Of Registered Owner HAM WENG SENG NRIC No SXXXX845H NOEMAIL Mobile Phone No (LOCAL) +65-96700397 Vehicle Particulars Manufacturer PORSCHE CAYMAN 2.9 A Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle? 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. COMPREHENSIVE Fleet Policy NO Policy Number DMPCSNW00018722001 Cover Note Number Driver TAN SOON ENG SXXXX378D Date Of Birth 14/11/1960 Occupation		ACCIDENT STATEMENT
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Date Of Birth 14/11/1960 Occupation INDOOR	Name of Driver	TAN SOON ENG
Occupation INDOOR	NRIC No	SXXXX378D
Port and the distance of the Control	Date Of Birth	14/11/1960
Date Of Driving Pass 17/01/1980	Occupation	INDOOR
	Date Of Driving Pass	17/01/1980

40 YEARS AND 7 MONTHS

(LOCAL) +65-96700397

OFFICE-96700397

FEMALE

NOEMAIL

Address 43 MEDWAY DRIVE

Postcode 556539

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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?

YES

Was any injured conveyed to hospital by

ambulance?

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)

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?

. . . .

was there any video captured by Car Came

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBF1555D

Vehicle Make/Model/Colour

TOYOTA HIACE

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

Name

TAN SOON ENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SKL7499E

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 Polloyholder 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.
- 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
- 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 personal information or personal information or 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 (awyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - 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, involves, 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.

Policyholder's Signature Drit

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

NRIC/FIN No.:

Policyholder's Signature Date & Time:

The analysis and $\phi_{ij} = \phi_{ij} + \phi_$

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

DECLARATION

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process. This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material ficts 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.

Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 1/09/2020 (DD/MM/VV) Time:	107
Exact location of accident	Tishun Arenne 2 towards	(850 (HH:MM)
		216

Details of vehicle

Vehicle registration number	SKL7499 E
Vehicle make and model	Porsche Cayman 29A
Type of vehicle	Saloon MPV CRV Van
Vehicle category	Drives Court
Purpose of using at said time	Private Commercial Motorcycle Den ate
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

Insurance information

Insurance company	Unina Tai	Pirth	
Policy number		W 000187 22001	
Type of policy	Comprehensive Ø		
	comprehensive a	Third party fire & theft	TP only a

Insured / Policy holder

Name	Ham Wena Sena	
NRIC / Fin / Passport number		Male Female
Contact	31420 84514	
Address	16700397	
	43 Medway Drive S 5565	39

Driver

Same as insured above □ (skip to D.O.B)

Name	Tan Soon Ena		
NRIC / Fin / Passport number	\$1401 378-13	Male 🗆	Female,d
Contact	9670 0397		
Address	43 Medway Drive S556539	-11-	
Email address			
Date of birth	14/11/1960		
Occupation	Indoor Outdoor Dwector.		Degrae 10007
Driving date pass	17 Jan 1920		

General information of the accident

Was driver an employee of	Yes a No
the insured's company?	If no, relationship of the driver and insured: Humband & wife
Accident captured by camera Weather condition	Yes No P
Road surface	Clear Raining Others:
No of passenger	Dry 🗹 Wet 🗆
ivo or passenger	(Inclusive of driver
Passenger 1	**
Name	
Gender	Male D Female D
Passenger 2	
Name	
Gender	Male D Female D
Passenger 3	
0 <u>411-04</u>	
Name	
Gender	Male D Female D
Passenger 4	
Name	
Gender	Male D Female D
Passenger 5	
Name	
- 1	Male D Female D
	Male Female
Passenger 6	
Name	
Gender N	Male D Female D
Other information	
Was and J. L. 12	
A CONTRACTOR OF THE PROPERTY O	es, No o
Was other vehicle damaged? You	es,el No 🗆
Details of police action	
	es No If yes, please state which police station.

Third party vehicle 1

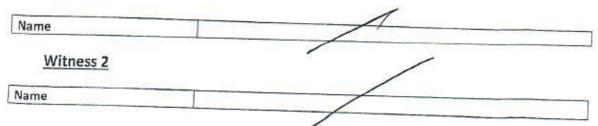
Contact number

Vehicle make model

NRIC / Fin / Passport number Vehicle registration number

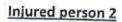
The state of the s	FV
Name	THE PARTY OF THE P
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	61BP 1555D
Vehicle make model	Toyota Hi Ace
Third party vehicle 2	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 3	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 4	
Name	
Contact number	
VRIC / Fin / Passport number	
/ehicle registration number	
/ehicle make model	
Third party vehicle 5	
lame	
ontact number	
RIC / Fin / Passport number	
ehicle registration number	
ehicle make model	
Third party vehicle 6	
ame	





Injured person 1

Name	Tan Sozn Ena
Injuries sustained	Neck & Bell
Which vehicle person in?	SICL THIGH
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes D No D



Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No Z
Was injured conveyed to hospital by ambulance?	Yes a No a

Injured person 4

Name	till desemble	/
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes a No a	
Was injured conveyed to hospital by ambulance?	Yes D No.	





Motor Private Car

MX1/B

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)

AN0661A Cov. Type:C

CERTIFICATE No.

DMPCSNW00018722001

Engine No.: MA120CB04605

1. Index Mark and Registration

SKL7499E

Cha. No.:WPOZZZ98ZBU750912

Number of Vehicle

2. Name of Policy Holder

HAM WENG SENG

Excess Sect 1.

\$\$2,500.00

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

23/03/2020

Excess Sect. I (Outside Singapore)

\$\$5,000.00

EX ON WINDSCREEN .

\$\$350.00

4. Date of Expiry of Insurance

22/03/2021

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below. 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.

HAM WENG SENG

TAN SOON ENG DRIVING ONLY

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.

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED 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.

Authorised Signatory

Issued By: GREATLINK INSURANCE AGENCY PTE LTD **Authorised Officer**

6222 1033

www.sg.cntaiping.com

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

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