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D.O.A : 179/2-13:30	i-Motor Claim	Form			
The state of the s	i-Motor W/O	Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploa	ded			
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand to Own	r/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fa	c;	
TP Particulars: Veh No: Sw	DYLYPK	INC()/1	Von-INC ()		
Owner / Driver: (Tel)	57/2570
Policy No: ()	Period: () Cove	r Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	(W	O): N: 0-20%; F	: 21-79%. P: 30-10	0%]	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000 ()			
General Remarks:-				A	1
() Walk-In Customer : Customer's					
() Total Loss Case : to e-mail Ins	surer URGENTLY.	- 1	+	2	202.1
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number 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.
- 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.

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AND SECURITY OF SECURITY	ACCIDENT STATEMENT
Date Of Report	16/09/2020 16:52
Date Of Accident	15/09/2020 17:30
Exact Location Of Accident	BLK 887 TAMPINES ST 81 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	ES9120T
Insured/Policyholder	
Name Of Registered Owner	WANG LEI
NRIC No	SXXXX204A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91995182
Alternative Phone No	OFFICE-91995182
Vehicle Particulars	
Manufacturer	тоуота
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMPCSNA00096702001
Cover Note Number	
Driver	
Name of Driver	WANG LEI
NRIC No	SXXXX204A
Date Of Birth	26/03/1988
Occupation	INDOOR
Date Of Driving Pass	30/09/2013
Driving Experience	6 YEARS AND 11 MONTHS
5 N	

FEMALE

NOEMAIL

(LOCAL) +65-91995182

OFFICE-91995182

Address

73 LORONG MARZUKI

Postcode

417162

OWNER

Was driver an employee of the Insured's Company NO

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

COLLIDED INTO PARKED VEHICLE

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: ZHU CHEN XI

GENDER:

: MALE

Passenger 2

NAME:

: ZHU YI

GENDER:

: MALE

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMP4249K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

92476226

Address

Postcode

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary (1) investigations relating to the claims;
 - (11) Investigations the accident and/or my claims;
 - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (111)
 - Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, (IV) 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing (1) fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

For complying with requirements under my regulations, laws or court orders. (11)

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:

Corboys [A: ES 9120T B: SMP 4249K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

双数

Policy holder's signature Date & time: 25

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature 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 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.
- Any false reporting may be referred to the traffic police department for investigation.

Date of accident	ACCIDENT DETAILS 15/09/2020 (DD/MM						
Time of accident	1730				(DD/MM/YY		
Exact location of accident	Tesaga		1750			(HH:MM)	
	BILL	887	Tampine S	Street	81	CP	

E WILLIAM STREET	D:	TAILS OF	VEHICLE				
Vehicle registration number	ES 9120 T						
Vehicle make and model		Toyota Camry					
Type of vehicle	Saloon E	MPV 🗆	CRV				
Vehicle category	Private P	Comme		Motorcyc			
Purpose of using at said time		- Committee	T CIGI L	wotorcyc	ie D		
Are you claiming under your own insurance company?	Yes Third part cla	No,2	if no, ple Reportin	ase select:			

CALL DESCRIPTION OF THE PARTY O	INSURANCE IN	FORMATION	
Insurance company		hina Taipina	
Policy number		in to tarping	
Type of policy	Comprehensive	Third party fire & theft	TP only

described in the land of the land	INSURED /	POLICY HO	OLDER	A STATE OF THE STA	NO AND PERSONS AND
Name	wana	le:	Manufacture Manufacture (1975)		
NRIC / Fin / Passport number		8857	5-11	Male 🗆	Female @
Contact					
Address	13		195182		
30.000.553	73	Lorong	Marzuki	5(417162)	

DRIVER	SAI	ME AS INSURED ABOVE 🗆 (S	VID TO D O D)	Cartes (Cartes and Pales
Name		TE THE INSURED ABOVE []		Edward Branch
NRIC / Fin / Passport number			Male 🗆	Female
Contact				
Address				
Email address				
Date of birth		26/03/2020		
Occupation	Indoor	Outdoor a		
Driving date pass		30/09/201	3	

	GENERAL	INFORMATION	ON OF	THE ACCID	ENT
Was driver an employee of	Yes 🗆	No 🗷			
the insured's company?	If no, rel	ationship of	he driv	er and insu	red: Owner
Accident captured by camera?	Yes 🗆	No 🗗			
Weather condition	Clear	Raining) (Others:	
Road surface	Dry Ø	Wet 🗆			
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Name	Kartini Binte
NRIC / Fin / Passport number	Total Child
Contact	92476226 (Hushand
	12 1 02-20 1 1102-11
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Vehicle registration number	
Vehicle make model	
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NRIC / Fin / Passport number	
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的 學學學學學學學學	THIRD PARTY VEHICLE 3
Vehicle registration number	
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	THIRD PARTY VEHICLE 6
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Was injured conveyed to	Yes	No 🗆				
hospital by ambulance?	Yes 🗆	No 🗆				
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Was injured conveyed to	Yes	No 🗆			1 10/2 - 12	
hospital by ambulance?	163 []	140 []				
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Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆				
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Was injured conveyed to hospital by ambulance?	Yes 🗆		PERSON 4			17 60 5 7
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Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes Yes	No INJURED	PERSON 5			
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中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Private Car

MX1

SN

CERTIFICATE OF INSURANCE
ofter 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)

AN0435A Cov. Type:F

Engine No.: 1AZE008407 Cha. No.:MR053BK4107001817 CERTIFICATE No. DMPCSNA00096702001

Index Mark and Registration

Name of Policy Holder

ES9120T

Number of Vehicle

WANG LEI

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

31/08/2020

Date of Expiry of Insurance

30/08/2021

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.

HIRE PURCHASE CO.: EFIZZIG CREDIT PTE 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.

Issued By: Chua Suat Lay Sally Authorised Officer

Authorised Signatory