| Delection:  Contact No:  Output No:  Contact  | 2005701  INVOICE ITE  I) AR; Accident  2) DA; Damege  3) TF; Towing P  4) FT; Follow-T  5) PT; Follow-T  For glaining a  6) TR; Re-inspec  7) NI; Idae DA  8) NTUC Addition  OIL*  *N5; Courlesy  *N6; Repair C  *N7; Fast Rep  *N8; DV/Col | Assessment (\$100); INC (\$50)  for \$40/ hrough Survey \$5 hrough Survey (Resurvey)  gainst INC Only (wof 10 Jan 2005)  stion  + SMRT Survey \$5 head Services:  Cor / Tpt Allowance  b-fordination oir Inspection  lead Excess Coordination  (Non INC) against INC   | 545<br>120<br>530  |
|---|---|--|--|
| Defection:  Chambratish replentarions  Driver/Owner:  Contact No:  Checked by (Engr-In-Charge):   | 2005701  INVOICE ITE  I) AR; Accident  2) DA; Damege  3) TF; Towing P  4) FT; Follow-T  5) PT; Follow-T  For glaining a  6) TR; Re-inspec  7) NI; Idae DA  8) NTUC Addition  OIL*  *N5; Courlesy  *N6; Repair C  *N7; Fast Rep  *N8; DV/Col | Reporting (530); Assessment (5100); INC (550); Assessment (5100); Ass | 30.20<br>30.20<br>513<br>120<br>575<br>160<br>53<br>510<br>523<br>53   |
| Defection:  Chambratish replentarions  Driver/Owner:  Contact No:  Checked by (Engr-In-Charge):   | 2005701  INVIRCATE  I) AR: Accident  2) DA: Damege  3) TF: Towing F  4) FT: Follow-T  5) FT: Follow-T  For glaining a  6) TR: Re-imper  7) NI: Idae DA  8) NTUC Addition  OIL*  *N5: Courtesy  *N6: Repair C  *N7: Fost Rep                 | Arration Glicalist (1994) Reporting (530); Assessment (5100); INC (550) Incough Survey (Resurvey) Rejust INC Only (well 19 Jan 2003) Rion SMRT Survey (Sample (1994) Inal Services: Cof/Tpt Allowance Underdination of Inspection  | 30.20<br>30.20<br>515<br>120<br>575<br>160   |
| 1) Upload Resurvey Photo [Repair Cost > \$30  Injury: Date: Final Actions 102 102 102 102 102 102 102 102 102 102   | 2005701  Involve Pite  1) AR; Accident  2) DA; Damege  3) TF; Towing F  4) FT; Fellow-T  5) FT; Fellow-T  Ferelaining a  6) TR; Re-inspec  7) NI; Idae DA  5) NTUC Addition  One  "NS; Courtesy   | Reporting (530); Assessment (5100); INC (550); Assessment (5100);  | 30.20<br>30.20<br>513<br>120<br>510<br>575   |
| J) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Datertion: Actions and Action of the Control of the Contr | 2005701  Involve fire  Involve fire  I) AR; Accident  2) DA; Damego  3) TF; Towing F  4) FT; Fellow-T  5) FT; Fellow-T  For glaining a  6) TR; Re-inspec  7) NI; Idae DA  8) NTUC Addition  | Reporting (530); Assessment (5100); INC (550); Assessment (5100); Assess | 70-20<br>70-20<br>7120<br>513  |
| J) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Datertion: Actions and Action of the Control of the Contr | 1 Involge Pits  1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec   | Reporting (530); Assessment (5100); INC (550); Assessment (5100); Assess | 70-20<br>70-20<br>7120<br>513  |
| J) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Datertion: Actions and Action of the Control of the Contr | 2005701  Involge Pite  1) AR; Accident  2) DA; Damege  3) TF; Towing P  4) FT; Fellow-T  5) PT; Fellow-T  For claiming A  | Reporting (530); Assessment (5100); INC (550); Incough Survey (Resurvey) Incough Survey (Resurvey)   | 70-20<br>70-20<br>120<br>510   |
| 1) Upload Resurvey Photo [Repair Cost > \$30  Injury: Daferring Aguans, 1022   1 | 2005701  Involge/lip  1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T   | Arration Gliccials (1994) Reporting (530); Assessment (5100); INC (550)  to 5400 hrough Survey (Resurvey)  | 70-20<br>0) 30-20<br>120<br>510  |
| Duferring Aguals  | 2005701 Illyolectiff 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T  | Reporting (530); Assessment (5100); INC (550); to 5400   | 70-20<br>0)<br>543   |
| 1) Upload Resurvey Photo [Repair Cost > \$30  Injury: Duferring of Editors and State of the State | 2005701 Involve fire 1) Alt.; Accident 2) DA : Damego   | Appending (530); Assessment (5100); INC (550   | Jeso   |
| 1) Upload Resurvey Photo [Repair Cost > \$30  Injury: Duferring of Editors and State of the State | 200 5701 Involvation  | nracion Glirothist (b).<br>Reporting (530);  | 30.20  |
| 3) Upload Resurvey Photo [Repair Cost > \$30  Injury :  DateZumus Z/Actron  |   |  |  |
| Upload Resurvey Photo [Repair Cost > \$30     Infury :  | 000] ( )  |  | Transfer of the second of the  |
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| Upload Resurvey Photo [Repair Cost > \$30     Infury :  |   |  | TEST AND CONTRACTOR  |
| 3) Upload Resurvey Photo [Repair Cost > \$30  | 000] ( ) : :  |  |  |
|   | 000] ( ) [  |  |  |
|   | 1000  |  | X Y  |
| I LEAD AND A DEBUTE A LONG TO COURT IN THE PROPERTY.  | .( •)   |  |  |
| Apply for Transport Allowance ( )/Co     QC Check/Post Repair Inspection  | ouricsy Car ( )   |  |  |
| Transplace (a) Calomics Consideration (C  |   | er sammer transfer of the  | med in fabrurale?  |
|   |   |  | Wald Done by   |
| Drive-In ( )/ Towed-In ( ); Invoice:  | YES( )/NO( );T  | owing Co: ( , '  | . )  |
| ( ) Total Loss Case : to e-mail Insure  |   |  |  |
| ( ) Walk-In Customar : Customer's Infor   |   |  |  |
| Concretation in the same of th  |   |  | 1200 G   |
| Excess: (\$ ) Loading: \$1,00   |   |  | ••   |
| 1   | Varranty: YES ( )/NO (  | )  |  |
|   | Note-Est. Status (WO): N: 0-2   | 0%; P: 21-79%. P: 80-1   | 00%]   |
| Confirmed by : (  | Date:   | Time:  | )  |
| Policy No: ( ) Per  | riod: ( )   | Cover Type: (  | )  |
| Owner / Driver: (   |   | Tel:   | )  |
| TP Particulars: Veh No: U   | hknown INC (  | _ )/Non-INC( ').   | (a)  |
| Proferred Wksp / INC Assign Wksp / QW: (  | *   | Tol: / F   | ex:  |
|   | Ass't Report by Fax / Hand  | lo Owner/Wksn  | AND ADDRESS OF THE PARTY OF THE |
| TP Insurer:   | Assessment/Survey Report  |  |  |
|   | I-Photo Uploaded  |  |  |
| DD - TP . Repring Only  | I-Motor W/O (Within: OD 2hr   | 1, 11' 1015)   |  |
| 29/10/20 13:00  | I-Motor Cinim Form  | <u> </u>   |  |
| Vch No. SMK 763 U   | E-mail (white thes, AIC thes)   |  |  |
|   | SAS c-filing  | -  |  |
| MA/ C77 20011866/164  | DAP A FILLS   | -  |  |
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| MA/ C77 20011866/164  | Jeb description   | Date &Time Completed   | Done by  |

#### 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 <u>truthful and accurate</u> 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.

|  | ACCIDENT STATEMENT                            |
|--|---|
| Date Of Report   | 30/10/2020 17:12                              |
| Date Of Accident   | 29/10/2020 13:00                              |
| Exact Location Of Accident   | 347 BALESTIER RD                              |
| Country/State of Loss  | SINGAPORE                                     |
| Day of the second of the secon | DETAILS OF OWN VEHICLE                        |
| Vehicle Registration Number  | SMK763U                                       |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | TOH WEE FONG                                  |
| NRIC No  | SXXXX806Z                                     |
| Email Address  | WEIFONGDANIEL@GMAIL.COM                       |
| Mobile Phone No  | (LOCAL) +65-98509084                          |
| Alternative Phone No   | OFFICE-98509084                               |
| Vehicle Particulars  |   |
| Manufacturer   | VOLVO   |
| Model  | S60 T4  |
| Exact Purpose for which vehicle was being used at<br>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   | COMPREHENSIVE                                 |
| Floor Bellevi  | NO  |

Fleet Policy NO

Policy Number DMPCSNW00068042000

Cover Note Number

#### Driver

 Name of Driver
 TOH WEE FONG

 NRIC No
 SXXXX806Z

 Date Of Birth
 14/12/1986

 Occupation
 INDOOR

 Date Of Driving Pass
 27/09/2011

Driving Experience 9 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98509084

Fax Number

Contact Number OFFICE-98509084

EMail Address WEIFONGDANIEL@GMAIL.COM

Address BLK 543 SERANGOON NORTH AVE 3 #14-180

550543 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

NO

NO

1

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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

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.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

UNKNOWN

NO

YES NO

Vehicle Registration Number Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

### 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:
  - 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.

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

NRIC/FIN No .:

Name:

Reporting Centre Personnel's Signature

1

SKETCH PLAN

Truck

A = SMK 763 U

B = Uaka, wa.

347

Bulestrer

Rd.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| I    | was travelling along 347 Balestier Rd , the |
|------|---|
| was  | a truck stop at the Extreme left lane.      |
| accu | extally hit onto the truck rear portion.    |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |

## DECLARATION

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

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

Name: NRIC/FIN No.: Motor Private Car

CERTIFICATE OF INSURANCE
Abov Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MX1E

E SN

AN0055A

Cov. Type.C

CERTIFICATE No.

DMPCSNW00068042000

Engine No : B4164T1041313 Cha. No.:YV1FS4858C2093096

1. Index Mark and Registration

SMK763U

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

TOH WEE FONG

Named Drivers Ex Sect. I Additional Ex Other than Named Drivers:

\$\$1,100.00

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

Ex Sect. 1 - Age <= 25

5\$3,000.00

Ex Sect I - Age ># 26 Age as at date of accident EX ON WINDSCREEN

\$\$500.00 5\$100.00

4. Date of Expiry of Insurance

26/06/2021

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

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 suiton 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 Walver of Excess for the first \$\$1,000 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. : 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: Ho Li Hwa Irene

Authorised Officer

Servicing Agent: Cowell Insurance Agency Pte Ltd | tel.63392592 Trivex 0 8 Burn Road \*09-09 contactus@cowell.com.sg

**Authorised Signatory** 

# ACCIDENT STATEMENT

|                    | ATION: Balesti                             | CHEST       | D/MM/1111/, 10  | WE. [ 13                           | _      |
|--------------------|--|-------------|-----------------|------------------------------------|--------|
|                    |  |             |                 |                                    |        |
| 1.                 | DETAILS OF VEHICLE                         | Sha         | K 763 U.        | W                                  |        |
|                    | a) VEHICLE NUMBER:                         |             | . 103 0         |                                    |        |
| 8                  | b)INSURANCE COMP                           |             |                 |                                    |        |
|                    | C)POLICY NUMBER:_                          |             | / THIRD DARTY / | TUÍDO DADTV EIDE STE               | JEETI  |
|                    |  |             |                 | THIRD PARTY FIRE &TH               | ici ij |
|                    | e)MAKE & MODEL:                            |             |                 | AOTOROVOLE / OTHER                 | 129    |
|                    | g) VEHICLE CATEGOR                         |             |                 | MOTORCYCLE, OTHER                  |        |
|                    | h)PURPOSE OF USING                         |             |                 |                                    |        |
|                    | I) ARE YOU CLAIMING                        |             |                 |                                    |        |
|                    | IF NO, PLEASE STATE                        |             |                 |                                    |        |
| 2.                 | INSURED / POLICY HO                        | LDER        |                 | ,,,,,,                             |        |
| -                  | A)NAME: Toh                                | wee         | FONG            | (MALE / FEMAL                      | E)     |
|                    | b)NRIC/FIN/PASSPOR                         |             |                 | CONTACT: 9850 9                    |        |
|                    | c)ADDRESS:                                 |             |                 |                                    |        |
| 10 D20 3.5         |  |             |                 |                                    |        |
| ALICHOTY NEWS      | * CONTINUE TO 3.d IF                       | DRIVER ALSO | POLICY HOLDE    | R                                  |        |
| Allo of personger  | DRIVER                                     | 10 1000     |                 | ( P)                               |        |
| (Including driver) | a)NAME:P                                   | s Abo       | ve.             | (MALE / FEMAL                      | E)     |
| (1)                | b)NRIC/FIN/PASSPOR                         | T:          |                 | ONTACT:                            |        |
| (1)                | c)ADDRESS:                                 |             |                 |                                    |        |
|                    | * .!! D . TE OF DIDT! ! . /                |             | 1/00/1111       | 2222                               |        |
|                    | *d)DATE OF BIRTH: (                        |             |                 | 1111)                              | -      |
|                    | e)OCCUPATION: (IND<br>f)YEARS OF DRIVING E |             |                 | 74                                 |        |
| 4                  | WAS DRIVER AN EM                           |             |                 | COMPANY? (YES / I                  | NO)    |
| 1774.0             |  |             |                 | SURED: Owner                       |        |
| 5.                 | a) WEATHER CONDITIO                        |             |                 |                                    |        |
| 500                | b)ROAD SURFACE: (D                         |             |                 |                                    |        |
| 6.                 | WAS ANYBODY INJUR                          |             |                 |                                    |        |
| 7.                 | a)REPORTED TO POLIC                        | E (YES / NO | )               |                                    |        |
|                    | IF YES, PLEASE STATE                       | WHICH POL   | CE STATION:     |                                    | -      |
| 8.                 | THIRD PARTY VEHICLE                        |             |                 |                                    |        |
| the of passenger   | a) VEHICLE NUMBER                          | : Unku      | N N             | ODEL: Truck.                       | -      |
| (Including driver) | b) DRIVER'S NAME:_                         |             |                 |                                    |        |
| 1                  | <ul><li>c) NRIC/FIN/PASSPC</li></ul>       | RT:         |                 | ONTACT:                            |        |
| 9.                 | THIRD PARTY VEHICLE                        |             | 200             |                                    |        |
| Wo of passanger    | d) VEHICLE NUMBER:                         |             | M               | ODEL:                              | -      |
| Including driver   | e) DRIVER'S NAME:_ ) f) NRIC/FIN/PASSPO    | DT.         |                 | ONTACT:                            |        |
| ( )                | (1) NRIC/FIN/PASSPO                        | NK1:        |                 | ONIACI.                            |        |
| ()                 | ¥2   | 12 127      |                 |                                    |        |
|                    |  | <i>f</i> )  |                 | i                                  |        |
|                    | 92   |             | 125P17 @        | LKKAUTO. COI                       | M      |
|                    | aim type. ei                               |             |                 | percentage to the Control of the I |        |
| hý.                | tomorow. I                                 | ax =        | ¥               | 86082283                           |        |
| \$ -,              |  | 160 = 1     | Ws.             | Shan Hui                           |        |
|                    |  | 550         | 10.40           | 1 46                               |        |