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	Assessment/Surve			
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Proferred Wksp / INC Assign Wksp /	œw: (Tel:		- 1
TP Particulars: Veh N			n-INC()	
Owner / Driver: (• • • • • • • • • • • • • • • • • • •	Tel:		
Policy No: () Period: (Гуре: (
Confirmed by : (Datei**	Time:	00%]
Insured/Driver Liability: (%) [Note-Est Status (WC): N: 0-20%; P:	21-79%. P: 80-1	
Year of Registration: () Warranty: YBS ()/ио()		
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TEMPORAL PROPERTY OF STREET	8066160844484444444	2個10月10日	Suite agusto oca	- aggregation
1) Apply for Transport Allowance	()/Courtesy Car ()			
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Charge);		*NS: Courlesy Car/	Tp Allowanus	\$10
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

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.

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.

aforesaid.	AND PARTY OF AN OWNER OF THE PRODUCTION OF THE P	
	ACCIDENT STATEMENT	
Date Of Report	25/11/2020 16:11	
Date Of Accident	25/11/2020 09:15	
Exact Location Of Accident	AYE TWDS SOUTH BUONA VISTA RD	
Country/State of Loss	SINGAPORE	
D. D. Charles of the control of the	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE5875R	
Insured/Policyholder		
Name Of Registered Owner	NG YI XUN	
NRIC No	SXXXX630E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96613154	
Alternative Phone No	OTHERS-96746823	
Vehicle Particulars		
Manufacturer	VOLKSWAGEN	
Model	JEETA	
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	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMPCSNW00083962000	
Cover Note Number		
Driver		
Name of Driver	NG JING WEN	
NRIC No	SXXXX853E	
Date Of Birth	15/08/1993	

INDOOR

FEMALE

15/06/2016

4 YEARS AND 5 MONTHS

(LOCAL) +65-96746823

NJW1KIARA@GMAIL.COM

Page 1 of 11

Address

52 GOODLINK PARK

Postcode

759523

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

SIBLING

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)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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

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

I WAS TRAVELLING FROM AYE TWDS SOUTH BUONA VISTA RD ON THE EXTREME LEFT LANE.INFRT OF MY VEH STOP, I CAN'T STOP ONTIME AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

SKF4003D

Vehicle Category

PRIVATE CAR

Name of Driver

NG YANG ZHI RONALD

NRIC/Passport Number

SXXXX084E

Contact Number

98528671

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.
- 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.
- (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: 75 NOU 2020

Reporting centre Personnel's S

Name:

NRIC/FIN No .:

SKETCH PLAN MORTH BUDNA VISIA RA A-SLES875R -SKF40034 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT P/s refu to the statement. DECLARATION I/We declare the foregoing particulars are true in every respect. Driver's Signature Policyholder's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Date & Time: Name: Date & Time: 25 Nov 2000 . NRIC/FIN No .:

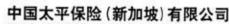
STARMIC SketchPlanForm V3

ACCIDENT STATEMENT

ACC	IDENT DATE: (25/11/2020)(DD/MM/Y)	(YY), TIME:(09 : 16)(HH:MM)
LOCA	ATION: A (South near End to South	Buonalista road
1	DETAILS OF VEHICLE a) VEHICLE NUMBER: SLE 5875 K	3
	b)INSURANCE COMPANY: China Tais	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW
50	C)POLICY NUMBER: DAPCSUW OF	083462000
	d)POLICY TYPE: (COMPREHENSIVE) THIRD P	ARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: Je Ha sportline	
	f)TYPE: (SALOON / COUPE / MPV / VAN / LOI g) VEHICLE CATEGORY: (PRIVATE / COMMER h) PURPOSE OF USING AT ACCIDENT TIME:	RCIAL / MOTORCYCLE)
	I) ARE YOU CLAIMING UNDER YOUR OWN IN	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM /	REPORTING ONLY)
2.	INSURED / POLICY HOLDER	
	A)NAME: 15 11 × 01	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT: S8925 630E	CONTACT: 96015154
ner a sa	c)ADDRESS:	
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
Ale of persongs	DRIVER .	TOLDER
(Included to 1)	16 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(MALE / FEMALE)
(Including driver)	b)NRIC/FIN/PASSPORT: 39329853E	CONTACT: 9674 6823
(T)	c)ADDRESS:	
	*-UDITE OF DIDTE (17 . 0.2 . 1963	
	*d) DATE OF BIRTH: (15 / 08 / 1443) (DE	D/MM/YYYY)
	e)OCCUPATION: (INDOOR) OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 2016	
4.	WAS DRIVER AN EMPLOYEE OF THE INSU	DED'S COMPANYS (VES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WI	
5.	a) WEATHER CONDITION: (CLEAR / RAINING	/ OTHERS
	bIROAD SURFACE: (DRY / WET / OTHERS	
	WAS ANYBODY INJURED (YES (NO)	
7,	a)REPORTED TO POLICE (YES /(NO))	180
	IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY VEHICLE	N:
the of passancier	a) VEHICLE NUMBER: SKF 4003D	MODEL: (180, /compresso)
(Indudian district	b) DRIVER'S NAME: Na Yang zhi Ro	nald (Huana Yang Zhi)
/ \	C) NRIC/FIN/PASSPORT: S85220841	CONTACT: 98528671
9.	THIRD PARTY VEHICLE	
tho of passanger	d) VEHICLE NUMBER:	MODEL:
Clark to the Valley	e) DRIVER'S NAME:	
(Induding driver)	f) NRIC/FIN/PASSPORT:	CONTACT:
(_)	W 9	
88 85		

Email = NJW1 Kiarn Egmail com

VIDEO =





CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

N SN

AND699A Cov. Type:C

CERTIFICATE OF INSURANCE

otor 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)

CERTIFICATE No.

DMPCSNW00083962000

Engine No.: CAXF67138

Cha. No.:WWWZZZ16ZFM047074

1. Index Mark and Registration

SLE5875R

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

NG YI XUN

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

27/07/2020

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

26/07/2021

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

\$\$3,000.00 \$\$500.00

* Age as at date of accident

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\$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.

* 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: INSMART ENTERPRISE

Authorised Officer

Authorised Signatory

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

C6389 6111

6222 1033

www.sg.cntaiping.com