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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300	(·).			
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Insured/Driver Liability: (%) [No		0-20%; P: 21-79%. P: 80	-100%]	
Policy No: () Perio	Date:	Time:)	300 on 1906 o
Owner / Driver: (Policy No: () Perio	al· () Cover Type: ()	
The state of the s	8162 G. INC	Tel:)	
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TP Insurer:	Assessment/Survey Repor			
	i-Photo Uplonded		 	
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11711 10/12/20 09:00	I-Motor Claim Form			
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NOT NO STE 444 Y	Jep description	Date & Time Completed		
215 774 1	SAS c-filing			



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 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.

ACCIDENT STATEMENT

11/12/2020 11:26 (SGT) Date of Submission 10/12/2020 09:00 (SGT) Date of Accident Lower Kent Ridge Rd, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Porsche

Private car

SJZ444Y Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? YU KOK CHEW Name Of Registered Owner SXXXX255G NRIC No KCYU@YNY.COM.SG Email Address (Phone) +65-97552203 Mobile Phone No +65-97552203 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Panamera Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

INSURANCE COMPANY

Vehicle Category

China Taiping Insurance Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy DMPCSNW00133232000 Policy Number Cover Note Number

DRIVER

YU KOK CHEW Name of Driver SXXXX255G NRIC No 13/02/1967 Date Of Birth Indoor Occupation

	11/02/1001				
Date Of Driving Pass	11/02/1991 29 YEARS AND 10 MONTHS				
Driving experience					
Gender	Male				
Mobile Number	(Phone) +65-97552203				
Alt Phone Number	+65-97552203				
Empil Address	KCYU@YNY.COM.SG				
Address	11 DAISY AVE				
Address complement	T				
Postcode	359488				
Is the driver the policyholder?	Yes				
If No. Relationship of the Driver with the Insured					
Dogs Driver Own Other Vehicles?	No				
Vehicle Registration Number of Other Vehicle Owned by Driver					
	9¥3				
Insurance Company of Other Vehicle Owned by Driver	•				
GENERAL INFORMATION OF THE ACCIDENT					
Type of Accident	Chain Collision				
Weather Conditions	Clear				
Road Surface	Dry				
Trodu Guriado					
OTHER INFORMATION					
Was any foreign vehicle involved in the accident?	No				
Number of vehicles involved in the accident	3				
Was anybody injured in the Accident?	Yes				
Was any injured conveyed to hospital by ambulance?	No				
Was any other material or property damaged?	Yes				
Number of Passengers (Including Driver)	2				
Has the driver been approached by unknown person(s)	(ITA)				
soliciting/offering accident claims assistance?	No				
PASSENGER 1					
VARRATION VIOLE PLACEMENTS	HEIDI NERISSA YU ZHIXUAN				
Name	Female				
Gender	remaio				
DETAILS OF POLICE ACTION					
Was the accident reported to the police?	No				
Was notice of intended Prosecution given?	No				
If yes, against whom?	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
CIRCUMSTANCES OF ACCIDENT					
REFER TO STATEMENT.					
REFER TO STATEMENT					
ATTACHMENT(S)					
Are accident photos available for attachment?	Yes				
Was there any video captured by Car Camera?	No No				
Was there any audio recorded?	. No				
DETAILS OF OTH	HER VEHICLE PROPERTY 1				
	0.4201600				
Vehicle Registration Number	SKE8162G				
Vehicle Manufacturer					
Vehicle Model					
Vehicle Variant	av 👺				
Vehicle Colour	44 September 19				
Vehicle Category	Private car				
	100 1 mg/s				

Name of Driver Contact Number

Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	35
Details of property damaged in accident	*
No. Of Passenger (Including Driver)	35

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHF6267
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	2 5 2
Vehicle Category	Taxi
Name of Driver	
Contact Number	4 <u>5</u> 8
Address	120
Address complement	2
Postcode	8 - 8
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-
150 W 1	

INJURED PERSONS DETAILS

400 00 00 0	the balance of the	
DATE: 1	RED 1	١.
HADO	NED	

Name of injured person	HEIDI NERISSA YU ZHIXUAN
Address	(Sec)
Address Complement	(·
Post Code	(27)
Approximate Age Years Old	(5
Injuries Sustained	BODY
Injured person in which vehicle?	SJZ444Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	YU KOK CHEW
Address	#3
Address Complement	40
Post Code	-
Approximate Age Years Old	•
Injuries Sustained	BODY
Injured person in which vehicle?	SJZ444Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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 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)

Lunderstand, 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:
 - 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 policyholicy

(If driver is not the policyholder)

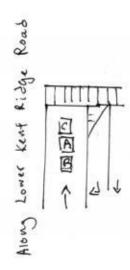
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A Vehicle: SJZ 4444 B Vehicle: SKE 81626 C Vehicle: SHF 6267

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver it not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

中国太平

Motor Private Car

MX1F

SN

AN0123A

Cov. Type:C

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chiester 1: Motor Vehicles (Third-Party Risks and Compensation) Roles, 1960 Road Transport Act, 1967 (Malaysia) Abour Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

DMPCSNW 00133232000

Engine No.: B03934

Cha. No. WP0ZZZ97ZBL003278

CERTIFICATE No.

1. Index Mark and Registration

SJZ444Y

Number of Venice 2. Name of Policy Holder

YU KOK CHEW

DMPC5NW00133232000

Effective date of the Commoncement of Insurance for the purposes of the Regulations. (13:10:24) Ordinance or Enactment

22/09/2020

Named Drivers Ex Sect. I

553,000.00

Additional Ex Other than Named Drivers:

Ex Sect. 1 - Age ex 25 Ex Sect. 1 - Age >= 26

553,000,00 5\$500.00

4. Date of Expiry of Insurance

21/09/2021

* Age as at date of accident

EX ON WINDSCREEN . \$\$350.00

Persons or Classes of Persons entitled to drive"

(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 disquisitied 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 here or reward sution driving lest 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)

One time Waiver of Excess for the first \$\$500 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 insued 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: GRANDE INSURANCE AGENCY

Authorised Officer

Date of Aceid	ent	10/12120 Accident Time: 0900 (24-HR-Format)
Accident Plac	e	Along Lower Kent Ridge Road
Vehicle, No. (Car Plate No.)	SJZ 444Y Make Model: Panamera
Insurace Comp	pany	China Taiping Policy No:
Owner or Con	npany Name IC No.	Yu Kok Chew (S1831255G)
Owner or Con	npany Contact No.	9755 2203 Owner's Hp Company Tel
DRIVER'S Na	ime / IC No.	Yu kok Chew (\$18312556)
DRIVER'S Da	ite Of Birth	DRIVER'S License Pass Date
Relationship o	f Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Ad	ldress	11 DAISY AVENUE SINGAPORE 359488
DRIVER'S Co	mact No./ Alt No.	(1) 9755 2703
DRIVER'S Oc	cupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address		OWNER: KCYURYNY. COM. SG / CC TO: 913 accident reporting
Weather & Roa	nd Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type		: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Pass	sengers (Including D	Driver): 2 - F
Exact purpose f	rideo Captured by ca for which vehicle wa (ES, Pls state): ye	ar camera: YES \ 100 s being used at the time of accident: Private use \ Work purpose
	Other I	Party Driver's Particular (if any)
Vehicle, No:	SKE 8162 G	Vehicle, No: SHF 626T
Vehicle Make Model:		Vehicle Make Model:
Name Driver:		Name Driver:
IC No. Driver/C	ontact:	IC No. Driver Contact:
* NEW - Pass	senger's name &	gender:
Acm	NEKISSA YU Z	HIXMAN

* zc, License

* CZ