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	I-Photo Uploaded		
	Assessment/Survey Repor	rt	
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Tr Particulars: Veh No: M	PURUA . INC	C(,)/Non-INC().	
Owner / Driver: (Tel:	
Policy No: () Pe	riod: () Cover Type: (
Confirmed by . (· Dater,	Timer	
Insured/Driver Liability: (%) [Note-Est Status (WO): N:	0-20%; P: 21-79%. P: 80	-100%]
Year of Registration: ()	Warranty: YES ()/NO (
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SN0820CE000B / National Assessment Centre Services [159721] ENTRY DATE & TIME: 14/12/2020 17:46 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (14/12/2020 17:46 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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
- 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.
- 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 Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

14/12/2020 17:46 (SGT) 12/12/2020 09:55 (SGT) Carmen St, Singapore TOSCA TERRACE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMW6603X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No.

Email Address

Mobile Phone No

Alternative Phone No.

No

LEE CHEW CHIN (LI QIUJIN)

SXXXX384Z

h1048f@gmail.com

(Phone) +65-97575401

+65-97324433

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Lexus

Gs300

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance

ThirdParty

DMPCSNW00181952000

DRIVER

Name of Driver

Passport No/FIN

LI HONGBIAO FXXXX058R

Date Of Driving Pass 29/08/2020 Driving experience 4 MONTHS Gender Male Mobile Number (Phone) +65-97324433 Alt. Phone Number Email Address h1048f@gmail.com Address 6 WOODLANDS INDUSTRIAL PARK E1 Address complement Postcode 757729 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Friend Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER SKETCH AND ATTACHMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF4548A
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	Angoomarowaning
Contact Number	45
Address	
Address complement	
Doetonda	

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

JI HONGBIAO

BODY PAIN

SMW6603X

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 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 invoive 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 policyholder)

Date & Time:

Reporting Centre Pess

Name:

NEIC/FIN No.:



A = SMW 6603 X B= SMF 4548A

Junction of Carmen Street and Tosca Terrace

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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 Personnella

NEC/FIN No :

On 12.12.2020 at about 09:55 hours at Junction of Carmen Street and Tosca Terrace. I was travelling straight and when I was approaching the above mentioned junction, suddenly I felt an impact and heard a loud bang. When I alighted, I realised it was vehicle (B) that reversed from Tosca Terrace without checking the traffic condition hence collided onto the left hand side portion of my vehicle (A).

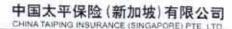
Vehicle (A): SMW 6603X

Vehicle (B): SMF 4548A

Jea

SINGAPORE ACCIDENT STATEMENT

Accident Date: 12/12/2020 Time: 09:55 (hh:mm) 24 hr format
Location Junction of Cormen Street and Tosca Terrace
STEET WIN TOSCA TETTACE
Vehicle Number SMW 6603 X
Insured Name Lee Chew Chin
NRIC /FIN S 832 838 4 Z Contact Number 9757 5401
Make Toyota Model Lexus GS300
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: (✓) Third Party () Reporting
Insurance Company China Teiping
Type of Policy (/) Comphensive () Third Party Fire & Theft (/) TP Only
Policy Number DMPCSNW001819 52000
Name of Driver J. Hong Biac ()Same as Insured
NRIC / FIN F 45 19 05 8 R Contact Number 9732 4433
Date of Birth 09/10/1974
Driving Pass Date 29 /08 / 2020
Occupation () Indoor (/) Outdoor
Gender () Male () Female
Email Address h1048f@gmail-com ()NO EMAIL
Address of Driver & Woodlands Industrial Park El Singapore 757729
Was driver an employee of the Insured's Company? () Yes (/) No
If No, Relationship of the Driver with the Insured
() Owner () Spouse (√) Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions (✓) Clear () Raining () Others
Road Surface (V) Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes (✓) No
Was anybody injured in the accident? (\sqrt{y}) Yes () No
If yes, injured detail J: Hong Biao - Body Pain
Was there any video captured by Car Camera? (✓) Yes () No
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B SMF 4548A
Veh C
Veh D
Veh E
Veh F





Motor Private Car

MXT

SN

AN0613A

Cov. Type:T

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 1) Botor vehicles (Third-Party Risks and Compensation) Rules, 1990 River Transport Act 1987 (Molayson) Motor Vehicles (Third Party Riskn) Rules, 1959 (Malayson)

CERTIFICATE No.

DMPCSNW00181952000

Engine No.: JTHBH96SX05046709

Cha. No.:3GR0185129

1. Joden Mark and Regestration Number of Votices

SMW6603X

2. Home of Policy Holder

LEE CHEW CHIN

Effective date of the Entervironment of Instrument for the purposes of the Regulations (17:35:90) (17:35:90)

81/12/2020

4. Date of Expery of feaurance

30/11/2021

5. Persons or Classes of Persons sources to drive

(a) The Policyholder.

(a) The Policynoider.
(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 camage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade:

* Limitations randoment insperation by Section 5 of the Motor Vehicles (Third-Party Fisks and Componentics) Act (Chapter 109) and Section 25 of the Road Transport Act 1967 (Malaysia), are not to be included under these headway.

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.

saued By.

AUTO WORLD PTE LTD Authorised Officer:

Authorised Signatory