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SN08211D000F / National Assessment Centre Services [159721] ENTRY DATE & TIME: 13/01/2021 17:55 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (13/01/2021 17:55 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

13/01/2021 17:55 (SGT) 12/01/2021 19:15 (SGT) Adam Rd, Singapore JUNCTION OF DUNEARN ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLU4593B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

No NEO SIEW KENG (LIANG XIUQING) SXXXX425B daniel@starzone-security.com (Phone) +65-96751162 +65-96751162

VEHICLE PARTICULARS

Alternative Phone No

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

Private use

Honda

Freed

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 Comprehensive DMPCSNW00178582003

DRIVER

Name of Driver NRIC No

POH LEONG HUAT (FU LONGFA) SXXXX065F

Date Of Driving Pass	14/00/1002	
Driving experience	14/09/1993	
Gender	27 YEARS AND 4 MONTHS	
	Male	
Mobile Number	(Phone) +65-96751162	
Ait. Phone Number	*	
Email Address	daniel@starzone-security.com	
Address	BLK 576 HOUGANG AVENUE 4 #12-612	
Address complement	9	
Postcode	530576	
Is the driver the policyholder?		
	No	
If No, Relationship of the Driver with the Insured	Spouse	
Does Driver Own Other Vehicles?	No	
Vehicle Registration Number of Other Vehicle Owned by Driver		
The street and the street and the street at	-	
Insurance Company of Other Vehicle Owned by Driver	-	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Collision - Head to Rear	
Weather Conditions		
	Raining	
Road Surface	Wet	
OTHER INFORMATION		
OTHER IN ORINATION		
Was any foreign vehicle involved in the accident?	No	
Number of vehicles involved in the accident	2	
Was anybody injured in the Accident?	No	
Was any injured conveyed to hospital by ambulance?	Electric States	
Was any other material or property damaged?	Yes	
Number of Passengers (Including Driver)	1	
Has the driver been approached by unknown person(s)		
soliciting/offering accident claims assistance?	No	
DETAILS OF POLICE ACTION		
DETAILS OF FOLIOE ACTION		
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?		
3 · · · · · · · · · · · · · · · · · · ·	No	
If yes, against whom?	•	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
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 OTHE	R VEHICLE PROPERTY 1	
W 5		
Vehicle Registration Number	SDJ195X	
Vehicle Manufacturer	-	
Vehicle Model	*·	
Vehicle Variant	æi	
Vehicle Colour	-	
Vehicle Category	Private car	
Name of Driver		
Contact Number		
	(110110) 00 07000110	
Address	-	
Address complement	*	
Dostonda		

Doetroda

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

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.
- 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:

- 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
- 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

Driver's Signature (If driver is not the policyholder)

Date & Time:

NRIC/FIN No.

Date & Time:

	SLU 4593 B
Vehicle B:	
	Dineam Rol
	3 AIP B
	A B
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT
Da 12 Ton 2021	1 1 21
On 12 January 2021	, I was driving along Adam Rd at around 7.15 PM. Due to
ed traffic light, mu	relaide was stationary at the junction between Adam Rd and
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huneum Rd. Sudden	ily, I felt an impact from the year of my vehicle, when
I altahted, I real	ised vehicle B (SPJ 195 x) had collided onto the year of
ny vehicle.	
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ny vehicle.	
ECLARATION	
DECLARATION	iculars are true in every respect.
ECLARATION	iculars are true in every respect.
DECLARATION /We declare the foregoing parti	iculars are true in every respect. When the state of the
ECLARATION	5 13/01/2021
ECLARATION We declare the foregoing parti	iculars are true in every respect. Driver's Signature (if driver is not the policyholder) Date & Time: NRIC/FIN No.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 12 / 1 /2021 (dd/mm/yy) Time of Accident: 19: 15 (24-HR-FORMAT)
Vehicle No.: SLU 4593 18 Vehicle Make & Model: Honda Freed
*Transmission : o Manual o Auto *C.c :
Exact location of Accident: Junetion of Adam Rd and Dunearn Rd
Policyholder's Name: New Siew Keng CLIANK YIVOLUGIR C/FIN/REG No.: 37637424 B
*Policyholder's email address: daniel @ Starzone - Security. com
Driver's Name: Poh Leong Houf (Fy Langers) NRIC/FIN/REG No.: 57203065 F
*Driver's email address: daniel @ Starzone-Security · Com ·
Driver's Contact No.: 9675 1162 Company Contact No (If any):
Date of birth: 1 2 1941
Driver's Address: Apt Bik 676 Haugung Avenue 4 #12-612 Singapone 530576
Insurance Company: Clina Tulping
Policy No.: DMPCSNW 0017858 2003 Type of Coverage: Comprehesive / Third Party / Third Party, Fire & Thefi
Relationship between Owner & Driver: (Please <u>CIRCLE</u> one only)
Owner /Spouse/ Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
o Own Insurance / Other Vehicle (The one you want to claim against) / o Reporting (For Record Purpose)
Tyce of Accident
Chain Collision Head To Rear o Side Swipe o Other
Occupation (nature job) Indoor / o Outdoor *No. of Passengers / Including Driver): Person
*Passanger Name: Gender: Male / Female
*Passanger Name: Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
o Clear & Dry / Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others:
Was there any video captured by your car Car camera? O Yes / o No
Any Injuries: o Yes / o No (If YES) Injured Person' Name:
Injuries Sustain : Injured Person in Which Vehicle:
Police Report field: o Yes / o No (If YES) Which Police Station:
The Other Party (S) Details:
1. Driver's Name / IC No: Vehicle No: 503 195 X
Driver's Contact No: 935 0143 Insurance Company:
2. Driver's Name / IC No (If Any): Vehicle No:
Driver's Contact No: Insurance Company:
*Independent Witness (If Any): Contact No:
Preferred Workshop Name: Contact No:





Motor Private Car

MX1F

R SN

AN0420A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00178582003

CERTIFICATE OF INSURANCE Motor 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)

Engine No.: LEB5576424

Index Mark and Registration

Cha. No.:GB71047055

SLU4593B

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

NEO SIEW KENG

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

01/12/2020

Named Drivers Ex Sect. I

\$\$500.00

(00:00:00)

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

30/11/2021

Ex Sect. I - Age <= 25

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

Ex Sect. I - Age >= 26 * Age as at date of accident

EX ON WINDSCREEN . \$\$100.00

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 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 lime 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,

HIRE PURCHASE CO. : SWEE SENG 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.

Authorised Signatory

Issued By: INXPRESS INSURANCE AGENCY PTE LTD Authorised Officer

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

Q6389 6111

6222 1033

www.sg.cntaiping.com