NATIONAL Assessment Centre Services. [will services.] SM 09211 F0008 Done by Date & Time Completed Jeb description Date In: 15/1/21 17:32 SAS c-filling MAI CTI 2100 0737/14 Ref Ha E-mail (white this, AIC thrs) Veh No SKJ 14725 I-Motor Cinim Form HILLY: 14/1/21 22:30 1-Motor W/O (Within: OD 2hrs, TP 4hrs)) Reporting Only I-Photo Uplonded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Tol. d Fax: Proformi Wksp / INC Assign Wksp / QW: (Veh No: INC ()/Non-INC (TP Particulars: SML 5265.C. Tcl: Owner / Driver: (Cover Type: (Policy No: (Period: (Confirmed by : (Date: Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: (Warranty: YES ()/NO(Execus: (5 Loading: \$1,000 ()/\$2,000(Couce/Littering lease & Charles) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES (); Towing Co: (# transmile and the continues of the conti 1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: ATTEN W Mad bin MA2101127. 1) AR 1 Anddent Reporting (530); Chinemitstanticulars 2) DA : Damega Assassment (\$100); INC (210) \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Fellow-Through Survey 5) PT : Follow-Through Survey (Resurvey) 330 Contact No: For plaining scalest INC Only (wof 10 Jan 2003) 375 6) TR: Re-Impaulion Damaged Portion: \$160 7) N1 1 Idao DA + SMRT Survey 8) NTUC Additional Services:-DIL QC Checked by (Engr-In-Charge): *NS: Courtesy Car / Tpt Allowanse 22 510 . NG: Rapale Co-ordination 523 . N7: Post Repair Inspection NB: DV / Collect Exposs Coordination 33 TP (N11): TP (Non INC) against INC \$20 9) N12: Idao Mobile Fee Charged Invalor dated 2/3: Fee Charged Involve dated

© 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

Date of Submission 15/01/2021 13:32 (SGT) Date of Accident 14/01/2021 22:30 (SGT) Exact Location of Accident Foch Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKJ1472G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN YANG HAI NRIC No SXXXX190F Email Address 1472YHTAN@GMAIL.COM Mobile Phone No (Phone) +65-97524118 Alternative Phone No +65-97524118

VEHICLE PARTICULARS

Manufacturer Hvundai Model Avante Variant 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 - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy No Policy Number DMPCSNW00112532000 Cover Note Number

DRIVER

Name of Driver TAN YANG HAI NRIC No. SXXXX190F Date Of Birth 14/06/1966 Occupation Indoor

Date Of Driving Pass 17/10/1984 Driving experience 36 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-97524118 Alt. Phone Number +65-97524118 Email Address 1472YHTAN@GMAIL.COM Address BLK 123C RIVERVALE DR #02-157 Address complement Postcode 543123 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) 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 REFER TO STATEMENT. 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 OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SML5265C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver ONG JOO CHIN NRIC No SXXXX408D Contact Number Address Address complement

Postcode

Insurance Company Name	92
Nature Of Damage	1
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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>.
- 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 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.
- 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Sketch Plan

Parking Lots

Foch Rd.

Beaty Lane

CK 3 1472 9

SML 5265 C

	On 14/1/21 about 2230 hrs, I was driving along toch ke towards Jalan
	On 14/1/21 about 2230 hrs, I was driving along Foch Rd towards Jalan Besar direction. Suddenly I felt an impact at the rear right of my
	Vehicle (SKJ 14726).
	When I came down to inspect, I discovered that Vehicle B (SML 5265 C) front right portion collided onto my vehicle while navigating and reversing
	C -1. and alliful at an website while agriculture and reversing
	trout right portion collided onto my venice with the many
	into the parking lot.
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Declaration

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

Jan 12/1/2021

Policyholder's Signature / Date & Time

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

A

Witnessed by Reporting Centre Personnel



Motor Private Car

MX1F

AN0498A

Cov. Type:C

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)

CERTIFICATE No.

DMPCSNW00112532000

Engine No.: G4FC9U722605 Cha, No.:KMHDU41BMAU862090

1. Index Mark and Registration

SKJ1472G

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

TAN YANG HAI

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

25/09/2020

Named Drivers Ex Sect. I

\$\$500.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

24/09/2021

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

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

* Age as at date of accident

EX ON WINDSCREEN . \$\$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 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\$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.: GENIE FINANCIAL SERVICES 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: NEO & COMPANY INSURANCE AGENCY Authorised Officer

Authorised Signatory

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

ACCIDENT STATEMENT

ACCIDENT DATE: 4 J J(DD/MM/YYYY), TIME: 32: 30 J(HH:M) LOCATION: Junction of Foch Rd & Beating Lane. T. DETAILS OF VEHICLE OLVEHICLE NUMBER: SKJ 1472 9 DJINSURANCE COMPANY: Ching Taiping CIPOLICY NUMBER: DMPC SNW 001125 J2000 CIPOLICY NUMBER: DMPC SNW 001125 J2000 CIPOLICY TYPE: [COMPRÉDIENSIVE / THIRD PARTY / THIRD PARTY FIRE &THE OLIMAKE & MODEL: Hydda: Avante OLIMAKE & MODEL: Hydda: MOTORCYCLE / OTHER: OLIMAKE & MODEL: Hydda: Avante OLIMAKE & MODEL: Hydda: MOTORCYCLE / OTHER: OLIMAKE & MODEL: Hydda: Avante OLIMAKE & MODEL: Hydda: MOTORCYCLE / OTHER: OLIMAKE & MODEL: Hydda: MOTORCYCLE / OTHER: OLIMAKE & MODEL: Hydda: Avante OLIMAKE & MODEL: Hydda: MOTORCYCLE / OTHER: OLIMAKE & MOTORCYCLE / OTHER: OLIMAKE & MODEL: Hydda: MOTORCYCLE / OTHER: OLIMAKE & MOTORCYCLE / OTHER: O	EFT) S)
T. DETAILS OF VEHICLE OVEHICLE NUMBER: SKJ 1472 9 DINSURANCE COMPANY: Ching Taiping CIPOUCY NUMBER: D M PC SNW 00 1125 32000 dIPOUCY TYPE: (COMPRE)ENSIVE / THRD PARTY / THIRD PARTY FIRE &THE e)MAKE & MODEL: Hywad: Avante fitype: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS givehicle Category: (PRO) TE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: i)ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) if NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: Tan Yang Hai: (MALE / FEMALE C)ADDRESS: APT BIK 123C Rivervale Drive # 02-157 Singapore 543123 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ONAME: Tan Yang Hai (MALE / FEMALE C)NAME: Tan Yang Hai (MALE / FEMAL	S) E)
DINSURANCE COMPANY: Ching Paging CIPOLICY NUMBER: DMPC SNW 00 [125] 2000 CIPOLICY TYPE: (COMPREDENSIVE / THIRD PARTY / THIRD PARTY FIRE & THE CIPOLICY HOLDER A) PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: Tan Yang Hai. (MADE / FEMALE CLAID PRIVER ALSO POLICY HOLDER C) ADDRESS: AP+ BIK 123 C RIVENULE Drive # 02-157 SINGAPONE 543123 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER C) NAME: Tan Yang Hai (MADE / FEMALE O) NAME (MADE	S) E)
H)PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) if NO, PLEASE STATE (THIRD HARTY CLAIM / REPORTING ONLY) 2. INSURED / POUCY HOLDER A) NAME: Tan Yang Hai. (MAE / FEMALE b) NRIC/FIN/PASSPORT: SI7 55170 F CONTACT: 975241 c) ADDRESS: Ap+ BIK 123C Rivervale Drive # 02-157 C) ADDRESS: Ap+ BIK 123C Rivervale Drive # 02-157 Singapore 543123 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER O) NAME: Tan Yang Hai (MALE / FEMALE) O) NAME: Tan Yang Hai (MALE / FEMALE) (Including driver) DIVINGENIENS SEPORT: SI755190 F CONTACT: 97524	18
2. INSURED / POLICY HOLDER A)NAME: Tan Yang Hai. DINRIC/FIN/PASSPORT: SI7 55190 F CONTACT: 975241 C)ADDRESS: Apt BIK 123C Rivervale Drive # 02-157 Singapore 543123 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O)NAME: Tan Yang Hai (Including driver) DINDRO (EINIPLASSPORT: SI755190 F CONTACT: 97524	18
binRIC/FIN/PASSPORT: SI7 55 170 F CONTACT: 97524 binRIC/FIN/PASSPORT: SI7 55 170 F CONTACT: 97524 binRIC/FIN/PASSPORT: SI7 55 170 F CONTACT: 97524	
Singapore \$43123 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER *MALE / FEMALE (Including driver) DINDING (INCLE) STATE 190 F CONTACT: 97524	
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER THE OF PASSENGED DRIVER ONAME: Tan Yang Hai MALE / FEMALE (Including driver) HANDER SENDET: SI755 190 F CONTACT: 97524	13
(Including driver) WINDER Tan Yang Hai MATE/FEMALE (Including driver) WINDER/FEMALE STASS 190 F CONTACT: 97524	
(Induding driver) WINDIG (SINIPASSPORT - SI755 190 F CONTACT: 775+7	E)
binric/Fin/PassPort St. Drive R 02 157	118
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(1) CIADDRESS Ap+ Blk 123C Rivervale Drive R 02157.	
ODATE OF BIRTH: (14/6/1966) (DD/MM/YYYY)	NO)
THE THE THE THE THE THE THE TOURE OF THE THE THE	.0
TE NO RELATIONSHIP OF THE DRIVER WITH INSURED	
- THE THE CONDITION (CI FAR / RAINING / UTICKS	E Sour
b)ROAD SURFACE: (DRY / WET / OTHERS	Little .
6 WAS ANYBODY INJURED (YES / NO)	
7. OJREPORTED TO POLICE (YES / 10)	
IF YES, PLEASE STATE WHICH POLICE STATION:	in real control
8. THIRD PARTY VEHICLE	
8. THIRD PARTY VEHICLE OF VEHICLE NUMBER: SML 5265 C MODEL OF THE PENETRY NAME: Ong Joo Chin	A SECURE
b) DRIVER'S NAME: Ong Joo Chin ONIC/FIN/PASSPORT: 37321408D CONTACT:	
O THIRD PARTY VEHICLE	
MODEL:	
PRIVER'S NAME	-
f NRIC/FIN/PASSPORT:CONTACT:	
	100

email = chmotorank@gmail.com. (workshop)

fax = 1472yhtan@gmail.com (owner)

VIDEO =