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SN0821280008-02 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 08/02/2021 17:00 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 3 (09/02/2021 12:26 (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 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

08/02/2021 17:00 (SGT) Date of Submission 06/02/2021 17:00 (SGT) Date of Accident 395A Bukit Batok West Ave 5, Singapore 651395 **Exact Location of Accident** CARPARK Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SLP5744C Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? TAN LENG LENG, SHANNON Name Of Registered Owner SXXXX289A NRIC No shanntan@yahoo.com.sg **Email Address** (Phone) +65-81399620 Mobile Phone No +65-81399620 Alternative Phone No

VEHICLE PARTICULARS

BMW Manufacturer 320i Model Variant

Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

No - Claiming third party Private car

INSURANCE COMPANY

China Taiping Insurance Name of Insurance Company Comprehensive Type of Coverage Fleet Policy DMPCSNW00118512000 Policy Number Cover Note Number

DRIVER

TAN LENG LENG, SHANNON Name of Driver SXXXX289A NRIC No

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	22/12/2004 16 YEARS AND 2 MONTHS Female (Phone) +65-81399620 +65-81399620 shanntan@yahoo.com.sg BLK 383 BUKIT BATOK WEST AVENUE 5 #05-312 - 650383 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Yes No
DETAILS OF OTH	ER VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SMH9933C Kia - -

Private car

LIEW LEE PIN

(Phone) +65-91856895

SXXXX588H

Vehicle Category

Name of Driver

Contact Number

Addrage complement

NRIC No

Address

Insurance Company Name
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 <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)

I understand, acknow ledge, 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' law yers/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.

(including their law yers/law	w firms), which	may be sited out	side of Singapore, for on	e or more of the	e above Purposes.
stun	na ten Non				odo/2021
Policyholder's Signature /	Date & Dri	Tues	If driver is not the policyh		Witnessed by Reporting Centre Personnel
Sketch Plan	BIK 3951	3 BUKIT	BATTEL WAST	AVK S	CO-RPORK)
carpark 4B	SL	266 HWG > 5744C A	4		A) SUPSTYYC B) SMH 9933C

Describe Circumstances of the Accident
on the feb 2021 at Spin, I am driving out from the a carpark SA. when
on ob feb 2021 at Spin, I am driving out from the a carpark SA. When I turn down to 4B, SMH 9933C came up from the carpark and didn't stop her car and knock into me.
Stop her car and knock into me.
She admitted that is her trult that she knock into without stopping the
cav .
Video as attached.

Declaration

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

8 2 20 20

Policyholder's Signature / Date & Time 2. 10 p-M

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

	ACCIDENT DATE: (37 /02 / 252) (DD/MM/YYY), TIME: (17. 00) (HH:MM)
	LOCATION: BIK 3954 BUKIT BATIK West Ave 5 Comparle)
	1. DETAILS OF VEHICLE d) VEHICLE NUMBER: SLP ST44 C b) INSURANCE COMPANY: (MINA TOIPING c) POLICY NUMBER: DMPCS PW 001185 12000 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e) MAKE & MODEL: 6MW 3201 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: Private use 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: Shannon Tan Long Long (MALE / FEMALE)
	binric/fin/passport: \$7822289A CONTACT: 813/1/0-
	CIADDRESS: BIC 383 BUT BUTIT RATER WAST ARE S
	. 井OS-312 (S) 650 38 3
	*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DRIVER DRIVER DRIVER DINAME:
	*d) DATE OF BIRTH: (02/ 08/ 1978) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
	5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
	b)ROAD SURFACE: (DRY / WET / OTHERS
	6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) 1. IF YES, PLEASE STATE WHICH POLICE STATION:
- 1	8. THIRD PARTY VEHICLE SPIN 9933C MODEL: KIN
	b) DRIVER'S NAME: LIEW LEE PIN
	9. THIRD PARTY VEHICLE
1	No of passanger at DRIVER'S NAME: MODEL:
	Including driver) f) NRIC/FIN/PASSPORT: CONTACT:
**	
	email = shann tan & yahoo. wm.sg
	Charles chann tan yanov

VIDEO



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

CERTIFICATE OF INSURANCE

N SN

AN0586A

MX1E

Cov. Type:C

otor 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.

DMPCSNW00118512000

Engine No.: B1390633N20B20B Cha. No.:WBA3B16040NS50927

Index Mark and Registration

SLP5744C

AUTOSAFE

Number of Vehicle Name of Policy Holder

TAN LENG LENG SHANNON

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

14/09/2020

Named Drivers Ex Sect. I

\$\$1,050.00

Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25

\$\$3,000.00

Date of Expiry of Insurance

13/09/2021

Ex Sect. I - Age >= 26

\$\$500.00

* Age as at date of accident

EX ON WINDSCREEN . S\$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 \$\$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.

HIRE PURCHASE CO. : MAYBANK 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: GENERAL INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory

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

© 6389 6111

6222 1033

www.sg.cntaiping.com



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CERTS

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S665S0020G / GST Reg. No.: M400017735

RECORDS MANAGEMENT CENTRE IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: SMOJ 21 28900 _Vehicle Registration No: . Original Report No : NRIC/FIN/Passport No Name(as shownin NRIC) : 100 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Singapore(Address Mobile No.: Contact (Tel) Email Address Time of Accident: Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: dumbar

Policyholder / Driver's Signature

Reporting Centre Personne

Name:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

Date:

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEND	UM
(A) P	ARTICULARS OF PE	RSON MAKING THE AMENDMENT : SN 0821280008 : John Land Land : Land Land Land	Vehicle Registration No: SUP 574
1	Name(as shownin NRIC)	Tom Land lang	NRIC/FIN/PassportNo :
	(*Vehicle Driver / Ve	ehicle Owner) (*) Please delete as	appropriateSingapore()
	Address	:	Mobile No.: 87399620
	Contact (Tel)	:	
	Email Address	- 06/02/2021	Time of Accident :
	Date of Accident	2850 BUKN BOOK	When over 5
	Place of Accident	OLLUN MIRMS	
	Insurance Compa		
(B)	ADDITIONALINE	ORMATION / AMENDMENTS:	dent and would like to include additional information or
	make the following	ng amendments:	1
	Accident	0011 % Oblon 202	7
	-		
			aladio 1
	· ·		Reporting Centre Personnel's Signature
	Policyholder	/ Driver's Signature	Name: