NATIONAL Assessment Centi	r Sprvices.	1 [20] 1 Jan	:5N 092121	M0007	
	Jeb description		Due &Time Com		Done, by
. Dale III. 22/2/21 16:10					
Ref No WAJ CTZ 210,024471 h	f E-mail (white a	hrs A(C: 2hrs)			
Veh No SKL 60510	I-Motor Claim			-	
11(1) A 22/2/21 07:55	I-Motor W/O	<u> </u>	TP 4brs)		
(1) . (P)! Reporting Only			1		
	I-Photo Uplon		-		,
TP Insurer:	Assessment/Sur				
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Profured Wisp / INC Assign Wisp / QW: (. ,	, nig/	Tol: *	Fax:	1
TP Particulars: Veh No:	SMW 7088 B.	. INC(
Owner / Driver: (Tel:		
	criod: (Cover Type: (
Confirmed by: (Date:	·	17: 8d-100%	1
	[Note-Est. Status (W		1070, F. 2.1-13.Ap.		
Year of Registration: ()	Whitranty: YES ()/NO()		••
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	Courtesy Car ()	_ -		
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1) Upload Resurvey Photo [Repair Cost> \$	(•••	
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river/Owner: .		J) TF : Towing	Through Survey	\$120	
ontact No:		exter . Wellawe	Through Buryuy (Resurv	10 Jan 2005)	
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annitary Community		NI: POLI R	apair Inspection Collect Excess Coordinat	lón 33	
H. T.	Sections Associated	TP (N11):	TP (Nan INC) against IN	30	
The Late of the Control of the Contr		Involve dated	- F	se Charged	MARTIN
12.7.2		Invoice dated	F	es Charged	LARIE TON

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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 <u>completed by the Policyholder and/or the Authorised Driver</u>
 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.

ACCIDEN'	T STATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	22/02/2021 16:10 (SGT) 22/02/2021 07:55 (SGT) CTE, Singapore - Singapore
DETAILS OF	F OWN VEHICLE
Vehicle Registration Number	SKL6051U
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No ONG YENG FANG SXXXX667I TANKAREE@HOTMAIL.SG (Phone) +65-97570413 +65-97570413
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	Audi Tt - 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 Comprehensive No DMPCSNA00052062005 -
Name of Driver NRIC No Date Of Birth	TAN KAR EE SXXXX393J 24/03/1995

Indoor

Date Of Driving Pass	05/09/2014
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96558221
Alt. Phone Number	- 1000
Email Address	TANKAREE@HOTMAIL.SG
Address	17 PORTCHESTER AVE
Address complement	-
Postcode	556299
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	110
Vollidio Hogiculation Hamber of Other Follows	-
Insurance Company of Other Vehicle Owned by Driver	- 1
, , , , , , , , , , , , , , , , , , , ,	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
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
processor consensation and processor control	
DETAILS OF OTHER	R VEHICLE PROPERTY 1
ESTINATION CONTRACTOR AND	
Vehicle Registration Number	SMW7088B
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Colour Vehicle Category	- Private car
Vehicle Category	Private car
Vehicle Category Name of Driver	Private car
Vehicle Category Name of Driver Contact Number	Private car
Vehicle Category Name of Driver Contact Number Address	Private car
Vehicle Category Name of Driver Contact Number Address Address complement	Private car
Vehicle Category Name of Driver Contact Number Address	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLL9690T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	· -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMS3069D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
₹ 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SHD5161U
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TAN KAR EE

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKL6051U
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.
- 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 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, acknowledge, agree and consent that:

- (a) My insurer, my w orkshop 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.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Time & Time Personnel CTE Sketch Plan

A-SKL6051V B-SMW 7088B C-SLL9690T D-SMS 3069 D

Describe Circumstances of the Accident I was Travelling Straight along CTE Towards City Before Cournhill Circle, Suddenly I felt an impact on the rear end of may vehicle. When I came out of the vehicle to check, I realized I was involved in a 5 car chain We then proceed to exchanged particulars and agreed to file Insuree report.

Declaration

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

In fine

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

Later

Witnessed by Reporting Centre Personnel



Motor Private Car

MX1E

SN

AN0055A

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.

DMPCSNA00052062005

Engine No.: CDA407473

Cha. No.:TRUZZZ8JXD1015108

1. Index Mark and Registration

SKL6051U

Number of Vehicle

ONG YENG FANG

2. Name of Policy Holder

29/05/2020

Named Drivers Ex Sect. I

S\$750.00

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

Additional Ex Other than Named Drivers:

Date of Expiry of Insurance

28/05/2021

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

S\$3,000.00 S\$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.: UNITED OVERSEAS BANK LIMITED 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, 1087 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Irene Hor 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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

ACCIDENT DETAILS						
Date of accident	22 F	eb 2021			(DD/MM/YY)	
Time of accident	07	ST Hrs			(HH:MM)	
Exact location of accident	CTE	before	Cairphill	Circle		

DETAILS OF VEHICLE					
Vehicle registration number	1 SKL6051 U				
Vehicle make and model	Adu Audi HTTT				
Type of vehicle	Saloon MPV CRV Van C				
	Lorry Bus Motorcycle Others:				
Vehicle category	Private Commercial Motorcycle				
Purpose of using at said time					
Are you claiming under your	Yes No if no, please select:				
own insurance company?	Third part claim Reporting only				

Insurance company	China Taiting	14	
Policy number		Ę	
Type of policy	Comprehensive	Third party fire & theft \square	TP only 🗆

INSURED / POLICY HOLDER						
Name	01	JG YFNG	Fang	Male		Female P
NRIC / Fin / Passport number	51	8266671	7			
Contact	97	757 0413				
Address	17	Port chester	Avenue	5(556299)		

DRIVER	SAME AS INSURED ABOVE □ (SKIP TO D.	О.В)	
Name	Tan Kar EE	Male 🗾	Female 🗆
NRIC / Fin / Passport number	59509393 J		
Contact	9655 8221		
Address	17 Portchester Avenue S(556299)		
Email address	Tankar EE @ hotmail.sq		
Date of birth	19-04-20 24 Mar 1995		
Occupation	Indoor Outdoor		
Driving date pass	5 Sep 20 4		

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes - No -
the insured's company?	If no, relationship of the driver and insured: Mother & Son
Accident captured by camera?	Yes 🗆 No 🗷
Weather condition	Clear Raining Others:
Road surface	Dry Wet 🗆
No of passenger	(Inclusive of driver)
	PASSENGER 1
Name	Tan Kar EE
Gender	Male Female
	PASSENGER 2
Name	
Gender	Male Female
	PASSENGER 3
Name	
Gender	Male Female
	PASSENGER 4
Name	
Gender	Male Female
大学是他们的一种"大学"。	PASSENGER 5
Name	
Gender	Male Female
	PASSENGER 6
Name	
Gender	Male Female
	OTHER INFORMATION
Was anybody injured?	Yes No 🗆
Was other vehicle damaged?	Yes No 🗆
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
	WITNESS 1
Name	
	WITNESS 2
Name	

	THIRD PARTY VEHICLE 1
Vehicle registration number	SMW 7088B
Vehicle make model	Mazda
Name	
NRIC / Fin / Passport number	5814054913
Contact	9003 897
	THIRD PARTY VEHICLE 2
Vehicle registration number	SLL9690T
Vehicle make model	3221010
Name	
NRIC / Fin / Passport number	
Contact	8133 4769
and the second s	THIRD PARTY VEHICLE 3
Vehicle registration number	SMS 3069D
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	15 HD5 1610
Vehicle make model	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Name	
NRIC / Fin / Passport number	
Contact	
(1) 11 (1) (1) (1) (1) (1) (1) (1) (1) (THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
新学生的关系的思想的思想	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

		INJURED PERSON 1
Name	Tan k	kar EE
Injuries sustained		neck and back injuries
Which vehicle person in?		60510
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes 🗆	No.
nospital by ambulance?		
		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No □
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
25. 2588 2017 11918 11918 11918 11918	B. I. B. S. B. B. S.	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No □
Was injured conveyed to	Yes □	No □
hospital by ambulance?		
		INJURED PERSON 4
Name		INJURED PERSON 4
Injuries sustained		INJURED PERSON 4
Injuries sustained Which vehicle person in?		
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	
Injuries sustained Which vehicle person in? Were seat belts worn?	-	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	-	No 🗆 No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	-	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	-	No 🗆 No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	-	No 🗆 No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No INJURED PERSON 5 No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes Yes	No INJURED PERSON 5 No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No INJURED PERSON 5 No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes Yes Yes	No No No No No No No INJURED PERSON 6
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No INJURED PERSON 5 No No No No No No No