| a produce of the second of the |                            | ולטייבל ו זא  | Dute & Time Completee  | Do   | uc'pi.                                     |
|--|----------------------------|---|--|--|--|
| Date In: 05/02/21  | Jeb description            |   | Date to Time   | -\ <del></del>   |  |
| Rei Ho NA/CTI2100 614/1  | SAS c-filing               |   | 1  | -  |  |
| Veh No SKF 7215P   | E-mail (white sh           | is, AIC 2hrs)   |  |  | <u></u>                                    |
| 1101 24/02/21 18.  | 30 I-Motor Claim           | Porm  | Ū  |  |  |
|  | I-Motor W/O                | Within: OD 2hrs,  | 71' 4hrs)  |  | .: ;                                       |
| (1) TP ! Reporting Only  | I-Photo Uplone             | led   | 1  |  |  |
|  | Assessment/Sur             | vey Report  |  |  |  |
| TP Insurer:  | Ass't Report by            | Fax / Hand to   | Owner/Wksn   | -  |  |
| Proformed Wiesp / INC Assign Wksp / QW:  | (                          |   | Tol: 🐔   | Fax:   |  |
| I'P Particulars: Yeh No:   | IRB7147.                   | . INC(  | )/Non-INC( -)  | ·  |  |
| Owner / Driver: (  |                            |   | Tel:   |  |  |
| Policy No: ( )   | Period: (                  | )   | Cover Type: (  |  |  |
| 0 6 11 /   |                            | Date:   | Time:  | d 1000/3   | <del></del> ,                              |
| Insured/Driver Liability: (  | %) [Note-Est. Status (W    |   | 0%; P: 21-79%. P: 8  | 0-100%]  |  |
| Year of Registration: (  | ) Warranty: YES (          | )/NO(   | )  |  |  |
| Excess: (\$ ) Loading:   | \$1,000 ( ) / \$2,000 (    | )   | A STATE OF THE STA | इस्टाइन्ड  |  |
| ioneral Reinberges Strategical   |                            |   |  | 427004 41.   |  |
| ( ) Walk-In Customer : Customor's  | s Information strictly Con | Ildential & St  | rictly NO rater of report  |  |  |
| ( ) Total Loss Case : to e-mail I  |                            |   |  |  | )  |
| Drive-In ( )/ Towed-In ( ); In   | voice: YES ( ) / N         | 0();1   | owing Co: (# .   | HANDER WEST WILL   | Consistent -                               |
| Cameratas - A (II) Cato II in S. C. III I G  |                            |   |  | The state of the s | ongry                                      |
| 1) Apply for Transport Allowance (   | ) / Courtesy Car (         | )   | , W  |  |  |
| 2) QC Check / Post Repair Inspection   | .( · ).                    |   |  |  |  |
| a) 100 Ottoore, t am teoline, timber   |                            |   | - 4  | 1 ' !  |  |
|  | t>\$3000] (·)              |   |  |  |  |
| 1) Upload Resurvey Photo [Repair Cos   | t > \$3000] ( )            |   |  |  |  |
| (1) Upload Resurvey Photo [Repair Cos  | t > \$3000] ( · )          |   |  |  | 17 4 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| (i) Upload Resurvey Photo [Repair Cos  | t > \$3000] ( · )          |   |  |  | 1.5 h                                      |
| (i) Upload Resurvey Photo [Repair Cos  | t > \$3000] ( )            |   |  |  | Trees on the second                        |
| (1) Upload Resurvey Photo [Repair Cos  | t > \$3000] ( )            |   |  |  | 73.84°                                     |
| (1) Upload Resurvey Photo [Repair Cos  | t > \$3000] ( )            |   |  |  | 77 A.A.                                    |
| (i) Upload Resurvey Photo [Repair Cos  | t > \$3000] ( )            |   |  |  | E CANAL                                    |
| 1) Upload Resurvey Photo [Repair Cos  Injury :  Differential Cost of the Cost  | t > \$3000] ( )            |   |  |  | (5)) e Anyt                                |
| Injury:  Differing Actions  AMMORTH  | t > \$3000] ( )            | 1) All I Apolde   | in it (in Silver) it Reporting (330);  |  | (5)) e Anyt                                |
| Injury:  Differing Actions  AMMORTH  | t > \$3000] ( )            | 1) AR ; Acolder 2) DA ; Damay   | it Reporting (530); Assessment (5100); In  |  | (cs)) e valibi                             |
| Datespine Actions  MANOTHY  Entirently Recriculars 22  | t > \$3000] ( )            | 1) AR ; Acades 2) DA ; Damey 3) TF ; Towing 4) FT ; Fellow-   | through Survey  Through Survey  Through Survey  The street of the street | 3 (C (510)<br>540/345<br>5120<br>530   | (cs)) e valibi                             |
| Difference Application (Repair Cos  Injury:  Difference Action  Difference Action (Repair Cos  Injury:  Difference Action (Rep | t > \$3000] ( )            | 1) All; Acades 2) DA; Damay 3) TV; Towing 4) FT; Follow- 5) PT; Pollow-   | Through Survey (Resurvey) against NC Only (wello Jes   | 3 (C (\$3.0)<br>\$40/\$45<br>\$120<br>\$30<br>\$200\$)   | (5)) e Anyt                                |
| Injury:  Date Eing Costion Samuel Management Cost  AMPITY  Entrantity Barrienta Section Sectio | t > \$3000] ( )            | 1) AR 1 Acades 2) DA 1 Danney 3) TF 1 Towing 4) FT 1 Follow 5) FT 1 Follow For glainling 6) TR 1 Re-Insp  | Through Survey   | 3 (C (\$50)<br>\$40/\$45<br>\$120<br>\$30<br>12005)  | (5)) e Anyt                                |
| Delivering Ascholisman Applications  Applications Ascholisman Applications and Applications are a contracting as a contract No:  | t > \$3000] ( )            | 1) AR 1 Acadded 2) DA 1 Danney 3) TF 1 Towing 4) FT 1 Follow 5) FT 1 Follow 6) TR 1 Re-insp 7) N1 1 Idao D 5) NTUC Addi   | In the first of the state of th | 30<br>(C (\$30)<br>\$40/\$45<br>\$120<br>\$30<br>1200\$)<br>\$75<br>. \$160  | (5)) e Anyt                                |
| Delivering Actions [Repair Cos Injury :  Delivering Actions   Manethy    Stationary   Manethy    Stationary    Contact No:  Contact No:  Carnaged Portion:   | t > \$3000] ( )            | 1) AR 1 Acadded 2) DA 1 Danney 3) TF 1 Towing 4) FT : Follow- 5) FT 1 Follow- For claiming 6) TR : Re-insp 7) N1 1 Idao DA 8) NTUC Addi ODb *N5: Courlo           | Through Survey   | 3 (C (\$3.0)<br>\$40/\$45<br>\$120<br>\$30<br>\$200\$)   | (5)) e Anyt                                |
| 1) Upload Resurvey Photo [Repair Cos  Injury:  Districtions (Action)   |                            | 1) AR; Acadded 2) DA; Dannag 3) TF; Towing 4) FT; Follow 5) FT; Follow 6) TR; Re-insp 7) N1; Idao 7) N1; Idao 9) NTUC Addl Only *N5; Courlo *N6; Repair           | in a trong (330);  Areasment (5100); In Prough Survey  Through Survey (Resurvey)  against NC Only (wef 10 Journal Survey)  lonal Services:  by Car / Tpt Allowance  Co-ordination  cong Inspection   | 30<br>(C (\$30)<br>\$40/\$45<br>\$120<br>\$30<br>1200\$)<br>\$75<br>. \$160  | (ct)) (ct) Aliqui                          |
| Delization Agricultus  |                            | 1) AR 1 Acadded 2) DA 1 Dannag 3) TF 1 Towing 4) FT 1 Follow 5) FT 1 Follow 6) TR 1 Re-insp 7) N1 1 Idao DA 5) NTUC Addl ODI* *N5: Courto *N6: Rapair *N7: Fost R | in a trong (330);  Areasment (5100); In Prough Survey  Through Survey (Resurvey)  against INC Only (waf 10 Journal Survey)  Item (10 Journal Survey) | 30<br>\$40/545<br>\$120<br>\$30<br>\$12095)<br>\$75<br>\$516<br>\$510<br>\$525<br>\$520  | (cs)) e valibi                             |
| Delization Agricultus  |                            | 1) AR 1 Acadded 2) DA 1 Dannag 3) TF 1 Towing 4) FT 1 Follow 5) FT 1 Follow 6) TR 1 Re-insp 7) N1 1 Idao DA 5) NTUC Addl ODI* *N5: Courto *N6: Rapair *N7: Fost R | Through Survey  In a Control (Saurvey)  Reserving (S30);  S Assessment (S100); In Precipital NC Only (Westerd)  author ( | (C (550)<br>540/545<br>5120<br>530<br>575<br>5160<br>535<br>510<br>525<br>530<br>530<br>540<br>540<br>540<br>540<br>540<br>540<br>540<br>54  | (ct)) (ct) Aliqui                          |

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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
  2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
  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 region liabilities. 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.

- 4. The issue and acceptance of this Form by insurance companies is not all admission of policy liability of the part of the insurance companies is not all admission of policy liability and the part of the insurance companies is not all admission of policy liability and the part of the insurance companies is not all admission of policy liability and the insurance companies is not all admission of policy liability and the insurance companies is not all admission of policy liability and the insurance companies is not all admission of policy liability and insurance companies is not all admission of policy liability and insurance companies is not all admission of policy liability and insurance companies is not all admission of policy liability and insurance companies is not all admission of policy liability and insurance companies is not all admission of policy liability and insurance companies is not all admission of policy liability and insurance companies.

  5. Any false 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 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 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 be forwarded by the GIA Records Management Centre established by the GIA Records Management Centre establis

## **ACCIDENT STATEMENT**

| 25/02/2021 14:49 (SGT)    |
|---------------------------|
| 24/02/2021 18:30 (SGT)    |
| Lower Delta Rd, Singapore |
| TWDS TIONG BAHRU RD       |
| Singapore                 |
|                           |

# **DETAILS OF OWN VEHICLE**

| Vehicle Registration Number | ************************************ | SKF7215P |
|-----------------------------|--------------------------------------|----------|
|-----------------------------|--------------------------------------|----------|

#### INSURED/POLICYHOLDER

| Is company?              | No                    |
|--------------------------|-----------------------|
| Name Of Registered Owner | MELVYN GOH LINXIANG   |
|                          | SXXXX704J             |
| NRIC No                  |                       |
| Email Address            | GOHMELVYN@HOTMAIL.COM |
| Mobile Phone No          | (Phone) +65-90079605  |
| Alternative Phone No     | +65-90079605          |

## VEHICLE PARTICULARS

| Manufacturer   | Toyota              |
|--|---------------------|
| Model  | ALTIS               |
| 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 |                     |
| vour vehicle?  | No - Reporting only |
| Vehicle Category   | Private car         |
| activide controls. ■ 20 P                                      |                     |
|  |                     |

#### INSURANCE COMPANY

| Name of Insurance Company | China Taiping Insurance |
|---------------------------|-------------------------|
| Type of Coverage          | Comprehensive           |
| Fleet Policy              | No                      |
| Policy Number             | DMPCSNW00008192100      |
| Cover Note Number         | -                       |

#### DRIVER

| Name of Driver | MELVYN GOH LINXIANG |
|----------------|---------------------|
| NRIC No        | SXXXX704J           |
| Date Of Birth  | 28/04/1982          |
| Occupation     | Indoor              |

| Date Of Driving Pass Driving experience  | 08/01/2001<br>20 YEARS AND 1 MONTH   |
|--|--|
| Gender   | Male   |
| Mobile Number  | (Phone) +65-90079605   |
| Alt. Phone Number  | +65-90079605   |
| Email Address  | GOHMELVYN@HOTMAIL.COM  |
|  | 775 UPPER EAST COAST ROAD  |
|  | 773 OFFER EAST COACT NORD  |
| Address complement   | 400007   |
| Postcode   | 466627   |
| 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  | and the second s |
| Type of Accident   | Collision - Head to Rear   |
| Weather Conditions   | Clear  |
| Road Surface   | Dry  |
| Noau Surface   | 5.1,   |
| OTHER INFORMATION  |  |
|  | Ver  |
| Was any foreign vehicle involved in the accident?  | Yes  |
| Number of vehicles involved in the accident  | 2  |
| 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)  | 1  |
| Has the driver been approached by unknown person(s)  |  |
| soliciting/offering accident claims assistance?  | No   |
| FOREIGN VEHICLE 1  |  |
| Vehicle Registration Number  | JRB7147  |
| Vehicle Category   | Motorcycle   |
|  |  |
| DETAILS OF POLICE ACTION   |  |
| Was the accident reported to the police?   | Yes  |
| Police Station Name  | Bedok Division Headquarters  |
| Police Station Phone No  | (Phone) +65-18002440000  |
| Alt. Police Station Phone No   | (Fax) +65-64443009   |
| Police Station Address   | 30 Bedok North Road Singapore 469676   |
| Was notice of intended Prosecution given?  | No   |
| If yes, against whom?  | -  |
| ir yes, against whom?  |  |
| CIRCUMSTANCES OF ACCIDENT  |  |
| PLS REFER TO THE POLICE REPORT:G/20210225/7025   |  |
| 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   |
| CAN SERVICE DE L'ANDRE |  |
| Vehicle Registration Number  | JRB7147  |
| Vehicle Manufacturer   |  |
| Vehicle Model  |  |
| Vehicle Variant  |  |
|  |  |

| Vehicle Colour                          | -          |
|---|------------|
| Vehicle Category                        | Motorcycle |
| 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)     | -          |

## SKETCH PLAN

## **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.
- 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.
- 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.
- 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:

- (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 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 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
Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

fm 35/02/31

NRIC/FIN No.:

|          |            | B       |          |      |       |    |      | 7.1 |     |     |     |    |  |
|----------|------------|---------|----------|------|-------|----|------|-----|-----|-----|-----|----|--|
| TO       |            | A       |          |      |       |    |      | H   | 5   | KF7 | 213 |    |  |
| Roa      |            |         |          |      |       |    |      |     |     |     |     |    |  |
| Z        |            | At      | 1        | 1    |       | 0  |      | 13  | 1   | RB  | 714 | +7 |  |
| 3        |            |         |          | 1/1  |       |    |      |     |     |     |     |    |  |
| 4        |            |         |          |      |       |    |      |     |     |     |     |    |  |
| 0        |            |         |          |      |       |    |      |     |     |     |     |    |  |
|          |            |         |          |      |       |    |      |     |     |     |     |    |  |
| OWR      |            |         |          |      |       |    |      |     |     |     |     |    |  |
| 3        |            |         |          |      |       |    |      |     |     |     |     |    |  |
|          |            |         |          |      |       |    |      |     |     |     |     |    |  |
|          |            |         |          |      |       |    |      |     |     |     |     |    |  |
|          |            |         |          |      |       |    |      |     |     |     |     |    |  |
|          |            | C OF TH | FACCIDE  | ENIT |       |    |      |     |     |     |     |    |  |
| RIBE CII | RCUMSTANCE | SOFIA   | E ACCIDE | EIVI |       |    | -    |     |     | ,   | 127 |    |  |
|          | Refer      | 40      | police   | ce   | repor | 4. | 6/20 | 210 | 76C | 170 | 27  |    |  |
|          | Re         |         |          |      |       |    |      |     |     |     |     |    |  |
|          |            |         |          |      |       |    |      |     |     |     |     |    |  |
|          |            |         |          |      |       |    |      |     |     |     |     |    |  |
|          |            |         |          |      |       |    |      |     |     |     |     |    |  |
|          |            |         |          |      |       |    |      |     |     |     |     |    |  |
|          |            |         |          |      |       |    |      |     |     |     |     |    |  |
|          |            |         |          |      |       |    |      |     |     |     |     |    |  |
|          |            |         |          |      |       |    |      |     |     |     |     |    |  |
|          |            |         |          |      |       |    |      |     |     |     |     |    |  |
|          |            |         |          |      |       |    |      |     |     |     |     |    |  |
|          |            |         |          |      |       |    |      |     |     |     |     |    |  |
|          |            |         |          |      |       |    |      |     |     |     |     |    |  |

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 Personnel's Signature

Name:

NRIC/FIN No.:





1 of 1

#### **POLICE REPORT (NP299)** Report No. G/20210225/7025

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

| Date/Time Report Made<br>25/02/2021 12:20  | Vide Rep   | ort No. |                                     | Station Diary No. |
|--|--|---------|-------------------------------------|-------------------|
| Name Of Informant  MELVYN GOH LINXIANG  ID Type / ID No.  NRIC NO / S8211704J        | Address 60A JOO CHIAT LANE SINGAPORE Contact No. Home/Office: Mobile: 90079605 |         |                                     | 428120            |
| Nationality SINGAPORE CITIZEN Occupation Other aircraft pilots and related associate | 50x  |         | DTMAIL.COM Date of Birth 28/04/1982 | Race<br>Chinese   |
| Institution/School Name  Date/Time Of Incident                                       | Language English Location Of Incident  |         |                                     |                   |
| 24/02/2021 18:30 - 24/02/2021 18:30  Brief details.                                  | 60A JOC  | CHIAT L | ANE SINGAPORE                       | 428120            |

I (SKF7215P) was travelling along Lower Delta Road towards Tiong Bahru Road on 24/02/2021 at approximately 6.30pm when I failed to brake in time and collided into the motorcycle (JRB7147) in front.

| Signature Of Officer Recording The Report:  Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
|--|---|
| Signature Of Interpreter:<br>Not applicable                | Date/Time: 25/02/2021 12:20   |
| Officer In-Charge Of Case:                                 | Classification Of Case:   |
| Authentication Stamp                                       |   |

VEHICLE NO: SKF7215P MAKE & MODEL: Toyota AHIS

AUTO MANUAL

| offering accident claims assistance?                       | YES (NO)                                    |                    |
|--|---|--------------------|
| Have you been approach by unknown perso                    | n soliciting (s) /                          |                    |
| WURKSHUP:  |   |                    |
| **WORKSHOP:  |   |                    |
| WAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT PHOTOS TAKEN? | YES (NO                                     |                    |
| WAS THERE ANY VIDEO CAPTURE?                               | YES NO                                      |                    |
| WITNESS CONTACT NO.  |   |                    |
| ANY WITNESS  |   |                    |
| VEHICLE F NO.  | Any Passenger                               |                    |
| VEHICLE E NO.  | Any Passenger                               |                    |
| VEHICLE D NO.  | Any Passenger:                              |                    |
| VEHICLE C NO.  | Any Passenger :                             |                    |
| CONTACT NO.  |   |                    |
| NAME   | JRB 7147 Any Passenger                      |                    |
| NOTICE OF INTENDED PROSECUTION GIVE:<br>VEHICLE B NO.      |   |                    |
| POLICE REPORT  | No / leves Where? Online                    |                    |
| CONTACT NO.  | 90079605                                    |                    |
| ANY INJURIES   | No If yes: Who?                             |                    |
| ROAD SURFACE   | Ory / Wet / Other:                          |                    |
| WEATHER CONDITION  | Clear / Raining / Other.                    |                    |
| RELATIONSHIP   | Employee / If No. Owner                     |                    |
| DOES DRIVER OWN OTHER VEHICLES?                            | / If yes . Reg No.                          | INSURER:           |
| ADDRÉSS  | 775 Upper East Coast Road/                  |                    |
|  | Journaladu & Wallett Con                    | SOA Too Clieb land |
| EMAIL:   | gohmelyyn@hotmail.com                       |                    |
| CONTACT NO.  | Mobile: 9007 9605 Office:                   | Home,              |
|  | Male / Female                               |                    |
| DATE OF DRIVING PASS                                       | 08 /01 / 2001                               |                    |
| OCCUPATION   | Outdoor / Indoor                            | 2002               |
| GENDER OF PASSENGER  | MALE / FEMALE                               |                    |
| NAME OF PASSENGER  |   |                    |
| ANY PASSENGER  | YES / NO                                    |                    |
| DATE OF BIRTH  | 28 / 04 / 1982                              | 300 Sec. 1990      |
| NRIC .   | 582117045                                   |                    |
| NAME OF DRIVER   | AS ABOVE / IF NO:                           |                    |
| POLICY NO.   | DMPCSNW00008192100                          |                    |
| TYPE OF COVERAGE   | Comprehensivo / Third Party / Third Party F | ire & Theft        |
| INSURANCE CO.  | China Taiping                               |                    |
| FLEET POLICY.  | YES / NO ?                                  |                    |
| CLAIM TYPE   | OD / THIRD PARTY / REPORTING ON             | L <del>Y</del>     |
| NRIC 58211704J   |   |                    |
| EMAIL: gohmelyyn@hotmail.co                                | Office:                                     | 1100               |
|  |   | MOBILE: 90079605   |
| NAME OF OWNER  | Melvyn Goh Linxiang                         |                    |
| EXACT PURPOSE USED AT TIME OF ACCIDENT                     | EMPLOYMENT   PRIVATE USE   PRIVATE H        | IIRE               |
| LOCATION OF ACCIDENT                                       | Lower Delta Road towards Trong              | Bahra Road         |
| TIME OF ACCIDENT   | 0630 AM /PM)                                |                    |
| DATE OF ACCIDENT   | 24 102 12021                                | ·C.C. 1600         |
| VEHICLE NO. SEP 12131                                      | MINITE & MODEL: 1040100 171115              |                    |



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

\$1,643.93

AN0695A

Cov. Type:C

Motor Private Car

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.: 1ZRX205956

Cha. No.:MR053REE104140644

1. Index Mark and Registration

CERTIFICATE No.

DMPCSNW00008192100

MELVYN GOH LINXIANG

**AUTOSAFE** 

Number of Vehicle

SKF7215P

2. Name of Policy Holder

Named Drivers Ex Sect. I

\$\$500.00

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

05/01/2021 (16:12:23)

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3.000.00

4. Date of Expiry of Insurance

27/06/2022

Ex Sect. I - Age >= 26

\$\$500.00

\* Age as at date of accident EX ON WINDSCREEN .

S\$100.00

5. 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 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.: UNITED OVERSEAS BANK LIMITED

\* 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 WEI CREDIT PTE LTD CRED 孙德

Issued By:

Co. Reg. No. 200512300K 210 Turf Club Road The Grandstand, Lot A8 Singapore 287995 TECK WET OREDIT POPOLTEX: 6465 0017 Authorised Officer@teckwei.com.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

**Authorised Signatory** 

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

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