NATIONAL Assessment Centre Service	OS. Juri i Jan'oʻsi	:5N09212P00	OA
Leb deep	ciption .	Date & Time Completed	Done, by
25/2/21 16:08		-	
Ref No MAJ CTI 2100 2620/14 SAS C-		1	
Veh No SLF 8267X	(retifits after, AIC 2hrs)		
1101A: 24/2/21 2015 1-1VIOLO	or Clulm Form	1	
I-Moto	or W/O (Within: OD 2hr	(3, 7)° 4 hrs)	
1-2 1100	o Uplonded		
	ment/Survey Report		
The Insurer:	teport by Fax / Hand	to Owner/YYksp	Marie Comment of the
Proformed Wksp / INC Assign Wksp / QW: (- CALLED TO SERVICE OF THE SERVICE O		fax:)
TP Particulars: Veh No: SCX 984	14K INC (.)/Non-INC(*).	
Owner / Driver: (Tol:)
Policy No: () Period: ()	Cover Type: (
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. S	Status (WO): N: 0-:	20%; P: 21-79%. P: 8d-	100%] 1 .
Year of Registration: () Whrranty:)	• •
Excess: (\$) Loading: \$1,000 ()/	\$2,000 ()	CHENTONIC TO THE TOTAL TOTAL	मध्यत् हिराः ।
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() Walk-In Customer : Customor's Information str	ictly Confidential & S	irletly NO rater of repoller.	
() Total Loss Case : to e-mall Insurer URGEN	YTLY.		
Drive-In ()/ Towed-In (); Invoice: YES ()/NO();	Towing Co: (//	FACE TO THE PROPERTY OF THE PARTY OF THE PAR
		A STREET OF THE SAME	Mark Alabuthy .
1) Apply for Transport Allowance () / Courtesy C	ar ()		· · · · · · · · · · · · · · · · · · ·
2) QC Check / Post Repair Inspection	.(·)		7:
1) Upload Resurvey Photo [Repair Cost> \$3000]	(·)		
Injurý:			
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	Trepreservation and transfer	EMPONITHENESS TO EMPAREMENT OF SEC.	
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Driver/Owner:	17 1 mg - 17 - 11 - 11 - 11	-Through Survey (Resurvey)	330
Contact No:	6) TR: Re-in:	E DEGIDS (NO OHIA LA ALTA AND ES	970
Parnaged Portion:	7171 + Iday D	A + SMRT Survey	2160
	S) NIUC Add	Illianal Sarvines:-	
C Checked by (Engr-In-Charge):	*NS: Courl	osy Car / Tpt Allowanise	510
The Company of the Co	TE TOWN OF PARTY PARTY	r Co-ordination Lepair Inspection	525
And Consideration of the Constitution of the C	CALL STORY	Collect Excess Coordination TP (Nan INC) against INC	53 520 · ·
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1.2.7.3;	Involve dated		KALLOGATE CLI
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SN09212P000A / National Assessment Centre Services [408933] ENTRY DATE & TIME: 25/02/2021 16:08 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (25/02/2021 16:08 (SGT))



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
- 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 of the language and the control of the insurers of the control of the control of the insurers of the control of
- 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

25/02/2021 16:08 (SGT) Date of Submission 24/02/2021 20:15 (SGT) Date of Accident Hougang Street 21, Singapore Exact Location of Accident Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF8267X

INSURED/POLICYHOLDER

Is company? PEH HOCK YONG Name Of Registered Owner NRIC No SXXXX891I Email Address PEH.HYONG@GMAIL.COM Mobile Phone No (Phone) +65-96375463 Alternative Phone No +65-96375463

VEHICLE PARTICULARS

Toyota Manufacturer Model Vellfire 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 No - Claiming third party your vehicle? Vehicle Category Private car

INSURANCE COMPANY

China Taiping Insurance Name of Insurance Company Comprehensive Type of Coverage Fleet Policy No DMPCSNW00101962002 Policy Number Cover Note Number

DRIVER

Name of Driver PEH HOCK YONG SXXXX891I NRIC No. 25/12/1964 Date Of Birth Occupation Indoor

Date Of Driving Pass	18/12/1982	
Driving experience	38 YEARS AND 2 MONTHS	
Gender	Male	
Mobile Number		
Alt. Phone Number	(Phone) +65-96375463	
Email Address	+65-96375463	
(1) (N)	PEH.HYONG@GMAIL.COM	
Address	BLK 979B BUANGKOK CRES #05-119	
Address complement	·	
Postcode	532979	
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		
GENERAL IN CHINATION OF THE ACCIDENT		
T		
Type of Accident	Collision - Major/Minor Rd	
Weather Conditions	Clear	
Road Surface	Dry	
OTHER INFORMATION		
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?		
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	
g or one of the second		
DETAILS OF POLICE ACTION		
DETAILS OF TOLICE ACTION		
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?	No	
If yes, against whom?	±	
CIRCUMSTANCES OF ACCIDENT		
DEEED TO OTATEMENT		
REFER TO STATEMENT.		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	Yes	
Was there any audio recorded?	No	
Trub there any duals recorded.	110	
	VEHICLE PROPERTY 4	980
DETAILS OF OTHER	R VEHICLE PROPERTY 1	
Vehicle Registration Number	SCX9844K	
Vehicle Manufacturer		
Vehicle Model		
Vehicle Variant		
Vehicle Colour		
Vehicle Category	Private car	
Name of Driver	Private car	

Contact Number Address

Postcode

Address complement

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 Formmust 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, 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 hsurers' 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 & Time Witnessed by Reporting Centre Personnel

Sketch Plan

cribe Ci	rcumstance	s of the Accid	dent							
1	was	driving	als	ng	Hougas	19	St	21,	when	I
turni	ng rig	ht into	<u>a</u>	carpo	ark	Veh	B	was	com	ing out
from	the	carpark	wit	hout	Stappi	2	at	+4 e	Stop	line
and	dashed	d out	hit	onto	my	ve	4	right	rear	portion
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Declaration

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

Policyholder's Signature / Date &

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

fuel

Witnessed by Reporting Centre Personnel





Motor Private Car

MX1F

AN0570A 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.

DMPCSNW00101962002

Engine No.: 2ARH694738

Cha. No.:AGH300061063

1. Index Mark and Registration

SLF8267X

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

PEH HOCK YONG

13/09/2020

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:

12/09/2021

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

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

* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

4. Date of Expiry of Insurance

(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)

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.: TAN WEI 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.

Issued By: M PRO CONSULTANCY **Authorised Officer**

Authorised Signatory

ACCIDENT STATEMENT

ĄCC	CIDENT DATE: 2	1 21 21	(DD/MM/YYYY)	, TIME:(20:	15)(HH:MM)
. LOC	ATION:	Hougang	5+ 21		
1	a) VEHICLE NU		LF 8267 X		
	c)POLICY NUM	BER: (COMPREHENS		. ,	CA EIDE & THEETI
	e)MAKE & MOD	DEL: Vell 4	ire 2,5	5.	
	g) VEHICLE CAT h) PURPOSE OF	EGORY: (PRIVATI USING AT ACCIE MING UNDER YO	E / COMMERCIA DENT TIME:]	Private USC	CLE)
2.	IF NO, PLEASE INSURED / POLICE	STATE (THIRD PA	RTY CLAIM / REF	PORTING ONLY) .
	A)NAME:	Peh Hock	Young	(MALI	E/FEMALE) 96375463
And of passongs.	* CONTINUE TO DRIVER	3.d IF DRIVER AL	SO POLICY HOL	DER	
(Including driver)	a)NAME:	As Ab	ove	(MALE	FEMALE)
(1)	b) NRIC/FIN/PAS				
	c)ADDRESS;			·	
	*d)DATE OF BIRT e)OCCUPATION f)YEARS OF DRIV	: (INDOOR / OU	TDOOR)	M/YYYY)	
	WAS DRIVER A IF NO, RELATIO	N EMPLOYEE O	F THE INSURED DRIVER WITH	INSURED:	owner
5.	a) WEATHER CON				
6.	b)ROAD SURFAC	NJURED (YES / N	(O)		
	a)REPORTED TO				
		TATE WHICH PC	LICE STATION:_		
the of passenger	THIRD PARTY VEH	ICLE SC	9844K	MODEL:	
(Including driver)	b) DRIVER'S NA	ME:		_MODEL:	
(C) NRIC/FIN/PA	SSPORT:		_CONTACT:	
9.	THIRD PARTY VEH	ICLE			
tho of passenger	d) VEHICLE NUM	Contractive to the contraction of the contraction o		MODEL:	
(Induding delicer)	e) DRIVER'S NA	ME:			<u> </u>
(Including driver)	T) NRIC/FIN/PA	225CKI:		_CONTACT:	
()					
					-14

email = peh.hyong@gmail.com

fax =

VIDEO - Yes.