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Owner / Driver: (Tel:	· · · · · · · · · · · · · · · · · · ·)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- . 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 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 27/02/2021 19:09 (SGT) Date of Accident 25/02/2021 11:05 (SGT) **Exact Location of Accident** Jln Lapang, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SR89A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHAN CHI LOI NRIC No SXXXX382C **Email Address** cl.chan89@gmail.com Mobile Phone No (Phone) +65-96609783 Alternative Phone No +65-96609783

VEHICLE PARTICULARS

Manufacturer **BMW** Model X6 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 - Reporting only Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00071422002 Cover Note Number

DRIVER

Name of Driver CHAN CHI LOI NRIC No SXXXX382C Date Of Birth 25/07/1954 Occupation Indoor

Date Of Driving Pass 02/02/1978 Driving experience 43 YEARS Gender Male Mobile Number (Phone) +65-96609783 Alt. Phone Number +65-96609783 Email Address cl.chan89@gmail.com Address 152 JALAN SENANG Address complement Postcode 418510 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 Collided into Parked Vehicle 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) 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 PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMV9342J Vehicle Manufacturer **BMW** Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver SAAD MAHENTI S/O IRFAN MAHENTI NRIC No SXXXX059E Contact Number ...

Address

Postcode

Address complement

Insurance Company Name	
Nature Of Damage	
Details of property damaged in acciden	it
No Of Passanger (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 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
- 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
- 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) w ho 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
- (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
- (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 Time		21 15-43 Signature (If drive	er is not the policyholder) / Date	Witnessed by Reporting Centre
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Declaration

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

Policyholder's Signature / Date & Time

27/02/21 15:43

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

Witnessed by Reporting Centre

Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (-25) 02 / 2 (DD/MM/YYYY), TIME: (/ 1 : 05) (HH:MM)	
LOCATION: Jalan Shalfals / Jolbal CADONES / JULY CHANDER	
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	2
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: SR 890	
b)INSURANCE COMPANY: Comin Up Plans	
c)POLICY NUMBER:	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
ejmake & MODEL:	
F)TYPE: (SALDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)	
9/ LINCLE CATEGORI, [FRIVALE] COMMERCIAL / MOTORCYCLE	
TIPORPOSE OF USING AT ACCIDENT TIME:	37
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2. INSURED / POLICY HOLDER	
A) NAME: CHAN CHI LOL (MALE) FEMALE)	
DINRIC/FIN/PASSPORT: \$265 +382 CONTACT: 96609782	
CIADDRESS: 152 Jalan SENANG SINGAPORE (418516	-
	_
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER	
(Including driver) a) NAME: CHAN CHI LOI (MALE/ FEMALE)	
b) NRIC/FIN/PASSPORT: S265 7382C CONTACT: 96609783	
CIADDRESS: 152 Julian SENANT SINGAPOREZ (418516)	
*d)DATE OF PIPTLING 25 (AZ , 1950)	
*d)DATE OF BIRTH: (25/07/1954)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR)	
f)YEARS OF DRIVING EXPRERIENCE: 43 year	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO	
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:OUNTY	2
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS DRY	
b)ROAD SURFACE: (DRY) WET / OTHERS	
6. WAS ANYBODY INJURED (YES /NO) 7. a) REPORTED TO POLICE (YES /NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:	
8. THIRD PARTY VEHICLE	
the of passenger a) VEHICLE NUMBER: SMN 9342 J MODEL: BMW	
() DRIVER'S NAME: SAAD MAHENTI STO IRFAN MAHENT () NRIC/FIN/PASSPORT: S9734059E CONTACT:	l
9. THIRD PARTY VEHICLE	
to all professional and the second a	
(Induding driver) f) NRIC/FIN/PASSPORT:CONTACT:	

email = CL. CHAN 89 G GMBLL. Com

VIDEO -

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2657382C





CHAN CHI LOI







CHINESE Date of birth

25-07-1954 Country/Place of birth MALAYSIA

DRIVING LICENCE



Licence Number S2657382C

CHAN CHI LOI

Birth Date: 25 Jul 1954 toue Date 05 Mar 2003

6290668



19-09-2019

152 JALAN SENANG SINGAPORE 418510

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

02 Feb 1978

NP 428A



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Motor Private Car

MX1F

R SN

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185) Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185) Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0328A Cov. Type:C

CERTIFICATE No.

DMPCSNW00071422002

Engine No.: 21574832S63B44A Cha No.:WESGZ02090LJ88980

Index Mark and Registration

SREGA

Number of Vehicle

AUTOSAFE

Name of Policy Holder

CHAN CHILOI

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

24/06/2020

Named Drivers Ex Sect. I

S\$1.500.00

Additional Ex Other than Named Drivers:

Date of Expiry of Insurance

23/06/2021

Ex Sect. I - Age <= 25 Ex Sect. 1 - Age >= 26 \$\$3,000.00 3\$500.00

* Age as at date of accident

EX ON WINDSCREEN.

\$\$100.00

Persons or Classes of Persons emplied 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 furtion 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 iosses 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.: HL BANK AS HP OWNER

* Limitations randered 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 (Maiaysia), 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:

LOW TECK HOCK Authorised Officer

Authorised Signatory