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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.
- 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 22/03/2021 12:01 (SGT) Date of Accident 19/03/2021 14:55 (SGT) Exact Location of Accident 101 Yishun Ave 5, Singapore 760101 Additional Location Information CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG5265D

INSURED/POLICYHOLDER

No Is company? Name Of Registered Owner

NG SOON HUI (HUANG CHUNHUI) NRIC No SXXXX201H

kbabbb2018@gmail.com **Email Address** Mobile Phone No (Phone) +65-83237797

Alternative Phone No +65-83237797

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla

Variant

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

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Private car Vehicle Category Transmission Auto

1598 CC

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive Type of Coverage

Fleet Policy

DMPCSNW0013852000 Policy Number Cover Note Number

DRIVER

NG SOON HUI (HUANG CHUNHUI) Name of Driver NRIC No SXXXX201H

Accident report SN08213M0001

Date Of Birth 30/10/1986 Occupation Indoor Date Of Driving Pass 31/07/2008 Driving experience 12 YEARS AND 8 MONTHS Gender Female Mobile Number (Phone) +65-83237797 Alt. Phone Number +65-83237797 Email Address kbabbb2018@gmail.com BLOCK 403 YISHUN AVENUE 6 #09-1226 Address Address complement Postcode 760403 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 Hit and run / Vandalism / Damaged whilst parked Type of Accident Weather Conditions 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) No soliciting/offering accident claims assistance? 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? Yes Reasons for not uploading a video of the accident WITH OWNER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SGF397R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	6 7
Address	175

Address complement	
Postcode	•
Insurance Company Name	,
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	•
(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 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)

Lunderstand, 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 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.

Pyllicyholder's Signature / Date &	Div.	er's Signature (If driv	er is not th	e policyholder) / Date	2/03/20 Witnessed by Reporting Centre Personnel
Sketch Plan					and the second
	*:	, ,	,		A
					A:SMG5265D
					B: SGF 397R
B/K 10/					
Vicibia DVAX	· — [TAA	7	T	
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CARDRIC		447			

Describe Circumstances of the Accident

On 19th March 2021, at about 14:55hrs, I was in my
* stationary vehicle parked in the car park lot near 101
Yishun Ave S. Vehicle B collided onto the right portion of my
Vehicle while reversing.

Declaration

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

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 19th March 2021 TIME:	14:55 hrs (hh:mm) 24 hrs Format
LOCATION: CARPARK NEAR BLK 101 YISHU	
VEHICLE NUMBER: SMG 5265 D.	
INSURED NAME: Ng Soon Hui (Huang Che	in this)
NRIC / FIN: C 8631201H -CONTAC	CT: 83237797
MAKE: Tayota MODEL	
Are you claiming under your own insurance policy for repair to	
() Yes, If No, Pls Select: () Third Party () Reporti	
INSURANCE COMPANY: Ching laiping	9
TYPE OF POLICY ()COMPREHENSIVE ())THIRD PA	RTY ()TPFT
POLICY NUMBER: DM PC SN W00138592000	
NAME DRIVER: Ag Soon Hu; CHuang Chun-	() SAME AS INSURED
Soon Tight Charly Charly	
NRIC/FIN: S&G31701,H CONTA	CT:
DATE OF BIRTH: 30/10/1986	
DRIVING PASS DATE: 31/07/2008	
OCCUPATION: (V) INDOOR () OUTDOOR	
GENDER: () MALE () FEMALE	
EMAIL ADDRESS: Loabboar & @ gmail - com	() NO EMAIL
ADDRESS OF DRIVER: Blk 403 Yishun Are 6 #	09-1226
Smagpore 160403	
Number Of Passenger Include Driver: DRIVER	
V N. SN	
	/
Was driver an employee of the Insured's Company? () YES	S (/) NO
If No, Relationship Of The Driver With The Insured	
()Owner () Spouse ()Friend ()Relativ	e ()Children ()Sibling ()Others
Does The Driver Own Any Other Vehicle? : () Yes (No
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:	
Insurance Company Of Driver's Own Vehicle	
The state of the s	izzling () Other
	ther
Was Any Foreign Vehicle Involved In This Accident? () YES (✓) NO
Was Anybody Injured In The Accident? () YES () NO
If YES, Injured details:	
Convey By Ambulance: () YES () NO	
Was There Any Video Capture By Car Camera? () YE	S () NO
Was There Accident Reported To The Police? () YES	
Police Report Number (if any)	() I to it to ittend to once kepore
Details Of 3rd Party Name/NRIC	No.of Paxs (incl'driver) Contact
Veh B SGF 397R	() / Not Sure ()
Veh C	() / Not Sure ()
Veh D	() / Not Sure ()
Veh E	() / Not Sure ()
Veh F	() / Not Sure ()



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Private Car

N SN AN0584A

CERTIFICATE OF INSURANCE Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules 1950
Road Transport Act, 1992 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cav Type C

CERTIFICATE No

DMPCSNW00138592000

Engine No 1ZRX056100 Cha No MR053REE104109167

Index Mark and Registration

SMG5265D

AUTOSAFE

Number of Vehicle 2 Name of Policy Holder

4 Date of Expery of Insurance

NG SOON HUI (HUANG CHUNHUI)

Named Drivers Ex Sect 1

\$\$500.00

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

01/10/2020

30/09/2021

Additional Ex Other than Named Drivers

Ex Sect 1 - Age <= 25

5\$500 00

Ex Sect 1 - Age >= 26

* Age as at date of accident EX ON WINDSCREEN

Persons or Classes of Persons enuted to enver-

(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 \$\$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 WSJ CREDIT PTE LTD

* Limitations rendered inoperative by Section B 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 those 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

HUANG GUOQING TERRY 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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Owner ID: Vehicle Details Vehicle No.: Vehicle to be Exported: Intended Deregistration Date:	Singapore NRIC 201H SMG5265D
Vehicle No.: Vehicle to be Exported:	
Vehicle to be Exported:	SMG5265D
ntended Deregistration Date:	Yes
	22 Mar 2021
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Silver
Manufacturing Year:	2010
Engine No.:	1ZRX056100
Chassis No.:	MR053REE104109167
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$16,286.00
Original Registration Date:	07 Jan 2011
First Registration Date:	07 Jan 2011
Fransfer Count:	2
Actual ARF Paid: ntended PARF Rebate Details	\$16,286.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount: ntended COE Rebate Details	\$0.00
COE Expiry Date:	30 Sep 2025
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$16,570.00
COE Rebate Amount:	\$14,986.00
otal Rebate Amount: Message	\$14,986.00

The information contained herein is correct as at 22 Mar 2021