NATIONAL Assessment Centre	Services	er i Jarrey				
Date In 05/04/21	Jeb description		Dane & Time Completed	Done	þy	
Ref No NA/0712/1004282/13	SAS e-filing		1			
Veh No SMM573R	E-mail (within 8)	as. AIC 2las,	V I			
DOA 02/08/21 1100	i-Motor Claim Form					
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)					
	i-Photo Uploaded					
TP Insurer:	Assessment/Survey Report Ass't Report by Fax / Hand to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (Assireport by	FAX / HAIIO (ax:		
TP Particulars: Veh No:	54B64JU	INC ()/ Non-INC ()	HA.		
Owner / Driver: (2-26450	, met	Tel:	1		
	iod: ()	Cover Type: ()		
Confirmed by : (Date:	Time:)		
	lote-Est. Status (W	O): N: 0-2	0%; P: 21-79%. F: 80-1	00%]		
	Varranty: YES ()		05-13-55	
Excess: (\$) Loading: \$1,00)				
General Remarks:-	-440 (C.J.E.) - 121 (C.O.)	a for the offi	107. a.S. a			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	()					
N63607534			paration Checklist	Amit (\$)	Amt (\$	
Claimant's Particulars :-		1) AR : Acciden 2) DA : Damage	t Reporting (\$30); Assessment (\$100); INC (\$5	80)		
Priver/Owner:		3) TF : Towing Fee \$40/\$45			0 5555	
Contact No:		5) i ² T : Follow-Through Survey (Resurvey) \$30				
Damaged Portion:		For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160				
C Checked by (Engr-In-Charge):			y Car / Tpt Allowan:e	\$5		
Auditors' Comments :-	2112	*N8: DV / Co	mir Inspection Heet Excess Coordination	\$10; \$25 \$5		
at 1:		TP (N11): TI 9) N12: Idae Me	P (Non INC) against INC obile	\$20 30		
at. 2/3:		Involce dated	Fee Charged Van Channad	NAME AND ADDRESS OF THE PARTY O		

SN092145000C / National Assessment Centre Services [408933] ENTRY DATE & TIME: 05/04/2021 15:06 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (05/04/2021 15:06 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

05/04/2021 15:06 (SGT) 02/04/2021 11:00 (SGT) 208 New Upper Changi Rd, Singapore NEAR SHENG SHIONG Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMM573R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No Alternative Phone No No LIEW CHIN CHOO SXXXX405Z LIEWCHINCHOO@HOTMAIL.COM (Phone) +65-97488868 +65-97488868

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

Transmission CC

Honda

Fit

Private use

No - Claiming third party Private car Auto 1300

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Policy Number Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

No

DMPCSNW00058462000

DRIVER

Name of Driver NRIC No

LIEW CHIN CHOO SXXXX405Z

Date Of Birth 24/09/1976 Occupation Indoor Date Of Driving Pass 30/09/1997 23 YEARS AND 7 MONTHS Driving experience Gender Female

Mobile Number (Phone) +65-97488868 Alt. Phone Number +65-97488868 Email Address LIEWCHINCHOO@HOTMAIL.COM

Address

Address complement Postcode Is the driver the policyholder? 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 Side Swipe 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

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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes No Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

BLK 34 EUNOS CRESCENT

#06-264

400034

Yes

SLB642U Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Private car Name of Driver LEE

SXXXX495B NRIC No

(Phone) +65-97356607 Contact Number Address

Address complement	*
Postcode	
Insurance Company Name	* (
Nature Of Damage	
Details of property damaged in accident	sciliana *
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>.
- 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 haurers' 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.

Describe Circumstances of the Accident
New
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turning inth Bit 206 mc/p of Bedolf Central
while turned in A rate that their re a plan larry parked on the
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parked at the left olde of the made after the gantry, thirteen
Miles SCB64) a INVENCE WHO MY LAND MY ONTO MY
1887 Mear Steel portion of my venice.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

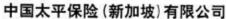
Driver's Signature (If driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE OLYCHICLE NUMBER: SMAYS 73R DINSURANCE COMPANY: CHIMP TO THE PARTY INTERESTINE A THEFT OLYCHICLE NUMBER: DAPCING DOOS \$ 660000 DIPOLOY THE COMPREHENSIVE THIRD PARTY / THÎRD PARTY FIRE &IHEFT] OLYCHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS OLYCHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS OLYCHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS OLYCHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS OLYCHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS OLYCHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS OLYCHICLE CAMONING UNDER YOUR OWN INSURANCE / YES MODITION OF THE PARTY CLARITY OF THE PARTY CLARITY ON THE PARTY CLARITY OF THE PARTY OF THE P	AC	CIDENT DATE:/_	2/4/2/)(DD/N	(M/YYYY), TIME:(14:00 11	HH:WWI .
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INARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM AREPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: LIEW CHIN CHOO (UN ZHEN 2/M) B)NRIC/FIN/PASSPORT: SO		9/ VEHICLE C	ALEGORI: IPRIVATE / COM	AMERCIAL / MOT	ORCYCLEI	·
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ANAME: LICH CHIN CHOO (LIY ZHENZIA) ANAME: LICH CHIN CHOO (LIY ZHENZIA) b) NRIC/FIN/PASSPORT: STO 304037 CONTACT: 77088888 c) ADDRESS: BUK SY CUNOS CRESCENT CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER d) NAME: AP ABOUL (Including driver) d) DATE OF BIRTH: (124/97) 1774 (IDD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 10/97/1977 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES IND) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 000000 1F NO, RELATIONSHIP OF THE DRIVER WITH HIS UNERED: 000000 1F NO, RELATIONSHIP OF THE DRIVER WITH HIS UNERED: 000000 1F NO, RELATIONSHIP OF THE DRIVER WITH HIS UNERED: 000000 1F NO, RELATIONSHIP OF THE DRIVER WITH HIS UNERED: 000000 1F NO, RELATIONSHIP OF THE DRIVER WITH HIS UNERD: 000000 1F NO, RELATIONSHIP OF THE DRIVER WITH HIS UNERD: 000000 1F NO, RELATIONSHIP OF THE DRIVER WITH HIS UNERD: 000000 1F YES, PLEASE STATE WHICH FOLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: 100000 1F YES, PLEASE STATE WHICH POLICE STATION: 1NO OF PASSMORY O) VEHICLE NUMBER: 100000 1NODEL: 1NODEL: 000000000000000000000000000000000000	92	IF NO, PLEAS	E STATE THIRD PARTY CL	ALM * REPORTING	ONLY	20
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CHINA TAIPING INSURANCE (SINGAPORE) PTE_LTD.

Motor Private Car

MX1F

SN

AN0357A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00058462000

Engine No.: L13B3884201

1. Index Mark and Registration

4. Date of Expiry of Insurance

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)

Cha. No.:GK33414681

Number of Vehicle

SMM573R

2. Name of Policy Holder

LIEW CHIN CHOO

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

14/06/2020

Named Drivers Ex Sect. I

\$\$500.00

Additional Ex Other than Named Drivers:

13/06/2021

Ex Sect. I - Age <= 25

5\$3,000.00 \$\$500.00

Ex Sect. I - Age >= 26 * 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 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 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.: HONG LEONG FINANCE 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: INSUREPAC ASSOCIATES PTE LTD

Authorised Officer

Authorised Signatory