Date In: 30 Of 101 17/3/ Jeb description Date & Time Completed Done by Ref No. 11/2 (005755) SAS e-filing Veh No: 500 37 10 E-mail (within Shrs, AIC 2hrs)	
Veh No: SWS 3 UV E-mail (within Shrs, AIC 2hrs)	
D.O.A: WOV DO I IOO i-Motor Claim Form	
OD : TP: Reporting Only	ــ
i-Photo Uploaded	
TP Insurer: Assessment/Survey Report	
Ass't Report by Fax / Hand to Owner/Wksp	-
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)
TP Particulars: Veh No: \(\sigma \) \(\frac{1}{2} \) \(\f	
Owner/Driver: (Tel:)	
Policy No: () Period: () Cover Type: ()	
Confirmed by: (Date: Time:) Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-100%]	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-100%] Year of Registration: () Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000 ()/\$2,000 ()	
General Remarks:	÷
() Walk-In Customer's Information strictly Confidential & Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (')
Remarks: (INC hotline: 6788 6616) . Date: Completed 1 Done by	
1) Apply for Transport Allowance ()/Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	
Injury:	
Date/Time Actions	. 9
MADIO XXX Invoice Preparation Checklist (1681) (A	n((\$)
1) AR: Accident Reporting (530);	d'Bill
Claumant's Particulars 3- 2) DA: Damage Assessment (\$100); INC (\$30)	
Driver/Owner: 4) FT: Follow-Through Survey \$120	
Contact No: For claiming against INC Only (wef 10 Jan 2003)	
Oamaged Portion: 575 7) N1: Idao DA + SMRT Survey 5160	
8) NTUC Additional Services:-	
OC Checked by (Engr-In-Charge): *NS: Courtesy Car/Tpt Allowance 55	
QC Checked by (Engr-In-Charge): *NS: Courtesy Cor/Tpt Allowance *NS: Repair Co-ordination *NS: Post Repair Inspection *NS: Post Repair Inspection *NS: Post Repair Inspection *NS: Post Repair Inspection	
QC Checked by (Engr-In-Charge): *NS: Courtesy Cor/Tpt Allowance *NS: Repair Co-ordination *NS: Repair Inspection *NS: DV / Collect Excess Coordination	
QC Checked by (Engr-In-Charge): *NS: Courtesy Cor/Tpt Allowance 35 *N6: Repair Co-ordination 510 *N7: Fost Repair Inspection 525 *N8: DV/Collect Excess Coordination 53 TP (N11): TP (N2n INC) against INC 520 30	a reac

Fryd of Care

SN08214U0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 30/04/2021 17:31 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (30/04/2021 17:31 (SGT))



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
- 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	30/04/2021 17:31 (SGT) 28/04/2021 16:05 (SGT) 4 Berrima Rd, Singapore
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

verlicle Registration Number	SMS5711U	
INSURED/POLICYHOLDER		
Is company?	 Yes	

Name Of Registered Owner P2P HOLDINGS PTE LTD Company Reg No 2XXXXX679M **Email Address** sales.p2pholding@gmail.com Mobile Phone No (Phone) +65-88937322 Alternative Phone No. +65-88937322

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
Variant	
Exact purpose for which vehicle was being used at time of	
accident	Employment
Are you claiming under your own insurance policy for repair to	. ,
your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto

1950

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. Comprehensive No DMHCSNW00000032101
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DRIVER

CC

Name of Driver	 LEE MING JANG
NRIC No	 SXXXX220J

Date Of Birth 08/08/1992 Occupation Outdoor Date Of Driving Pass 13/03/2014 Driving experience 7 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-88937322 Alt. Phone Number Email Address sales.p2pholding@gmail.com Address BLK 115 TOA PAYOH LORONG 1# Address complement Postcode 310115 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 Collision - Opening Door of 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 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 PASSENGER 1 Name UNKNOWN Gender Male 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? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLZ1913E Vehicle Manufacturer Toyota Vehicle Model C-hr Vehicle Variant Vehicle Colour Vehicle Category Private car

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

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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)

I understand, acknow ledge, 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.

POH 8	304121	633
Policyholder's \$	ignature / Date &	
Time /		8

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

30/4/21 1633

Witnessed by Reporting Centre

Personnel

Sketch Plan

Describe Circumstances of the Accident
I was follhing passenger back home. Upon reaching the passenger house I stop in front of their cycle. The passenger open the door without checking for incoming car. The passenger open and oncoming car hit on my door. Fight
in front of their crose. The passenger open the door without checking for incoming (an
The presences open and energy out hat are paid done
inc passager open and oncoming tar his on my door.
The damages that was done to other was the head light had slight crack. Priver was not injured. My passenger and me was also not injured.
was not injured. My passenger and me was also not injured.
Reason for reporting late was because initially it was private settlement but other party decided to claim insurance. Only Inform us today 30/04/21 morning.
but other party decided to claim insurance. Only Inform us today 30/04/21 morning.
] ,] , , ,

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel

ACCIDENT'STATEMENT

ACCIDENT DATE: 281.041 2021 (DD/MM	/YYY), TIME: 1695 (HHMM)
LOCATION: 4 Berrima Road	
DETAILS OF VEHICLE alvehicle Number: SMS 5711 U blinsurance Company: China Tou	The state of the s
CIPOLICY NUMBER: DMHCSNW 000	000 3210
d)POLICY TYPE: (COMPREHENSIVE) THIR	
F)TYPE: SALOONY COUPE / MPV /VAN /	LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMA h) PURPOSE OF USING AT ACCIDENT TIME	E Private Use
I) ARE YOU CLAIMING UNDER YOUP OWN IF NO, PLEASE STATE (THIRD PARTY CLAIM	INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER AINAME: P2P Holdings Pte Ltd	
b) NRIC/FIN/PASSPORT: 2019246791	
1: Male :	
WHO of passonges DRIVER DRIVER ALSO POUC	CY HOLDER .
(Including 1) al NAME: Lee Miny Jang.	MALE FEMALE
(2) 6 ADDRESS: 115 Toa Payoh Lor 1 #	CONTACT: 8893 7322
"d) DATE OF BIRTH: (08/ 08/ 1992)	(DD/MM/YYYY) ; ;
	3/2014
4. Was driver an employee of the in If NO, RELATIONSHIP OF THE DRIVER	SURED'S COMPANY? (YES! NO) WITH INSURED: Hirer
5. a) WEATHER CONDITION: (CLEAR) RAININ b) ROAD SURFACE: (DR) / WET / OTHERS_	
6. WAS ANYBODY INJURED (YES MO)	• • • •
7. a) REPORTED TO POUCE (YES / NO) <	TION
# He of passenger a) VEHICLE NUMBER: SLZ 1913 E	MODEL: TOYOTA CHR
(Including driver) b) DRIVER'S NAME:	CONTACT;
9. THIRD PARTY VEHICLE	MODEL:
el DRIVER'S NAME:	
(") NRIC/FIN/PASSPORT:	CONTACT;:-

VIDRO



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ407

SN

R

AN0472A

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.

DMHCSNW00000032101

Engine No.: 65492080139668

Cha. No.:WDD2130132A296799

1. Index Mark and Registration

4. Date of Expiry of Insurance

SMS5711U

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

P2P HOLDINGS PTE LTD

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

15/01/2021

Excess Sect I.

S\$1,250.00

(00:00:00)

Excess Sect. I (Outside Singapore)

\$\$2,500.00

14/01/2022

Excess Sect. II Excess Sect.II (Outside Singapore). \$\$1,250.00

\$\$2,500.00

EX ON WINDSCREEN .

\$\$100.00

5. Persons or Classes of Persons entitled to drive*

Any employee or any person who is driving with the Policyholder's order or with their 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 the carriage of passengers or goods in connection with the Policyholder's business.
 Use for social domestic pleasure purposes.

The Policy does not cover

Use for racing, pace-making, reliability trial or speed-testing.
 Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED 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: CCL INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory

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

Q6389 6111

6222 1033

www.sg.cntaiping.com