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NATIONAL Assessment Centre Services.	S . Poret 1 Jan	religion vol	70./	
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Assessment/Su	rvey Report			
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TP Particulars: Veh Nor SMW 15050	, INC(	.)/Non-INC(	<u>).                                    </u>	1
Owner / Driver: (		Tel:		1
Policy No: ( ) Period: (	)	Cover Type: (		)
Confirmed by : (	Dates,	Times	P. 80-100%	1
Insured/Driver Liability: ( %) [Note-Est. Status ()	VO): N: 0-20	1%; P: 21-1976.	1. 20-1007	
Year of Registration: ( ) Warranty: YES (	)/NO(	)		
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1) Apply for Transport Allowance ( )/ Courtesy Car (	-	- W	•	
2) QC Check / Post Repair Inspection ( .	<del></del>	-		
3) Upload Resurvey Photo [Repair Cost>\$3000] (	1 11			
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SN08215V0007 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 31/05/2021 18:11 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (31/05/2021 18:11 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### 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 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 31/05/2021 18:11 (SGT) Date of Accident 27/05/2021 12:30 (SGT) Exact Location of Accident 190 Clemenceau Ave, Singapore 239924 Additional Location Information **BASEMENT CARPARK** Country/State of Loss Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number SGB8860M

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JOHN LEE JUNSHI NRIC No SXXXX623B **Email Address** johncslee@singnet.com.sg Mobile Phone No (Phone) +65-96221811 Alternative Phone No +65-96221811

### VEHICLE PARTICULARS

Manufacturer Honda Model Odyssey 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 - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC 2353

### INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00019602100 Cover Note Number

#### DRIVER

Name of Driver JOHN LEE JUNSHI SXXXX623B

-Date Of Birth 14/03/1944 Occupation Indoor 21/08/1962 Date Of Driving Pass 58 YEARS AND 9 MONTHS Driving experience Gender Mobile Number (Phone) +65-96221811 +65-96221811 Alt. Phone Number Email Address johncslee@singnet.com.sg Address 2 HOLLAND PARK Address complement Postcode 249497 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 Collided into Parked Vehicle Type of Accident 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) 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 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	SMW1505D
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	. <del></del>
Address complement	-

Postcode	
Insurance Company Name	=
Nature Of Damage	-
Details of property damaged in accident	4
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 Form must 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 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 / Date & Time

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

Witnessed by Reporting Centre Personnel

CARPBRIC

Sketch Plan

B 5mw (505)

B 5mw (505)

B 5688860m

A 5688860m

3'pock stoppinh

Describe Circumstances of the Accident
I was leavine carpark in my car SGB8860M.  I took a sharp turn and hit car SMW 1505  Scratching the right fender of the car. The owner  Of the car was not present, so I left a note apologising for the accident and left my mobile number.
I took a sharp turn and hit car SMW 1505
scratching the right fender of the car. The owner
of the car was not present, so I left a note application
for the accident and left my mobile number.
·
Next day a lady called from BMW and gave the assessment of the damage as \$8000 to replace the fender and the right headlamp because of a hairline crack.
the assessment of the damage as \$8000 to
replace the pendert and the right headlamp
because of a hairline crack.
V

# Declaration

 $\label{eq:weighted} \mbox{We declare the foregoing particulars are true in every respect.}$ 

Policyholder's Signature / Date & Time 3 - 15 pm

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

Witnessed by Reporting Centre Personnel

# AGCIDENT'STATEMENT

	ρ///
ACCI	DENT DATE: (27,05, 2) (DD/MM/YYY), TIME: (12:30) (HHMM)
LOCA	MON: Basement carpaik; Singapere Shopping Centre
1.	DETAILS OF VEHICLE  COLVENIOUS NUMBER: SGB 8860M
	b)INSURANCE COMPANY: China Taiping.
*	CIPOLICY NUMBER: DPMCSNW00019602100
	HIPOLICY TYPE (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	OMAKE & MODEL: Honda ODYSSEY Z. 4A
	FITYPE (SALOON ) COUPE / MPV / VAN / LORRY / MOTOR CYCLE / OTHERO)
	GIVEHICLE CATEGORY (PRIVATE) COMMERCIAL / MOTORCYCLE)
	H)PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES)
1940	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.,	INSURED / POLICY HOLDER
	AINAME: John LEE JUNSH! (MALE/ FEMALE)
	b) NRIC/FIN/PASSPORT: CONTACT:
	c) ADDRESS:
	* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER
tho of passanger	DRIVER JOHN LEE JUNSHIE LEE CHOON SOO (MALE / FEMALE)
(Including driver)	BINRIC/FIN/PASSPORT: S 0547623 B CONTACT: 9622 BIL
(1)	CIADDRESS: 2 HOLLAND PARK
- with a	Singapore 249497
	*d) DATE OF BIRTH: (14/03/1944)(DD/MM/YYYY) :
	6)OCCUPATION: (INDOOR / OUTDOOR) FIDATE OF DRIVING PASS
4.	WAS DRIVED AN EMPLOYED OF THE INSURED'S COMPANY? (450)
	IF NO. RELATIONSHIP OF THE DRIVER WITH INSURED.
5.	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
4	WAS ANYBODY INJURED (YES /NO)
7,	a) REPORTED TO POUCE (YES / NO) 1
	IF YES, PLEASE STATE WHICH POUCE STATION:
8.	THIRD PARTY VEHICLE SMW 1505 D MODEL: BMW
the of passenger	b) DRIVER'S NAME:
[Including driver]	c) NRIC/FIN/PASSPORT:CONTACT:
() 9.	THIRD PARTY VEHICLE  MODEL:
A No of passenger	d) VEHICLE NUMBER: MODEL:
Including driver	F) NRIC/FIN/PASSPORT: CONTACT:
( )	,
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	in a langt com, sq
•.	email = johncslee@singnet.com.sg
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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.

DMPCSNW00019602100

Engine No.: K24Z21300166 Cha. No.:JHMRB38509C200162

1. Index Mark and Registration

SGB8860M

**AUTOSAFE** 

Number of Vehicle

2. Name of Policy Holder

JOHN LEE JUNSHI @ LEE CHOON SOO

Effective date of the Commencement of

05/02/2021

Named Drivers Ex Sect. I

\$\$1,000.00

Insurance for the purposes of the Regulations, Ordinance or Enactment

(00:00:00)

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

04/02/2022

Ex Sect. I - Age <= 25

\$\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN.

S\$100.00

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

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.

\* 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: GREATLINK 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

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**6222 1033** 

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