

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

820921790003

| | | | |
|---------------------------|------------------------------------------|-----------------------|---------|
| Date In: 09/01/2001 15:56 | Job description | Date & Time Completed | Done by |
| Ref No: N/A/C7121007505/Y | SAS e-filing | | |
| Veh No: 8FB 188K | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 08/01/2001 14:10 | 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: (| Tel: | Fax: |
| TP Particulars: | Veh No: SMP 18770 | INC () / Non-INC () |
| 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: 80-100%] | |
| Year of Registration: (| Warranty: YES () / NO () | |
| Excess: (\$ | Loading: \$1,000 () / \$2,000 () | |

| |
|------------------------------------------------------------------------------------------------------|
| General Remarks: |
| () Walk-In Customer : 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 & Time Completed | 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 |
|-----------|---------|
| | |
| | |
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| | |
| | |

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------|----------|----------|
| <p>NA2103316</p> <p>Plaintiff's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C. Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>(1, 2, 3):</p> | Invoice Preparation Checklist | | Amf (\$) | Amf (\$) |
| | 1) AR: Accident Reporting (\$30); | | | |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| | 3) TF: Towing Fee \$40/\$45 | | | |
| | 4) FT: Follow-Through Survey \$120 | | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idao DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| ON* | | | | |
| *N5: Courtesy Car / Tpt Allowance \$5 | | | | |
| *N6: Repair Co-ordination \$10 | | | | |
| *N7: Post Repair Inspection \$25 | | | | |
| *N8: DV / Collect Excess Coordination \$5 | | | | |
| TP (N11): TP (Non INC) against INC \$20 | | | | |
| 9) N12: Idao Mobile 30 | | | | |
| Invoice dated | | Fee Charged | | |
| Invoice dated | | Fee Charged | | |

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 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. 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 | 09/07/2021 15:56 (SGT) |
| Date of Accident | 08/07/2021 14:10 (SGT) |
| Exact Location of Accident | 69 Geylang Bahru, Singapore 330069 |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SFB188K |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------|
| Is company? | No |
| Name Of Registered Owner | ANG KIM CHUAN |
| NRIC No | SXXXX855I |
| Email Address | advanceag@hotmail.com |
| Mobile Phone No | (Phone) +65-91192288 |
| Alternative Phone No | +65-91192288 |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer | BMW |
| Model | 540i |
| 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 - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 2998 |

INSURANCE COMPANY

| | |
|---------------------------|-----------------------------------------------|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNA00008812101 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | ANG KIM CHUAN |
| NRIC No | SXXXX855I |

| | |
|--------------------------------------------------------------|-------------------------------------------|
| Date Of Birth | 10/02/1965 |
| Occupation | Indoor |
| Date Of Driving Pass | 18/10/1985 |
| Driving experience | 35 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91192288 |
| Alt. Phone Number | +65-91192288 |
| Email Address | advanceag@hotmail.com |
| Address | BLK 177 BUKIT BATOK WEST AVENUE 8 #05-259 |
| Address complement | - |
| Postcode | 650177 |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| 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 vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 0 |
| 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? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210709/7009

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? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMP1897J |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| 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.
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 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 lodgment 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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

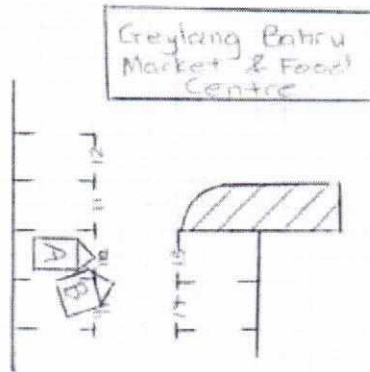
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CAR PARK Geylang Bahru Market.

SKETCH PLAN



(A) - SFB188K

(B) - SFB18975

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police report attached -
Report No. T/20210709/7009

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

09/07/2021
Rohi Wathani

VEHICLE NO: SFB1831K

MAKE & MODEL: BMW 5402

AUTO / MANUAL

| | | |
|-----------------------------------------------------------|--------------------------------------------------------|--------------------------|
| DATE OF ACCIDENT | 08.07.2021 | CC 3,000 |
| TIME OF ACCIDENT | 2 10 AM / PM | |
| LOCATION OF ACCIDENT | Carpark of Geylang Bahru Market | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | |
| NAME OF OWNER | Ang Kim Chuan | |
| EMAIL | | Office: MOBILE 9119 2288 |
| NRIC | S172 58551 | |
| CLAIM TYPE | OD / THIRD PARTY / REPORTING ONLY | |
| FLEET POLICY | YES / NO ? | |
| INSURANCE CO. | Ching Tai Ping | |
| TYPE OF COVERAGE | Comprehensive / Third Party / Third Party Fire & Theft | |
| POLICY NO | 0MPC5NA00008812101 | |
| NAME OF DRIVER | AS ABOVE / IF NO | |
| NRIC | S172 58551 | |
| DATE OF BIRTH | 10 1021 1965 | |
| ANY PASSENGER | YES / NO : | |
| NAME OF PASSENGER | | |
| GENDER OF PASSENGER | MALE / FEMALE | |
| OCCUPATION | Outdoor / Indoor | |
| DATE OF DRIVING PASS | 18 110 11982 | |
| GENDER | Male / Female | |
| CONTACT NO. | Mobile: 9119 2288 Office: Home: | |
| EMAIL | | |
| ADDRESS | Blk 177 Bukit Batok West Ave. 8 H05-2593 (650177) | |
| DOES DRIVER OWN OTHER VEHICLES? | NO / If yes, Reg No. STY199K | INSURER: ERGO |
| RELATIONSHIP | Employee / If No, Own | |
| WEATHER CONDITION | Clear / Raining / Other | |
| ROAD SURFACE | Dry / Wet / Other | |
| ANY INJURIES | No / If yes, Who? | |
| CONTACT NO. | | |
| POLICE REPORT | No / If yes, Where? | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | NO/IF YES, WHO? | |
| VEHICLE B NO. | SMP1897 J | Any Passenger |
| NAME | | |
| CONTACT NO. | | Any Passenger |
| VEHICLE C NO. | | Any Passenger |
| VEHICLE D NO. | | Any Passenger |
| VEHICLE E NO. | | Any Passenger |
| VEHICLE F NO. | | Any Passenger |
| ANY WITNESS | | |
| WITNESS CONTACT NO. | | |
| WAS THERE ANY VIDEO CAPTURE? | YES / NO | |
| WAS THERE ANY AUDIO RECORDED? | YES / NO | |
| SCENE ACCIDENT PHOTOS TAKEN? | YES / NO | |
| **WORKSHOP: | | |
| Advance Auto Garage | | |
| Have you been approach by unknown person soliciting (s) / | | |
| offering accident claims assistance? | | YES / NO |



**SINGAPORE
POLICE FORCE**



T/20210709/7009

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210709/7009

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--------------------------------------------|------------|----------------------------------------|-----------------------------------------------------------------------|----------------------------|--|
| Date/Time Report Made: 09/07/2021 14:30 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: ANG KIM CHUAN | | | Address: 177 BUKIT BATOK WEST AVENUE 8 #08-259 SINGAPORE 650177 | | |
| ID Type / ID No.: NRIC NO / S1725855I | | | Contact No.: Home/Office: Mobile: 91192288 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: neonlite88@hotmail.com | | |
| Sex: Male | Age: 56 | Date of Birth: 10/02/1965 | Type of Informant: Vehicle Owner | | |
| Race: Chinese | | Language: English | | Institution / School Name: | |
| Occupation: DIRECTOR | | Driving Licence Information: Class: | | Date of Expiry: | |

General Information of the Accident

| | | | | |
|---------------------------------------------------------------|---------------------------|------------------------------------|--------------------------------------------|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 08/07/2021 14:10 | Type of Location: Car Park |
| Location: GEYLANG BAHRU | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 15 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| SFB188K | Car | | | | | 0 |
| SMP1897J | Car | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20210709/7009

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210709/7009

CONTINUATION OF REPORT

| Vehicle Owner | | | |
|-----------------------------------|---------------|-----------------------------------|-----------------------------------|
| Name | ANG KIM CHUAN | ID No. | S17258551 |
| Related Vehicle | SFB188K (Car) | Contact No. | 91192288 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

On the 08/07/2021, I parked my Vehicle SFB188K at lot number 10 of the carpark of Geylang Bahru Market and Food Centre at around 1300HRS. Everything was intact. When I returned to my Vehicle at around 1515HRS, I realised that there were damages to the front right portion of my Vehicle. When I checked my in car camera when I got home, I realised it was Vehicle SMP1897J who had hit into my Vehicle while trying to park into lot number 9 on my right at around 1410HRS. He even checked on the car damages after he alighted, but left without leaving a note. I would like to state that this is a hit & run accident.



**SINGAPORE
POLICE FORCE**



T/20210709/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210709/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
09/07/2021 14:30

Classification Of Case:

Motor Private Car

MX1E

R SA

AN0435A

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 (Singapore)

CERTIFICATE No.

DMPCSA00008512101

Engine No. 11E25667B56830A

Cha No. WBAJB3207QWY42402

1. Make, Mark and Registration
Number of Vehicle

SFB188X

2. Name of Policyholder

AN0-KOM E-H2404

3. Effective date of the Commencement of
insurance for the purpose of the Regulations,
Ordinance or Law

16/02/2021
(01/01/00)

Named Drivers Ex Sect 1

\$51,500.00

Accidental Ex. Other than Named Drivers

Ex Sect 1 - Age <= 25

\$51,500.00

Ex Sect 1 - Age >= 26

\$5,500.00

* Age as at date of accident

EX ON WINDSCREEN

\$5,100.00

4. Date of expiry of insurance

31/02/2022

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 such 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, taxi, delivery, 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 \$51,500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorized 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 85 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).

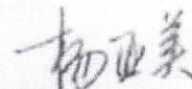
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By

Tan Mengie

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.ctaiping.com