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SN0821980002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 08/09/2021 12:15 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (08/09/2021 12:15 (SGT))



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 08/09/2021 12:15 (SGT) Date of Accident 03/09/2021 19:19 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TOWARDS CHANGI AIRPORT BEFORE STEVEN EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number **SGV3006R**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHEE KOK KEONG NRIC No SXXXX112H Email Address kokkeong2112@gmail.com Mobile Phone No (Phone) +65-96921426 Alternative Phone No +65-96921426

VEHICLE PARTICULARS

Manufacturer

Model Civic 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 1595

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00017112100 Cover Note Number

DRIVER

Name of Driver CHEE KOK KEONG NRIC No SXXXX112H

Date Of Birth 29/10/1977 Occupation Indoor Date Of Driving Pass 06/04/2002 Driving experience 19 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-96921426 Alt. Phone Number +65-96921426 Email Address kokkeong2112@gmail.com Address 7 LORONG 42 GEYLANG #05-06 Address complement Postcode 398028 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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 Chain Collision 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name TAN LI MING Gender Female 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 SLQ8382M Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

Name of Driver	-
Contact Number Address	-
	-
Address complement	-
Postcode	7=
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	
	-
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

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) -	Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SMC487J -
Vehicle Category Name of Driver Contact Number Address Address - Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident Private car		-
Name of Driver		-
Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident		Private car
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Nature Of Damage Details of property damaged in accident	Postcode	
Details of property damaged in accident	Insurance Company Name	-
	Nature Of Damage	-
No. Of Passenger (Including Driver)	Details of property damaged in accident	
	No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHEE KOK KEONG
Gender	Male
Phone No	(Phone) +65-96921426
Address	-
Address Complement	
Post Code	=:
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGV3006R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	TAN LI MING
Gender	Female
Phone No	= :
Address	-
Address Complement	-1
Post Code	-
Approximate Age Years Old	
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGV3006R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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
- 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 ma;
- (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
- (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

Sketch Plan

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

& Time

			rersonner	
e Steven				- SGV3006R
Chaugi botore	1.	I B	B	- SIQ8382m
towards chi	1.,		C	- SMC 487J
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Witnessed by Reporting Centre

Describe Circumstances of the Accident

2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
I was stationary along PIE towards	Changi before Steven Road exit ave
to heavy traffic circumstances and also	keeping a sate distance from the
vehicle in Front. Suddenly, 1 tell a hoge	
of my vehicle and realised that I was	
and was involved in a chain collision of	3 cars.

Declaration

WWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

MAKE & MODEL : HONDA CIVIC VEHICLE NO: SGY 3006R 31912021 DATE OF ACCIDENT AM. / (PM) TIME OF ACCIDENT 19:19 PIE towards Change Airport before Steven exit LOCATION OF ACCIDENT EMPLOYMENT / PRIVATE USE) / PRIVATE HIRE EXACT PURPOSE USED AT TIME OF ACCIDENT Chee Kok Keona NAME OF OWNER EMAIL KOKKEONGD112@guail.com Office. MOBILE 9692 1426 S7732112H MRIC THERD PARTY CLAIM TYPE / REPORTING ONLY YES / NO P FLEET POLICY: INSURANCE CO. China Taipina Comprehensive / Third Party / Third Party Fire & Theft TYPE OF COVERAGE DMPCSNW000 17/12/00 POLICY NO. AS ABOVE / IF NO. NAME OF DRIVER 1 10 / 1917 29 DATE OF BIRTH ANY PASSENGER YES NO : NAME OF PASSENGER 1 GENDER OF PASSENGER MALE / FEMALE Outdoor / OCCUPATION Itidoo) DATE OF DRIVING PASS 06 104 12002 Male) GENDER Female CONTACT NO. Mobile. Office. Home. EMAML: 7 LORONG 42 GEYLANG ADDRESS #05-06 NO I If yes . Reg No. OCIES ORIVER OWN OTHER VEHICLES? MISTIRER. Employee / (ITN) RELATIONSHIP SECF (Mear) / Raining WEATHER CONDITION / Other . ROAD SURFACE Ory / Wei / Other: TAN LI MING CF) No / (If yes : Who? ANY INJURIES DRIVER CONTACT NO. No Myes . Where? POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVEN NO/IF YES: WHO? VEITICLE B NO. Any Passenger: SLQ 8382M MANTE CONTACT NO. VEHICLE CNO. Any Passenger . 4875 SMC VEHICLE D NO. Any Passenger . VEHICLE EMO. Any Passenger: VEHICLE PNO. Any Passenger : ANY WITHESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? YES / 1(19) WAS THERE ANY AUDIO RECORDED? YES / TO SCENE ACCIDENT PHOTOS TAKEN? VES /(N) **WORKSHOP: REVOLUTION AUTOMOTEUE

Have you been approach by unknown person soliciting (s) /



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Private Car

MX1F

N SN

CERTIFICATE OF INSURANCE

AN0055A

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act. 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:C

CERTIFICATE No.

DMPCSNW00017112100

Engine No.: R16A12001377

Cha. No.:JHMFD46207S200684

Index Mark and Registration

Number of Vehicle

SGV3006R

AUTOSAFE

2. Name of Policy Holder

CHEE KOK KEONG (XU GUOQIANG)

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

18/01/2021

Named Drivers Ex Sect. I

\$5500.00

(09:47:53)

Additional Ex Other than Named Drivers:

Date of Expiry of Insurance

17/01/2022

Ex Sect. 1 - Age <= 25

\$\$3,000.00 S\$500.00

Ex Sect. I - Age >= 26 * 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 fulltion 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: COWELL INSUR ENCY) PTE LTD

Authorised Signatory