

| Date In:              | 22.11.2021      | 18.52 | Job description                         | Work & Time Completed | Done by |
|-----------------------|-----------------|-------|---|-----------------------|---------|
| Ref No:               | NBA/CT/2018/174 |       | SAS e-Milling                           |                       |         |
| Val. No:              | SKS 6167        |       | Transfer by auto unit, 1000 liter       |                       |         |
| D.O.A:                | 20.11.2021      | 20.00 | 1-Motor Glain 2-prim                    |                       |         |
| (1) TP Reporting Only |                 |       | 1-Motor W/O (Winder 00 liter, TP 1000)  |                       |         |
|                       |                 |       | 1-Plugs Uploaded                        |                       |         |
| TP Insured            |                 |       | Assessment Survey Report                |                       |         |
|                       |                 |       | Final Report by Tax/Hand to Owner/Union |                       |         |

| Policy No (    | Period ( | Cover type ( |
|----------------|----------|--------------|
| Continued by ( | Date (   | 7/11/87      |
|                |          | P. 80-10041  |

Insured/Driver License(s) ( ) (%) (New) (Old) (State) (PI) (DOB) (MM/DD/YYYY)  
Year of Registration ( ) Warranty YES ( ) / NO ( )  
License (\$ ) Load limit \$1,000 ( ) / \$2,000 ( )

( ) Within Company : Customer information strictly confidential & strictly NO for or of revelation

( ) Total Loss Date ( ) to Annual Insurance Policy ( )  
 Driven In ( ) / Towed ( ) / Involvement ( ) / NO ( ) / Towling Cost ( )

|   |  |  |  |
|---|--|--|--|
| 1) Apply for Transmittal Allowances ( ) / Courtesy On ( ) |  |  |  |
|---|--|--|--|

|  |     |   |   |   |   |   |
|--|-----|---|---|---|---|---|
| 2) QO Check/Peri Regular Inspection              | (1) | 1 | 1 | 1 | 1 | 1 |
| 3) Upload Recovery Photo (Recovery Costs \$4000) | (1) | 1 | 1 | 1 | 1 | 1 |

[illegible][illegible]

|                 |  |      |          |          |
|-----------------|--|------|----------|----------|
|                 | 3) ON  | DATE | 10/17/91 | \$107.00 |
|                 | 3) TR Yellow 1/11                            |      |          | 118.00   |
|                 | 3) PR Yellow Thru With Dury'Y                |      |          | 125.00   |
| 12/1/91/October | 3) PR Yellow Thru With Dury'Y (Ruev'Y)       |      |          | 125.00   |
|                 | 3) PR Yellow Thru With Dury'Y (W/L 10/14/91) |      |          | 125.00   |

|                 |  |                  |        |
|-----------------|--|------------------|--------|
| Cornucopia No 1 |  | 1) Milk & Butter | \$1.00 |
|                 |  | 2) Milk & Butter | \$1.00 |
| Milk & Butter   |  | 3) Milk & Butter | \$1.00 |

|                                 |  |      |
|---------------------------------|--|------|
| ON                              |  | \$21 |
| INS CASHIER Ctr / Tol Allowance |  | \$21 |
| INS BUILT CASHIER Ctr           |  | \$21 |

QC Checked by (Bgr-Yh-Chu YS).

[illegible]

11/12/1912



## 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              | 22/11/2021 18:52 (SGT)            |
| Date of Accident                | 20/11/2021 20:00 (SGT)            |
| Exact Location of Accident      | South Bridge Rd, Singapore        |
| Additional Location Information | JUNCTION WITH UPPER CIRCULAR ROAD |
| Country/State of Loss           | Singapore                         |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SKS616T                 |
| INSURED/POLICYHOLDER        |                         |
| Is company?                 | No                      |
| Name Of Registered Owner    | CHEAH PING PING         |
| NRIC No                     | SXXXX759D               |
| Email Address               | leonard@lovenest.com.sg |
| Mobile Phone No             | (Phone) +65-90689090    |
| Alternative Phone No        | +65-81814789            |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Porsche                   |
| Model  | Panamera                  |
| 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   | 3605                      |

### INSURANCE COMPANY

|                           |   |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                                 |
| Fleet Policy              | No  |
| Policy Number             | DMPCSNW00074162100                            |
| Cover Note Number         | -   |

### DRIVER

|                |                       |
|----------------|-----------------------|
| Name of Driver | LEONARD TEOH WEI KIAT |
| NRIC No        | SXXXX245A             |

|  |                         |
|--|-------------------------|
| Date Of Birth  | 29/08/1987              |
| Occupation   | Indoor                  |
| Date Of Driving Pass   | 06/06/2006              |
| Driving experience   | 15 YEARS AND 5 MONTHS   |
| Gender   | Male                    |
| Mobile Number  | (Phone) +65-81814789    |
| Alt. Phone Number  | -                       |
| Email Address  | leonard@lovenest.com.sg |
| Address  | 13 YISHUN CLOSE #10-26  |
| Address complement   | -                       |
| Postcode   | 768010                  |
| Is the driver the policyholder?                              | No                      |
| If No, Relationship of the Driver with the Insured           | Child                   |
| 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 - Major/Minor Rd |
| Weather Conditions | Raining                    |
| Road Surface       | Wet                        |

#### 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?  | 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   | ANNA LE THI TRA MY |
| 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 | SMP2570U    |
| 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) -

## INJURED PERSONS DETAILS

### INJURED 1

|   |                    |
|---|--------------------|
| Name of injured person                              | ANNA LE THI TRA MY |
| Gender  | Female             |
| Phone No  | -                  |
| Address   | -                  |
| Address Complement                                  | -                  |
| Post Code   | -                  |
| Approximate Age Years Old                           | -                  |
| Injuries Sustained                                  | SLIGHT INJURY      |
| Injured person in which vehicle?                    | SKS616T            |
| Were seat belts worn?                               | Yes                |
| Was this injured conveyed to hospital by ambulance? | No                 |



## 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.
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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

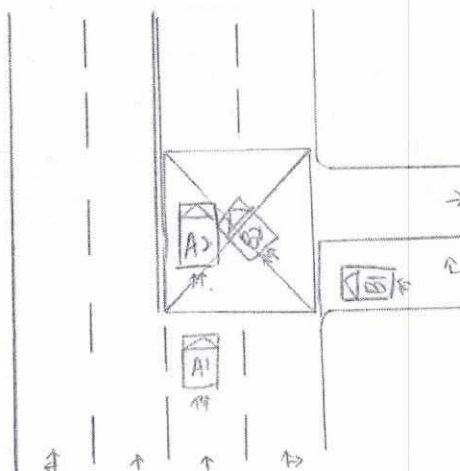
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Vehicle A: SKS616T  
Vehicle B: SMP2570U

UPPER CIRCLE ROAD

SUNTH BRIDGE ROAD

### Describe Circumstances of the Accident

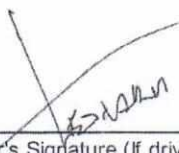
On the stated date & time, I, vehicle A (SKS616T) was travelling straight at the stated location on Lane 2. Out of sudden, vehicle B (SMP2570U) abruptly turn out from upper circular Rd and collided onto the right portion of my vehicle. Vehicle B (SMP2570U) didn't stop and continue to drive. I then followed him till Hongkong st, we then came down to exchange the particular.

### 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

  
22/11/2021  
Witnessed by Reporting Centre Personnel



Date of Accident : 20/11/2021 Accident Time: 2600hrs (24-HR-FORMAT)

Accident Place : South Bridge Rd and Upper Circular Rd

Vehicle Reg. No (Car plate No.) : SKS616T Vehicle Make/Model: Porsche Panamera

Insurance Company : China Taiping Policy No. DMPICSNW00074162100

Name of Registered Owner : Company / Individual Cheah Ping Ping

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S6982759P

: Co Contact No: - Owner's Contact No: 90689090

DRIVER'S Name : Leonard Teoh Wei Keat DRIVER'S NRIC No: S6782245A

DRIVER'S Date of Birth : 29 Aug 1987 DRIVER'S License Pass Date 06 Jun 2006

Relationship bet. Owner & Driver : Spouse Parents Children Sibling Employee Others: -

DRIVER'S Address : 13 Vishnu Close #10-26 Singapore 768010

DRIVER'S Contact No./ Alt No. : 1) 91814789 2) -

DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)

Email Address : leonard @ lovenest . com . sg

Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET

Reporting Type : Reporting Only Claim Other Party Claim Own Insurance

Number of Passengers (including Driver): 02 Passenger Name: Anna Le Thi Tra My Gender: M/F

Was the accident reported to the police? YES NO Passenger Name: - Gender: M/F

Was there any video Captured by car camera: YES NO Any Injuries: YES NO Injured Name: Anna Le Thi Tra My

Injured Name: -

Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

#### Other Party Driver's Particulars (if any)

|                                  |                                  |
|----------------------------------|----------------------------------|
| Vehicle Reg No: <u>SMP2570U</u>  | Vehicle Reg No: <u>-</u>         |
| Vehicle Make/Model: <u>-</u>     | Vehicle Make/Model: <u>-</u>     |
| Name DRIVER: <u>-</u>            | Name DRIVER: <u>-</u>            |
| IC No. DRIVER: <u>-</u>          | IC No. DRIVER: <u>-</u>          |
| DRIVER'S Contact & add: <u>-</u> | DRIVER'S Contact & add: <u>-</u> |

#### Other Party Driver's Particulars (if any)

|                                  |                                  |
|----------------------------------|----------------------------------|
| Vehicle Reg No: <u>-</u>         | Vehicle Reg No: <u>-</u>         |
| Vehicle Make/Model: <u>-</u>     | Vehicle Make/Model: <u>-</u>     |
| Name DRIVER: <u>-</u>            | Name DRIVER: <u>-</u>            |
| IC No. DRIVER: <u>-</u>          | IC No. DRIVER: <u>-</u>          |
| DRIVER'S Contact & add: <u>-</u> | DRIVER'S Contact & add: <u>-</u> |

Motor Private Car

MX1F

E SN

AN0695A

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.   | DMPCSNW00074162100       | Engine No.: B06788                      | Cha. No.: WP0ZZZ97ZBL004611 |
| 1. Index Mark and Registration Number of Vehicle  | SKS616T                  |   |                             |
| 2. Name of Policy Holder  | CHEAH PING PING          |   |                             |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment  | 19/04/2021<br>(00:00:00) | Named Drivers Ex Sect. I                | \$S2,000.00                 |
|   |                          | Additional Ex Other than Named Drivers: |                             |
|   |                          | Ex Sect. I - Age <= 25                  | \$S3,000.00                 |
|   |                          | Ex Sect. I - Age >= 26                  | \$S500.00                   |
| 4. Date of Expiry of Insurance  | 08/04/2022               | * Age as at date of accident            |                             |
|   |                          | EX ON WINDSCREEN .                      | \$S350.00                   |
| 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.<br>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.<br>One time Waiver of Excess for the first \$S500 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. : RICARDO CARS PTE LTD<br>* 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: Lim Lee Choo  
Authorised Officer  
Authorised Signatory