NATIONAL Assessment Centre	e Services :	· · · · · · · · · · · · · · · · · · ·			
Date In 27/01/2022 15:22	Jet-description	Date & Tano Completed		Done by	
Ref No NA / CTI 22000 971 /m4	SAS e-filing				
VeliNo SLQ 9395 U	E-mail (widos 8)	as A1C 2hrs,			
DOA 26/01/2022 13:45	i-Motor Clain	r Form :			
	i-Motor W/O	(Within: OD 2hrs, TP 4hrs)		re-clime to the	
OD (IP) Reporting Only	i-Photo Uploa	ded			
	Assessment/Sur				
TP Insurer:	Ass't Report by	Fax / Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:		500 22
	BS 3043 H	. INC () / Non-INC ()			
Owner / Driver: (Tel:)	
Policy No: () Pe	riod: () Cover Type: ()	
Confirmed by : (Date: Time:)	
	Note-Est. Status (W	O): N: 0-20%; P: 21-79%. F: 80-	100%]		
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,0	000()/\$2,000	()			
General Remarks:-		ENGLED TO SEE SACREMENT			
() Walk-In Customer: Customer's info	rmation strictly Cor	fidential & Strictly NO rafer of repairer.			
() Total Loss Case : to e-mail Insur-	er URGENTLY.				
Drive-In () / Towed-In (); Invoice	e: YES () / N	O(); Towing Co. ()
Remarks:- (INC horline: 6788 6616)		Date&Time Completed		Done b	iy .
	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$.	3000] ()			
		The second secon	1000		
Injury:			SI ALLEY		
Date/Time Actions			WHI SHEET	11.45	
		Invoice Preparation Checklist	1010020	Amt (\$) 1st Bill	Anit (3 Add Bi
NA2200274		1) AR : Accident Reporting (\$30);		154 25111	Process 1511
Claimant's Particulars :-		2) DA : Damage Assessment (\$100); INC	(\$80) \$40/\$45		
Driver/Owner:		4) FT : Follow-Through Survey	\$120		
		5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 20	\$30		
Contact No:		6) TR: Re-inspection	\$75 \$160		
Damäged Portion:	- t	7) N1 : Idae DA + SMRT Survey 8) NTUC Additional Services	2100		
		OD*	\$5		
QC Checked by (Engr-In-Charge):	40.00	* N5: Courtesy Car / Tpt Allowance * N6: Repair Co-ordination	\$10		
Anditonal Community	Elligary March	*N7: Post Repair Inspection *N8: DV / Collect Excess Coordination	\$25		
Auditors' Comments :-	Harris II and the last	TP (N11): TP (Non INC) against INC	S20		
Zat. 1:		9) N12: Idae Mobile	30) ed		
Cat 2/3:		Invoice dated Fee Charg	12	J	901 (10) E.C.



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

27/01/2022 15:22 (SGT) 26/01/2022 13:45 (SGT) Sembawang Rd, Singapore TURNING LEFT TO BAH SOON PAH ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLQ9395U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

CHAN GEK TECK

SXXXX035C

zhimaxpeng@gmail.com (Phone) +65-92979707

+65-92979707

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Hyundai Tucson

Private use

No - Claiming third party

Private car

Auto

1591

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

No

DMPCSNW00132252102

DRIVER

Name of Driver NRIC No

CHAN GEK CHYE

SXXXX989D

Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender Mobile Number

Alt. Phone Number Email Address Address

Address complement

Postcode

Is the driver the policyholder?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: T/20220126/2075

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

19/09/1960

01/10/1990

31 YEARS AND 3 MONTHS

(Phone) +65-81839298

zhimaxpeng@gmail.com

Collision - Head to Rear

BLK 707 YISHUN AVENUE 5

Indoor

#08-26

760707

Sibling

No

No

Clear

Dry

No

No

Yes

No

2

Yes

WITH TRAFFIC POLICE

Sembawang Neighbourhood Police Centre

4 Sembawang Crescent Singapore 757633

(Phone) +65-18005549999

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Accident report SN09221R0005

FBS3043H

Motorcycle

Page 2 of 17

Name of Driver Contact Number	FIRDAUS BIN HUSSIN (Phone) +65-94512441
Address	
Address complement	
Postcode	
Insurance Company Name	- 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 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 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)

Lunderstand, acknowledge, agree and consont 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 & Tieve

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

Witnessed by Reporting Centre Personnel

01/2022

Sketch Plan

A= SLQ 9395 U

B = FBS 3043 H.
Sembowary Road turning left
to Bah Soon Pak Road

om bawaga

Pah Road

— Please	refer to the police report.	T/2022 0126/2075.	
-,			
			Apr. 10 (10 (10 (10 (10 (10 (10 (10 (10 (10
	- Company		
eclaration			
	QC.		
We declare the foregoing	particulars are true in every respect.		
			W man
	41/		De 27/01/2022

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date 8, Time

Witnessed by Reporting Centre Personnel





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

L of 3 Report No. T/20220126/2075

Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2022 16:48 Informant's Particulars Name of Informant: CHAN GEK CHYE			Vide Report No.: L/20220126/0056	St 38	ation Diary No.	
			Address: APT BLK 707 YISHUN AVENUE 5 #08-26 SINGAPORE 760707			
	/ ID No.: D / S14489	89D	Contact No.: Home/Office:	Mobile: 81839	298	
Nationality: SINGAPORE CITIZEN		'EN	Email:			
Sex: Age: Date of Birth: Male 61 19/09/1960			Type of Informant: Driver			
Race: Chinese			Language:	Institution / Sci	hool Name:	
Occupation: Stall Holder			Driving Licence Information: Class: 3,4,5	Date of Expiry:		

General Infor	mation of the Accident		MANUAL TO STREET	Juli 1996 and Laboration Works
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/01/2022 13:45	Type of Location: T-Junction
Location: SEMBAWAN Weather:	G ROAD	David Confession		
Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Between Mov	ion: ing Vehicles - Head To Re	ear		Anyone conveyed by ambulance: No

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBS3043H	Motorcycle				Slightly Damaged	0
SLQ9395U	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3 Report No. T/20220126/2075

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

CONTINUATION OF REPORT

Name	FIRDAUS BIN HUSSIN		ID No	,	NIL	
Related Vehicle	FBS3043H (Motorcycle)			Conta	ct No.	94512441
Hospital/Clinic	NIL		70-	Class Drivin Licen Expire	g	Class: NIL Date of Expiry: N
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	Sligh	t
Driver					aller.	A PERMIT
Name	CHAN GEK CHYE		57	ID No	Ĭ.	S1448989D
Related Vehicle	SLQ9395U (Car)			Conta	ict No.	81839298
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3,4,5 Date of Expiry: NI
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	~

Brief Details.

On 26/01/2022 at about 1345hrs, I was driving along Sembawang Rd turning left to Bah Soon Pah rd.

Right at the T junction of Sembawang Rd X Bah Soon Pah Road, I slowed down to about 30km/h as I was making the left turn into Bah Soon Pah Rd.

Suddenly, I felt an impact to the rear of my car, there was no horn prior to the impact, I looked into right mirror and saw one motorcyclist fall down at the junction.

I got out from my car, and some passer-by called for the ambulance. Traffic police came and they took my in car camera memory card.

I was not injured but the rider was injured and he was sent to the hospital.

I was given a case card, L/20220126/0056 and told to report to the nearby police station to lodge a traffic report.





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Report No. T/20220126/2075

Tel No: 1800-5549999

CONTINUATION OF REPORT

Sketch Plan	SI	ceto	h F	lan
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				0.000				
Int	formant	IS	not	able	to	provide	sketch	nian

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report L / Sgt 2 ALVAN GOH JUN JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/01/2022 16:48
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD FARHAN BIN SAIRI Contact No.: 65476224	Classification Of Case:
Authentication Stamp	

ACCIDENT STATEMENT

SINTERESTATION / COUPE / MPY / VAN / LORRY / MOTOR CYCLE / OTH 9 VEHICLE CATEGORY (FRIVATE) COMMERCIAL / MOTORCYCLE 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (HIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: CHAN GEK CHYE [MALE / FEMA DINRIC/FIN/PASSPORT: S 7223035C CONTACT: 9297 C] C) ADDRESS: CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: CHAN GEK CHYE (MALE) FEMA DINRIC/FIN/PASSPORT: S 1448989D CONTACT: 8183 C) ADDRESS: BIK 707 YISHUN ARMS 5 #08-26 (S) 76070 *d) DATE OF BIRTH: [19 1 09 1 1960] (DD/MM/YYYY) E) OCCUPATION HINDOOR / OUTDOOR) 1) YEARS OF DRIVING EXPRERIENCE: 01/10/1990 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SICLMA DIROCAD SURFACE (DRY) WET / OTHERS 5. GIMEATHER CONDITION (CLEAR / RAINING / OTHERS DIROCAD SURFACE (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES/NO) 7. CIREPORTED TO POLICE (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: FBS 3043H (B) MODEL: Mobreycle Induding driver) 5. DRIVER'S NAME: FIRMUS Bin Hustin O) NRIC/FIN/PASSPORT CONTACT: 945124 E) DRIVER'S NAME: MODEL: E) DRIVER'S NAME: MODEL: E) DRIVER'S NAME: E) DRIVER'S NAME: E) DRIVER'S NAME:	HHMM
DETAILS OF VEHICLE a)VEHICLE NUMBER: SLQ 9395 U b) INSURANCE COMPANY: CTI c)POLICY NUMBER: DMPCSNW00132252/02 d)POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE & e) MAKE & MODEL: Hyundar TL Tucson. And manual fitype: (saldon / coure / may / v an / lorry motorcycle) of the prosecopy of using at accident time: private use. f) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (HIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: CHAN GEK THECK (MALE / FEMA b) NRIC/FIN/PASSPORT: S 1223035C CONTACT: 9297 c) ADDRESS: "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER d) NAME: CHAN GEK CHYE (MALE / FEMA b) NRIC/FIN/PASSPORT: S 1448989D CONTACT: 8/83 c) ADDRESS: BIK 707 YISHIM RABUE 5 #08-26 (S) 76070 "d) DATE OF BIRTH: (19 / 99 / 1960) (DD/MM/YYYY) e) OCCUPATIONS HINDOORY OUTDOOR) (I) YEARS OF DRIVING EXPRENENCE: 0/10/1990 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/I IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SIRLAM b) ROAD SURFACE (DRY) WET / OTHERS b) ROAD SURFACE (DRY) WET / OTHERS c) NEIGHTOP FARTY VEHICLE d) VEHICLE NUMBER: FBS 3043H (B) MODEL: Making of DRIVER'S NAME: HINDOOR! b) DRIVER'S NAME: HINDOOR! OR PROSENIAGE d) PROSENIAGE d) PRICE PROSENIAGE e) DRIVER'S NAME: HINDOOR! DO DRIVER'S NAME: MODEL: d) PRICE PRANCE: MODEL: e) DRIVER'S NAME: MODEL: d) PRICE PRANCE: MODEL:	ead .
C)POLICY NUMBER: DIMPOSINU 00 (32252/02) d)POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & e)MAKE & MODEL: Hyurdai TL Tucson Hyural (f)TYPE: (SALDON / COUPE LAPY / VAN / LORRY / MOTORCYCLE / OTH g)VEHICLE CATEGORY: [PRIVATE) COMMERCIAL / MOTORCYCLE / OTH f)PURPOSE OF USING AT ACCIDENT TIME PARTY (U.S.) i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE [YESTAD] IF NO, PLEASE STATE (HIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: CHAN GEK CHYE (MALE / FEMA b)NRIC/FIN/PASSPORT: S 7223035C CONTACT: 9297 C c) ADDRESS: "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S 1448989D CONTACT: 8/83 C) ADDRESS: BIK 707 YISHAN Menue 5 #08-26 (5) 76070 "d)DATE OF BIRTH: [19 / 09 / 1960 IDD/MM/YYYY) e) OCCUPATION HINDOOR/ OUTDOOR) 1) YEARS OF DRIVING EXPRENENCE: 01/10/1990 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES: YIF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SICLAM 5. C)WEATHER CONDITION (CLEAR / RAINING / OTHERS b) IROOD SURFACE (DRY) WITE / OTHERS 6. WAS ANYBODY INJURED (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O OF PROSENING: CONTACT: 945124 C) VEHICLE NUMBER: FBS 3043H (B) MODEL: Mabrigle O VEHICLE NUMBER: FBS 3043H (B) MODEL:	
DIPOLICY TYPE: COMPREHENSIVE / THIRD PARTY FIRE & E)MAKE & MODEL: Hyundai TL Tucson. Appropriate (1) (1) TYPE: (SALOON / COUPE L MPV / VAN / LORRY / MOTORCYCLE / OTH 9) VEHICLE CATEGORY: [PRIVATE) COMMERCIAL / MOTORCYCLE / OTH 9) VEHICLE CATEGORY: [PRIVATE) COMMERCIAL / MOTORCYCLE / OTH 1) PURPOSE OF USING AT ACCIDENT TIME. PRIVATE USE. 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (HIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: CHAN GEK SHYE TECK (MALE / FEMA D) NRIC/FIN/PASSPORT: S. 1223035C CONTACT: 9:297 C) ADDRESS: CONTINUE TO 3. OF PRIVER ALSO POLICY HOLDER DRIVER C) NAME: CHAN GEK CHYE (MALE) FEMA D) NRIC/FIN/PASSPORT: S. 1448989D CONTACT: 8:183 C) ADDRESS: BIK 707 YISHAM PARUE 5 #08-26 (S) 76070 *d) DATE OF BIRTH: [19 / 09 / 1960 [DD/MM/YYYY] E) OCCUPATION HIDDOOR/ OUTDOOR! (1) YEARS OF DRIVING EXPRENENCE: 01/10/1990 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/LIFE ON ON THE PRIVER WITH INSURED: SINCAM SINC	
DIPOLICY TYPE: COMPREHENSIVE / THIRD PARTY FIRE & E)MAKE & MODEL: Hyundai TL Tucson. Appropriate (1) (1) TYPE: (SALOON / COUPE L MPV / VAN / LORRY / MOTORCYCLE / OTH 9) VEHICLE CATEGORY: [PRIVATE) COMMERCIAL / MOTORCYCLE / OTH 9) VEHICLE CATEGORY: [PRIVATE) COMMERCIAL / MOTORCYCLE / OTH 1) PURPOSE OF USING AT ACCIDENT TIME. PRIVATE USE. 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (HIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: CHAN GEK SHYE TECK (MALE / FEMA D) NRIC/FIN/PASSPORT: S. 1223035C CONTACT: 9:297 C) ADDRESS: CONTINUE TO 3. OF PRIVER ALSO POLICY HOLDER DRIVER C) NAME: CHAN GEK CHYE (MALE) FEMA D) NRIC/FIN/PASSPORT: S. 1448989D CONTACT: 8:183 C) ADDRESS: BIK 707 YISHAM PARUE 5 #08-26 (S) 76070 *d) DATE OF BIRTH: [19 / 09 / 1960 [DD/MM/YYYY] E) OCCUPATION HIDDOOR/ OUTDOOR! (1) YEARS OF DRIVING EXPRENENCE: 01/10/1990 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/LIFE ON ON THE PRIVER WITH INSURED: SINCAM SINC	
(1) TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTH 9 VEHICLE CATEGORY: [PRIVATE) COMMERCIAL / MOTORCYCLE / OTH 9 VEHICLE CATEGORY: [PRIVATE) COMMERCIAL / MOTORCYCLE 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESTAD) 16 NO, PLEASE STATE CHIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: CHAN GEK CHYE TECK (MALE / FEMA DINRIC/FIN/PASSPORT: S. 1223035C CONTACT: 9297 C C) ADDRESS: CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER C) ANDRESS: CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER C) ANDRESS: CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER C) ANDRESS: CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER C) ANDRESS: CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER C) ANDRESS: CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER C) ANDRESS: CONTACT: 9297 C (MALE / FEMA DRIVER C) ANDRESS: CONTACT: 8/83 C ADDRESS: BIK 707 YISHIM ARMLE 5 #08-26 (S) 76070 C ADDRESS: BIK 707 YISHIM ARMLE 5 #08-26 (S) 76070 C ADDRESS: BIR 707 YISHIM ARMLE 5 #08-26 (S) 76070 C ADDRESS: CONTACT: 8/83 C ADDRESS:	kT HEFT)
DIPURPOSE OF USING AT ACCIDENT TIME: PRIVATE USC. THARE YOU CLAMMING UNDER YOUR OWN INSURANCE INSURANCE INFORMATION ONLY) IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY) 1. INSURED / POLICY HOLDER A) NAME: CHAN GEK SHYE TECK (MALE / FEMA DINRIC/FIN/PASSPORT: S. 7223035C CONTACT: 9.297 C) ADDRESS: "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: CHAN GEK CHYE DINRIC/FIN/PASSPORT: S. 1448989D CONTACT: 8183 C) ADDRESS: BIK 707 YISHIM ARMY 5 #08-26 (S) 76070 "d) DATE OF BIRTH: [19 109 1960 (DD/MM/YYYY) E) OCCUPATION HINDOOR! OUTDOOR! (1) YEARS OF DRIVING EXPRERIENCE: 01/10/1990 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES.) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SICCAM SO (WEATHER CONDITION CLEAR! / RAINING / OTHERS D) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES.) NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: FISS 3043H (B) MODEL: Madrigle duding driver) 5. DRIVER'S NAME: Hichaus Bin Hussin C) NRIC/FIN/PASSPORT: CONTACT: 9451 24 OF PRESENGATION G) VEHICLE NUMBER: MODEL:	(150100)
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e) DRIVER'S NAME:	
I V C DRIVER STRAME.	**
ASSESSMENT OF THE PROPERTY OF	
NRIC/FIN/PASSPORT:CONTACT::	
	100

Comarl = Zhimaxperg@gmail.com

fax = traffic

VIDEO = Yes. (with before police)



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

R SN

AN0420A Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00132252102

Engine No.: G4FJHU533051

Cha. No.:KMHJ3812VJU530181

Index Mark and Registration

Number of Vehicle

4. Date of Expiry of Insurance

SLO9395U

AUTOSAFE

CHAN GEK TECK

Named Drivers Ex Sect. 1

\$\$500.00

Effective date of the Commencement of 27/07/202: Insurance for the purposes of the Regulations. (00:00:00:00)

27/07/2021

Additional Ex Other than Named Drivers:

26/07/2022

Ex Sect. 1 - Age <= 25

\$\$3,000.00

Ex Sect. 1 - Age >= 26

\$\$500.00

* Age as at date of accident EX ON WINDSCREEN.

\$\$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 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 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.

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.

HIRE PURCHASE CO.: DBS BANK LTD 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: INXPRESS 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

@6389 6111

6222 1033

www.sg.cntaiping.com