NATE AND ALL ASSESSMENT						
NATIONAL Assessment Centre	Services :	wer i da de j				
Date In: 11/02/2022 18:49	Job description		Date &Time Cor	npleted	Done	pż
Ref No NA/CTI 2200 1357/M4	SAS e-filing		İ			
Vch No SBV 52K	E-mail (within 8	lirs, AIC 2hrs)	Ī			
D.O.A: 09/02/2022 14:55	i-Motor Clain	n Form	İ		a 107.00 (1577.07)	
$\sim$ $^{\prime}$ $^{\prime}$	i-Motor W/O	(Within: OD 2hrs	TP 4hrs)			
OD (TP)' Reporting Only	i-Photo Uploa	ided	1			
117 1	Assessment/Sur	rvey Report	i			
TP Insurer	Ass't Report by	Fax / Hand to	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		
TP Particulars: Veh No: FA	237	, INC (	)/Non-INC (	)		
Owner / Driver: (	2.222		Tel:		)	
Policy No: ( ) Peri	iod: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %) [N	lote-Est, Status (W	O): N: 0-20	)%; P: 21-79%.	F: 80-100%	o]	
Year of Registration: ( ) W	/arranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$1,00	00 ( ) / \$2,000 (	( )			<b>-</b>	
General Remarks:-					139	
( ) Walk-In Customer: Customer's information	mation strictly Con	fidential & Str	rictly NO rafer of a	epairer.		
( ) Total Loss Case : to e-mail Insure						E311.011+******
Drive-In ( )/ Towed-In ( ); Invoice:		O( ) · T	owing Co. (		-	)
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Remarks:- (INC horline: 6788 6616)			Date&Time Con	pleted	Done	by
	ourtesy Car (	)	Date&Time Con	pleted	o Done	by
	ourtesy Car ( )	)	Date&Time Con	pleted	Done	by
Apply for Transport Allowance ( ) / Co     QC Check / Post Repair Inspection	( )		Date&Time Con	ple od	Done	by
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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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

11/02/2022 18:49 (SGT) 09/02/2022 14:55 (SGT) Lavender St., Singapore TOWARDS KALLANG ROAD AFTER ESSO PETROL Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SBV52K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** 

Mobile Phone No Alternative Phone No

TAN SIAN HUA SXXXX759A

CAIRN9986@GMAIL.COM (Phone) +65-98348239 +65-97417130

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

Private use

BMW

X1

No - Claiming third party Private car

Auto 1499

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. Comprehensive

DMPCSNW00119962100

DRIVER

Name of Driver NRIC No

CHOO LI YING, JOLYNA (ZHU LIYING) SXXXX151E

Accident report SN09222B000J

Date Of Birth 13/03/1988 Indoor Occupation 08/02/2014 Date Of Driving Pass 8 YEARS Driving experience Female Gender (Phone) +65-97417130 Mobile Number Alt. Phone Number JOLYNA.CHOO@GMAIL.COM Email Address 8H GERALD CRESCENT Address Address complement 799711 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured DAUGHTER IN LAW 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 Collision - Head to Rear 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? No Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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

PLS REFER TO THE ATTACHED STATEMENT

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**

FR23T Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Motorcycle Vehicle Category JAMES TAN KHENG HOE Name of Driver (Phone) +65-87761123 Contact Number Address Address complement

#### 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.
- 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)

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.

h.		
Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
Time	& Time	Personnel
Sketch Plan		

Laureder St towns Kallon rd	
₩ →	A - SPV52
N 7 OBO PA	B-FR23
- →	

Describe Circumstances of t		
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Lavander et tous	ands Kallang M on the lane	2. Somewhere often
the ECSA ARTERI	Station, Vehicles in from of	ne cloud dans
the pool for	uch, I applied brake and stop	and according
and stopper. He s	very 2 applies that our stay	The Thirty
Out of sudden, I	fort an inspact from the	rear. I alished
and discovered	veh (B) Ff 237 collided on	ato no volicle
rear portion. We	exchanged particulars and	10th the scene. 7
Veh A-SBV	52 h	
Veh B- FR	23 T.	
		/
×		
Declaration		
I/We declare the foregoing particula	irs are true in every respect.	
/		
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1 /00.	×	T / /
1//	" (X	11/2/22
Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
Time	& Time	Personnel

PEHICLE NO: SBV52K	MAKE & MODEL: 3 NW XI	UTO / MANUAL
DATÉ OF ACCIDENT:	09/02/2022	c: 1.5 (1499cc)
TIME OF ACCIDENT:	孫/455 HRS	
OCATION OF ACCIDENT:	Lavender SI towards Kalley od	ofter Esso Detrol
XACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	Statio
NAME OF OWNER:	Tan Sian Hua	
EL NO:	H/P:9134 8239 OFFICE: HOM	E:
VRIC:	S0117759A.	
ADDRESS:	124 Lest COASH Rice S(12+3	52
NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE	A CAIRN 9986 @ gnail. WA	
:MAIL:	OD / THIRD PARTY / REPORTING ONLY	
CLAIM TYPE:		
LEET POLICY:	YES / NO?	
NSURANCE COMPANY:	China Taiping	TL - 62
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire &	inert
POLICY NO:	DMPCSNH00119962100	
NAME OF DRIVER:	AS ABOVE / IF NO: Choo Li Ying, Jolyna	
NRIC:	S88 09 151E ANY PASSENGER: A	
DATE OF BIRTH:	13 / 03 / 1988 LICENCE PASSED DATE	E: 06/02/2014
OCCUPATION:	OUTDOOR / INDOOR	
GENDER:	MALE / FEMALE	
CONTACT NO:	H/P: 9741 7130 OFFICE: HOME	
ADDRESS:	8H Gerald Crescem S(799711	D
EMAIL :	> JOLYNA CHOOP gmil com	
DOES DRIVER OWNED ANY VEHICLE:		NSURER:
RELATIONSHIP:	paysher in law	
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:	
ROAD SURFACE:	DRY / WET / OTHER:	
ANY INJURIES:	NO IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	NO / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B REG NO:		GERS: N.A.
NAME OF DRIVER:	James Tan Kheny Hol CONTACT NO	0: underson 8776 1123
VEHICLE C REG NO:	ANY PASSEN	
VEHICLE D REG NO:	ANY PASSEN	
VEHICLE E REG NO:	ANY PASSEN	
VEHICLE F REG NO:	ANY PASSEN	
VEHICLE G REG NO:	ANY PASSEN	
ANY WITNESS? IF YES, NAME:	WITNESS CO	
WAS THERE ANY VIDEO CAPTURE?	YES /(NO)	7,100
WAS THERE ANY AUDIO RECORDED?	YES / (NO)	
ACCIDENT SCENE PHOTOS TAKEN?	YES) / NO	
ACCIDENT PORTION:	bear sortion	_
Have you been approach by unknown person soliciting	The second secon	YES /NO
WORKSHOP PARTICULAR:	N-51 Automotive He Ltd	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:	Jun Miny.	
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.com.sg	



## 中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE\_LTD

Motor Private Car

CERTIFICATE OF INSURANCE

otor 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)

MX1E

E

AN0714A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00119962100

Engine No.: 35245445B38B15A

Cha. No. WBAJG12000EN48938

1. Index Mark and Registration

SBV52K

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

TAN SIAN HUA

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

16/06/2021 (00:00:00)

Named Drivers Ex Sect. I

Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25

4. Date of Expiry of Insurance

10/06/2022

Ex Sect. I - Age >= 26

\$\$3,000.00 S\$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

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\$1,000 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.: TOKYO CENTURY LEASING (S) PTE LTD

\* 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:

Tan Mingjie Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

希 3 Anson Road #16-00 Springleaf Tower Singapore 079909

C 6389 6111

**6**222 1033

www.sg.cntaiping.com