	e Services - persana		
Date In 30/05/22	Job description Date &Tune Completed	Done t	ý.
Rei No NA/CTI 32005099/13	SAS e-filing		
Veh No SZX GOS 9L	E-mail (w.thm 8hes, AIC 2hrs)		
DOA 29/05/22 1625	i-Motor Claim Form		
001 97703752 703	i-Motor W/O (Within, OD 2hrs, TP 4hrs)		
OD (TP) ' Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:		ATTACA OF
TP Particulars: Veh No:	SKR910.6 U INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Per	riod: () Cover Type: ()	
Confirmed by : (Date: Time:)	
	Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]	-1000170
	Varranty: YES () / NO ()		
Excess: (\$) Loading: \$1,00	which was the control of the control		
General Remarks:-	Constitution with the second of the second o		
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection	Courtesy Car ()		
Injury:	000] ()		
Injury:	000]		
- Committee of the comm	Invoice Preparation Checklist	Ant (\$)	Amt (\$,
Injury: Date/Time Actions MA0201505	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30);	Anst (\$) 1st Bill	
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Injury: Date/Time Actions MADDO/ISOS laimant's Particulars:- river/Owner: ontact No:	Invoice Preparation Checklist 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)	Charles and	
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Injury: Date/Time Actions MADDOISOS Iaimant's Particulars:- river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	Invoice Preparation Checklist	Charles and	
Injury: Date/Time Actions MADDO/ISOS Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments:-	Invoice Preparation Checklist 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: Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- O11* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5	Charles and	
Injury: Date/Time Actions	Invoice Preparation Checklist	1st Bill	

SN09225U0006 / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 30/05/2022 17:44 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (30/05/2022 17:44 (SGT))



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.

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

30/05/2022 17:44 (SGT) Date of Submission 29/05/2022 16:25 (SGT) Date of Accident Singapore Exact Location of Accident Additional Location Information CTE TWDS CITY Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SLX4059L Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? LIM YONG PHENG Name Of Registered Owner SXXXX295B NRIC No. hgng2000@yahoo.com.sg Email Address (Phone) +65-97457272 Mobile Phone No +65-97457272 Alternative Phone No

VEHICLE PARTICULARS

Volvo Manufacturer S60 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

Private use

No - Claiming third party

Private car Auto 1498

INSURANCE COMPANY

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy DMPCSNW00024962200 Policy Number

DRIVER

LIM YONG PHENG Name of Driver SXXXX295B NRIC No

Accident report SN09225U0006

29/08/1964 Date Of Birth Indoor Occupation 12/02/1985 Date Of Driving Pass 37 YEARS AND 3 MONTHS Driving experience Gender (Phone) +65-97457272 Mobile Number +65-97457272 Alt. Phone Number hgng2000@yahoo.com.sg Email Address BLK 11 ST GEORGE'S RD Address #07-294 Address complement 320011 Postcode Yes Is the driver the policyholder? 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 Chain Collision Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Yes Was anybody injured in the Accident? 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) No soliciting/offering accident claims assistance? PASSENGER 1 TAY LEE TIAN Name Female Gender 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) Yes Are accident photos available for attachment? No Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SKR9106U Vehicle Registration Number Vehicle Manufacturer

Private car

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category

 Name of Driver
 NG KAI BOON TXXXX782Z

 Contact Number
 (Phone) +65-81832469

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident

 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

SNC9259E Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category CHEN TIANG HOONG Name of Driver SXXXX982C NRIC No (Phone) +65-96912396 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

Yes

No

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LIM YONG PHENG Name of injured person Male Gender Phone No Address Address Complement Post Code Approximate Age Years Old SLIGHT Injuries Sustained SLX4059L Injured person in which vehicle? Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No INJURED 2 TAY LEE TIAN Name of injured person Female Gender Phone No Address Address Complement Post Code Approximate Age Years Old SLIGHT Injuries Sustained Injured person in which vehicle? SLX4059L

Was this injured conveyed to hospital by ambulance?

Were seat belts worn?

SKETCH PLAN

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 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.
- 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)

l 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
- (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.

1 30/5/22 11.37am 30/05/27 Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Personnel & Time CTE TWAS CITY Sketch Plan A- SLX 4059L B-SKR9106U C- SNC 9259E

escribe	Circumstances of the Accident
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/	was travelling straight along cre twels City
_	the Ind lane of Ax I ans road. Infront of my
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	, behind and hit out my my near portion of
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fore	varel and 19

Declaration

WWe 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

olym 30/05/22

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 12/02/1985 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES 'NO') IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 000 N C CLEAR / RAINING / OTHERS 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS D)ROAD SURFACE: (DRY / WET / OTHERS D)ROAD SURFACE: (DRY / WET / OTHERS D)ROAD SURFACE: (DRY / WET / OTHERS D)ROAD SURFACE: (TES / NO) 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE Which of passenger a) VEHICLE NUMBER: SKR 9 (06 U MODEL: 100 M	ACCI	IDENT DATE: (29/05/ 2) (DD/MM/YYY), TIME: (6:25)(HH:MM)
DINSURANCE COMPANY: CHIMA TAILING CIPOLICY NUMBER: AMPLIANCE ON PARTY / THIRD PARTY FIRE & THEFT) DINSURANCE COMPANY: CHIMA TAILING CIPOLICY NUMBER: AMPLIANCE OD 4962000 DIPOLICY TYPE: [COMPREHENSIVE] THIRD PARTY / THIRD PARTY FIRE & THEFT] DINSURANCE & MODEL: LOLUD & S.C. AUTO MOUNTLE FITT OF STATE OF BISING AT ACCIDENT TIME: DINPOSE OF USING AT ACCIDENT TIME: DINPOSE OF USING AT ACCIDENT TIME: DINPOSE OF USING AT ACCIDENT TIME: DINRIC POLICY HOLDER ANAME: LIM GAME PHENCE DINRIC/FIN/PASSPORT: CONTACT: THE DINCH PROPERTING ONLY) 2. INSURED / POLICY HOLDER ANAME: LIM GAME PHENCE DINRIC/FIN/PASSPORT: CONTACT: THE DINCH POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: DINCH PASSONGES: CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: CIPOLOGIA DINCH PASSPORT: CONTACT: CIPOLOGIA DINCH PASSPORT: CONTACT: CIPOLOGIA DINCH PASSPORT: CONTACT: CIPOLOGIA DINCH PASSPORT: CONTACT: DINCH PASSONGES: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DUNCE PASSONGES POLICY OTHERS DINCAD SURFACE(DRIV WET / OTHERS DINCAD SURFACE (DRIV WET / OTHERS) DINCAD SURFACE (DRIV WET / OTHERS DINCAD SURFACE (DRIV WET / OTHERS) DINCAD SURFACE (DRIV WET / OTHERS) DINCAD SURFACE (DRIV WET / OTHERS) DINCAD SURFACE (DRIV WET /	LOCA	ATION: CTE TWAS CUTY
DINSURANCE COMPANY: CHIMA TATALY CIPOLICY NUMBER: AMPLIANCE OD 24962000 d)POLICY TYPE: [COMPREHENSIVE] THIRD PARTY THRE BATHEFT] e)MAKE & MODEL: LOLD & S.C. RUTO MOUNTLE f)TYPE: (SALOON / COUPE LMPV /VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) b)NRIC/FIN/PASSPORT: (PRIVATE ALSO POLICY HOLDER THOUGH OF DISTH: LOT / COMMERCIAL / CONTACT: (PRIVATE ALSO POLICY HOLDER) TONITUDE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTACT: (PRIVATE ALSO POLICY HOLDER) D)NRIC/FIN/PASSPORT: (PRIVATE ALSO POLICY HOLDER) TONITUDE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTACT: (PRIVATE ALSO POLICY HOLDER) TONITUDE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTACT: (PRIVATE ALSO POLICY HOLDER) TONITUDE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTACT: (PRIVATE ALSO POLICY (PRIVATE ALSO POLICY HOLDER) TONITUDE TO 3.d IF DRIVER ALSO POLICY HOLDER TONITUDE TO 3.d IF DRIVER WITH INSURED'S COMPANY? (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SR 9 10 U MODEL: (MODEL: MODEL:	1.	
CJPOLICY NUMBER: AMPLICATION OF CALL O		a) VEHICLE NUMBER: 5/x 40574
DIPOLICY TYPE: [COMPREHENSIVE] THIRD PARTY FIRE & THEFT] e) MAKE & MODEL: LOLUD & CO. AUTO MONDEL fitype: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: LOLUD AUTO AUTO AUTO AUTO AUTO AUTO AUTO AUTO		DINSURANCE COMPANY: CHINA TATRING
# HE OF PASSON OF THE PROPERTY		
FITYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (RIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO) IF NO, PLEASE STATE (THIRD PARTY CLAIMY REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: LIM GARGE PHONE (MALE / FEMALE) b) NRIC/FIN/PASSPORT: S/GERGE S CONTACT: 9745727 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G) NAME: HOLD GROWN HOLDER ON TACT: CONTACT: C) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G) NAME: HOLD GROWN HOLDER ON TACT: CONTACT: C) ADDRESS: **CONTACT: CONTACT: CONTACT: CONTACT: C) ADDRESS: **CONTACT: CONTACT: CONTACT: CONTACT: CONTACT: C) ADDRESS: **CONTACT: CONTACT:		d)POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE &THEFT)
FITYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (RIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO) IF NO, PLEASE STATE (THIRD PARTY CLAIMY REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: LIM GARGE PHONE (MALE / FEMALE) b) NRIC/FIN/PASSPORT: S/GERGE S CONTACT: 9745727 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G) NAME: HOLD GROWN HOLDER ON TACT: CONTACT: C) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G) NAME: HOLD GROWN HOLDER ON TACT: CONTACT: C) ADDRESS: **CONTACT: CONTACT: CONTACT: CONTACT: C) ADDRESS: **CONTACT: CONTACT: CONTACT: CONTACT: CONTACT: C) ADDRESS: **CONTACT: CONTACT:		B)MAKE & MODEL: VOLVO & CGO. AUTO/MANUAL
h)PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO)) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: LIM GAME PHONG (MALE) FEMALE) b) NRIC/FIN/PASSPORT: YOUR STORE CONTACT: 974 17 2 7 c) ADDRESS: HO - 294 (22007) * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a)NAME: HO - 294 (22007) * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a)NAME: HO - 294 (2007) * CONTACT: CONTACT: CONTACT: c) ADDRESS: d) DATE OF BIRTH: 129 / 02/1964 (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 12/02/1984 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 000 NER 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE (DRY/WET / OTHERS) 6. WAS ANYBODY INJURED (YES NO) BOTH 7. a) REPORTED TO POLICE (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SR 9 (1000 MODEL: (Including divisor) b) DRIVER'S NAME: NG (CA / BOON)		FITYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: JM JANG PHENG MALE! FEMALE! b) NRIC/FIN/PASSPORT: S/G-28958 CONTACT: 974573 c) ADDRESS: BC (1 ST G-6066 S RO) *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER () Including driver) C) ADDRESS: c) ADDRESS: c) ADDRESS: b) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: c) ADDRESS: d) DATE OF BIRTH: 129 / 02/ 1964 (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 120 / 985 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 000 NER 5. c) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY WET / OTHERS 6. WAS ANYBODY INJURED (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: 1. INCLUDING ADDRESS: SR 9 (06 U MODEL: 1. INCLUDING ADDRESS: NAME: 146 (CA / BOOM) DRIVER'S NAME: 146 (CA / BOOM)		g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: 2/M GAMB PHENG (MALE) FEMALE) b) NRIC/FIN/PASSPORT: 5/G 89 9 B CONTACT: 974 17 2 7 c) ADDRESS: BCC (1 57 G 60 G 6 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		h)PURPOSE OF USING AT ACCIDENT TIME:
2. INSURED / POLICY HOLDER A)NAME: LIM GONG PHENG (MALE) FEMALE) b)NRIC/FIN/PASSPORT: S/GJ8988 CONTACT: 974573 c)ADRESS: BCK (1 ST GEORGE'S RO *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER A)NAME: HS ABOUT (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: *d)DATE OF BIRTH: L29 1 CK 1 1964 (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 12/02/1989 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACES (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 4 No of Passenger a) VEHICLE NUMBER: SKR 9 (DOU MODEL: INDURING ADDRESS: (INCLUDIOS ADDRESS) D) DRIVER'S NAME: NG (CA / BOOM)		I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO)
A)NAME: LIM GANG AHENG (MALE/FEMALE) b)NRIC/FIN/PASSPORT: S/62838 CONTACT: 9745737 c)ADDRESS: BLK (1 ST GEORGE'S RD *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER d)NAME: AS ABOUT (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: d)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE d) VEHICLE NUMBER: SKR 9 (DBU MODEL: b) DRIVER'S NAME: NG (CAT BOOM)		
b)NRIC/FIN/PASSPORT: STEEDERS CONTACT: 441737 c)ADDRESS: BLE (1 ST GEORGE S RO *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER d)NAME: ABOUT (Including driver) b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: d)DATE OF BIRTH: L9 1 CR 1 196 (2) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 12/02/98 (NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SKR 9 (DBU MODEL: b) DRIVER'S NAME: MG / CA / BOOM MODEL:	2.	INSURED / POLICY HOLDER
C)ADDRESS: BLE 11 SF GEORGE S RO #107-294 (2001) *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER Q)NAME: AS ABOUT (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: *d)DATE OF BIRTH: (29 / 00/1964) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: (12/02 / 985) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 00/NER 5. Q)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE Q) VEHICLE NUMBER: SKR 9 (06 U MODEL: (Including driver) b) DRIVER'S NAME: N/G (CA / BOOM)		A)NAME: LIM YONG PHENG (MALE) FEMALE)
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) (2) *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) DINRIC/FIN/PASSPORT: C)ADDRESS: *d)DATE OF BIRTH: [29		
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a) NAME: #S ABOUE (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: d) DATE OF BIRTH: 29 / OR / 96 &) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 12 / 02 / 98 &) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE White of Passenger a) VEHICLE NUMBER: SKR 9 106 U MODEL: (Including driver) b) DRIVER'S NAME: NG / CA / BOOM		
CINCLULAR DELIVER (Including driver)		
(Including driver)	1	
b)NRIC/FIN/PASSPORT:	THO of passenga	DRIVER AS A SOLUTION OF THE SECOND STATES
CJADDRESS: (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1	(Including driver)	ULTER \$1.40 (CONTRACTOR CONTRACTOR CONTRACTO
*d)DATE OF BIRTH: 19 / 08/1964 (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 12/02/1984 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 000 NER 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES NO) 7. a)REPORTED TO POLICE (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 4 Ho of passenger a) VEHICLE NUMBER: SKR9106U MODEL: (Including divisor) b) DRIVER'S NAME: NG KA1 BOOM	(2)	B)MAC/MAY ASSIGN.
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 12/02/1985 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 000 NER 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS / O)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE Who of passenger a) VEHICLE NUMBER: 5 KR 9 (06 U MODEL: 100 MODEL:	/	CJADDRESS:
f)YEARS OF DRIVING EXPRERIENCE: 12/02/1985 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 000 N C C C C C C C C C C C C C C C C C	1 CEE TIAN	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	(-1	e)OCCUPATION: (INDOOR / OUTDOOR)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	(P)	f)YEARS OF DRIVING EXPRERIENCE: 14/02/1783
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
b)ROAD SURFACE (DRY/WET / OTHERS 6. WAS ANYBODY INJURED (YES (NO) BOTH 7. a)REPORTED TO POLICE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE Which of passenger a) VEHICLE NUMBER: SKR 9 (06 U MODEL: (Induding driver) b) DRIVER'S NAME: NG KAI BOOM		
6. WAS ANYBODY INJURED (YES ANO) BOTH 7. a) REPORTED TO POLICE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE Which of passenger a) VEHICLE NUMBER: SKR 9 (060 MODEL: (Induding driver) b) DRIVER'S NAME: NG KAI BOOM	5.	[14] 하다면 하면
7. a) REPORTED TO POLICE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 4. Ho of passenger a) VEHICLE NUMBER: SKR9(06U MODEL: (Including driver) b) DRIVER'S NAME: NG KAI BOOM		
# He of passenger a) VEHICLE NUMBER: SKR9106U MODEL:		- COMMON SERVICE CONTROL CONTR
8. THIRD PARTY VEHICLE His of passenger a) VEHICLE NUMBER: SKR9106U MODEL: (Including driver) b) DRIVER'S NAME: NG KAI BOOM	/-	
(Including driver) b) DRIVER'S NAME: NG KAT BOOM	В	
(Including driver) b) DRIVER'S NAME: N/G (CAT BOOM	4 We of passoner	a) VEHICLE NUMBER: SKR9106U MODEL:
Conducting driver)	Chalden Land	b) DRIVER'S NAME: NG CAT BODAL
A NRICTEINTRASSPORT TO THE CONTACT OF THE		c) NRIC/FIN/PASSPORT: 7011/7822 CONTACT: 81832469
9. THIRD PARTY VEHICLE	() 9.	
CAKGIEGE		d) VEHICLE NUMBER: SNC9259 E MODEL:
THE STANGE OF DRIVER'S NAME CHEN TIANG HOUNG	To No of passenger	A DRIVER'S NAME CHEN TIANG HOUNG
(Including driver) f) NRIC/FIN/PASSPORT: 57328982C CONTACT: 96912296	(Including driver)	f) NRIC/FIN/PASSPORT: 57328982 CONTACT: 96913296
	()	

email = Hgng2000 @yatrov. com. 8 ay fax = 67478378



Motor Private Car.

MX1E

SN N

AN0420A

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 (Mailaysila) Motor Vehicles (Third-Party Risks) Rules, 1959 (Mailaysia)

Engine No.: B4154T51506189

Cha. No.:YV1FS28C0G2408884

DMPCSNW00024962200

1. Index Mark and Registration Number of Vehicle

4. Date of Expiry of Insurance

SLX4059L

AUTOSAFE

2 Name of Policy Holder

CERTIFICATE No.

LIM YONG PHENG

Effective date of the Commencement of 15/01/2022 Insurance for the purposes of the Regulations. (00:00:00) Ordinance or Enactment

15/01/2022

Named Drivers Ex Sect. I

\$\$1,000.00

Additional Ex Other than Named Drivers:

14/01/2023

Ex Sect. I - Age >= 26

\$\$3,000.00 \$\$500.00

* Age as at date of accident EX ON WINDSCREEN .

Ex Sect. I - Age <= 25

S\$100.00

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

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.: MAYBANK SINGAPORE LIMITED

* 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

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