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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 Actual Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 6. The Issue and acceptance of this Point by insurance companies is not an admission of policy naturally 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

12/09/2022 10:14 (SGT) Both 09/09/2022 15:05 (SGT) Paya Lebar Rd, Singapore TOWARDS AIRPORT ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJD4594L

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No Email Address

Mobile Phone No

Alternative Phone No

No

GOH LENG KIAT

SXXXX173E

alanlkgoh@gmail.com (Phone) +65-90680512

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

Honda

Stream

Private hire

No - Claiming third party

Private car

Auto

1799

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

DMHCSNW00004612202

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

GOH LENG KIAT SXXXX173E 27/05/1961 Outdoor

Accident report SN08229C0002

Page 1 of 24

Date Of Driving Pass 12/03/1979 Driving experience 43 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-90680512 Alt. Phone Number Email Address alanlkgoh@gmail.com Address BLK 123 RIVERVALE DRIVE #15-121 Address complement Postcode 540123 Is the driver the policyholder? Yes 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 Type of Accident Collision - Head to Rear Weather Conditions AFTER RAIN Road Surface Wet 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? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name MR NEO Gender Male 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Manager and the second of the	
Vehicle Colour	323
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)	* 4

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH LENG KIAT
Gender	Male
Phone No	(Phone) +65-90680512
Address	
Address Complement	=2
Post Code	
Approximate Age Years Old	
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJD4594L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

MR NEO
Male
*
*
*
SLIGHT INJURY
SJD4594L
Yes
No

SKETCH PLAN

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 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
- (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
- (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 Signatur Time Sketch Plan	PA-YA	Driver's Signa & Time	ature (If driver is not	the policyholder) / E		Witnes	sed b	y Rep	portin	g Ce	entre	
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Describe Circumstances of the Accident 09/04/2002 about 3:05 pm Loces travelling along Paya towards Lebar Biggord was tout traggic Sudden vehicle venicle rear.

Declaration

I/We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

Date of Accident	: 09/09/2022 Accident Time : 3:05 AT. (24-HR-Format)		
Who reported the accident?	: Owner / Both		
Accident Place	: Paya Lebar towards Airport Rd.		
Vehicle No (Car Plate No)	: SJDHS94 L Make/Model: Honda Stream 1.8x A		
Insurance Company	: Chinq. Policy No: DMHCSNW0000 4612202		
Fleet Policy	: YES/NO		
Type of Coverage	: Comprehensive / Third Party / Third Party Fire & Theft		
Name of Owner / IC No	: 31503173 E Goh Leng Ligt.		
Owner Contact No	: 90680612 Owner's Hp Company Tel		
Driver Name / IC No			
Driver's Date of Birth	: 27/05/1961 Driver's License Pass Date: (2/03/1979.		
Relationship of Driver	: Spouse / Parents / Children / Sibling / Employee / Other: 6 was .		
Driver's Address	BIE 123 RVETVAILE DRIVE #5 #15-121 55 42123		
Driver's Contact No	:1)		
Driver's Occupation	: INDOOR / OUTDOOR (e.g. working inside or outside office)		
Email Address	: atter alankgoha gnail.com.		
Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET		
Reporting Type	Reporting Only / Claim Third Party / Claim Own Insurance		
Number of Passenger(include Driver)	: Driver \$ 1 passenger.		
Was ther any video footage?	: YES / NO : Private Use / Private Hire / Work Purpose		
Exact purpose used at time of accident	t : Private Use / Private Hire / Work Purpose		
Any injury (If Yes, Pls State)	: yes . Driver ? passenger .		
Other	Party Driver's Particular (if any)		
VEHB: SKS 1345D.	Name & Contact No:		
VEH B: SKST345D.	Name & Contact No:		
VEH D :	Name & Contact No:		
VEH E:	21 0 0 1 121		
*NEW - Passenger's Name & Gende	er:		

male. Mr NED



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

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)

MZ406L/B

SN

AN0055A

Cov. Type:F

CERTIFICATE No.

DMHCSNW00004612202

Engine No.: R18A1766785

Cha. No.:RN61059733

Index Mark and Registration

SJD4594L

Number of Vehicle

2 Name of Policy Holder

GOH LENG KIAT

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

24/03/2022

Excess Sect. II

\$\$1,250.00

(00:00:00)

Excess Sect.II (Outside Singapore).

\$\$2,500.00

4 Date of Expiry of Insurance

23/03/2023

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

GOH LENG KIAT

6. Limitations as to use:*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

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 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

O6389 6111

6222 1033

www.sg.cntaiping.com