TIONAL Assessment Contre Services: 180% et 1 1114 Job description .. Datalando sent Pon sinci Done by SAS e-filling B-mail (while this, Alesher) 3 I-Motor Claim Form O.A : I-Moto: YY/O pylhle: OD, the, T'P 4her). / Reporting Only ' 1-Photo Uploaded . Assessment/Survey Report . 140 Ass't Report by Fax / Hand to Owner/Wuse 'P Insurer: Faxi oferced Wksp/ INC Assign Wksp / QWI () OHT-HOM (INC Yell No. P Pautleularit Teli Owner / Driver: (Coyer Type: (Periodi (Policy No: (. Timus Dates P121-79%: .F; 80-100% . Confirmed by 1 & [Note-Est., Status (WO): Nio-20%] Instruct/Driver Liability: () / NO (Wettebty: YES (Year of Registration: ()/\$2,000 Loading | \$1,000 (Excess: (\$ General Fremaricas (1984)) Walk-In Customer's information strictly Confidential & Strictly NO refer of repairer. ·) Total Loss Case | to e-mail Insurer URGENTLY, Y | Toyring Co: .) ; Invotos: Y's's' (NO ()/Toyyou-In (Drive-In (Donby None See 1 Till Charline (5758 8646)) / Courtery Our (1) Apply for Transport Allowance (37.0 2) QC Check/ Post Repvir Inspection . 3) Upload Resurvey Photo [Repair Cost > \$3000]1,11 Injury 1 invanezeco(ravion Ohecle 1) ARI Accident Reporting 2) DA I Damesa Attenament 240/345 3).TF | Towing Fe4 4) FT | Follow Through Survey 5) FT | Follow Through Survey (Pasurve) \$120 \$30 river/Ovner: For stalming a full Toll Only (west 10 tontactivo: TR TRe-lamostion MI 1140 D.A. + SMR.T SUTTON amaged Portion: 8) NTUC Additional Services: + NJ Courses Out / Tpl Albawages C Checked by (Engr-In-Charge)! *Not Repair Co-ordination •N71, Fost Repair Inspection THE DY / Collect Bicoess Coordination TR (NIL) : TR (Nora ING) equinit ING 9) NIZ: Idao Male Fre Charged lavoles deles Fey Charged Involve dated 2/3:

-1 ...



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.

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

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 Reported by Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

21/09/2022 15:47 (SGT)

Driver

18/09/2022 22:00 (SGT)

65 Choa Chu Kang Rd, Singapore 689402

COMPOUND OF NICON GARDEN

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJD5660Y

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No Email Address

Mobile Phone No

Alternative Phone No

Yes

YAH MOTOR PTE LTD

1XXXXXX044R

mysincerelead@gmail.com (Phone) +65-92222013

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

Employment

No - Claiming third party Commercial vehicle

Auto 1799

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMTPSNA00000152206

DRIVER

Name of Driver

NRIC No Date Of Birth

Occupation

GLEANDA NG XUE QI SXXXXX017H 17/03/1994 Indoor

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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220920/7069

ATTACHMENT(S)

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

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant

Dry

Hit and run / Vandalism / Damaged whilst parked

08/04/2015

689425

Employee

No

No

7 YEARS AND 5 MONTHS

mysincerelead@grnail.com

69D CHOA CHU KANG ROAD

(Phone) +65-92222013

No

2 No

Yes 0

No

Yes

Traffic Police (Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Sirigapore 408865 No

Yes

SHC6912T

Accident report SN08229L0003

Vehicle Colour	
Vehicle Category	
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)	
5- (

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 insrepresentation 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
- 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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes



Policyholder's Signature / Date & Time

Sketch Plan

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

Garden (cet Rd)

Witnessed by Reporting Centre Personnel

veh A: SJD 5660Y

Ven B: SHC 6912 T

1- 11- 10/1/1/1	1 - 00 1
* Pls refer to Pelice Report.	7120228920/706
	/

Declaration

Time

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



Policyholder's Signature / Date &



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

Wilnessed by Reporting Centre Personnel





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220920/7069

REPORT OF A TRAFFIC ACCIDENT

Any Pedestrian Involved: No No. of Pedestrians Injured: NIL

Date/Time I 20/09/2022		Made:	Vide Report No.:				Station Diary No.:		
Informant's	s Partic	ulars		(() () () ()	o purella se	The post of	100		
Name of Inf	S. S		Addr						
GLENDA NG XUE QI		69D CHOA CHU KANG ROAD SINGAPORE 689425					E 689425		
ID Type / ID No.: NRIC NO / S9410017H		Contact No.:				un la managan an antagan			
STATE OF STREET	394100	11711	0.00000000	Home/Office:			Mobile: 92222013		
Nationality: SINGAPORE CITIZEN		1/0/2 - 2: 0/234	Email: ymcarlpl@gmail.com						
Sex: Female	Age: 28	Date of Birth: 17/03/1994	Type of Informant: No person in car						
Race: Chinese			Language: English		Ins	Institution / School Name:			
Occupation:		Driving Licence Information: Class:				Date of Expiry:			
Accident: Location: CHOA CHU	KANG	ROAD		Drive: No	Accid 18/09	/2022 2	2:00		
Weather:		Road Surface:				Road Speed Limit:			
Traffic Flow:			Traffic Control:				Tra	Traffic Volume:	
Type of Collision:							1 25	Anyone conveyed by ambulance:	
Details of V	ehicle	Involved	NUMBER OF			Saleston			
Vehicle No.	Туре	Make		Model	Color		Conditio	No of	
SJD5660Y	Car				2.2121		20.10100	0	
Details of P								0	

Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20220920/7069

CONTINUATION OF REPORT

No person in car					
Name	GLENDA NG XUE QI			ID No.	S9410017H
Related Vehicle	NIL			Contact No	p. 92222013
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	No. of Days granted Medical Leave NIL		Degree of		

Brief Details.

On the stated date and time our company vehicle SJD5660Y was parked at the stated location. The next day we realised that the rear right portion of our vehicle had some damages. We then check our CCTV and realised that SHC6912T had hit onto our vehicle and ran away.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20220920/7069

CONTINUATION OF REPORT

Sketch Plan			
Informant is	not able	to provide	sketch

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2022 23:02
Officer In Charge Of Case: TP / TPIB / SUFIYAN BIN KHAIRI Contact No.: 65476148	Classification Of Case:

Date of Accident	: 18/9/202 Accident Time: 2200 HF. (24-HR-Format)
Accident Place	: Compound of Micon Gardens (CCK Road)
Vehicle No. (Car Plate No.)	: SJD 5660Y Make/Model: Hunda Stream
Insurance Company	: CHINA TAIPING Policy No: DMTPSNACOCOUT52206
Owner or Company Name /IC No.	: Yah Motor Pte Ltd
Owner or Company Contact No.	92222013
DRIVER'S Name / IC No.	: GLINDA NILY XUE QI (2) SAY10017k
DRIVER'S Date Of Birth	12/ 02/02/1
Relationship of Owner & Driver	1 and Date
DRIVER'S Address	: Spouse\Parent\Children\Sibling\Employee\Others:
DRIVER'S Contact No./ Alt No.	:1) - 2) -
DPIVERICO	OOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: my sincere lead a gmail com
Weather & Road Surface	:CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type : Rep	orting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr	iver):
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	camera: YES NO being used at time of accident: Private use \ Work Purpose
Other Pa	rty Driver's Particular (if any)
Vehicle, No: SHC 69/2	Vehicle. No:
Vehicle Make \Model:	Vehicle Make \Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

NEW – Passenger's name & gender:



中国太平保险 (新加坡)有限公司

Motor Trade Policy

CERTIFICATE OF INSURANCE

venicles (Third-Party Risks and Compensation) Act (Chapter 189) for Vehicles (Third-Party Risks and Compensation) Rules, 1950 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ9

R SN

AN0295A

Cov. Type:T

CERTIFICATE No.

DMTPSNA00000152206

Engine No.: N.A. Cha. No 'N A

 Index Mark and Registration Number of Vehicle

Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.

Name of Policy Holder

YAH MOTOR PTE LTD

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

04/03/2022 (00:00:00)

4. Date of Expiry of Insurance

03/03/2023

5. Persons or Classes of Persons entitled to drive*

As per Schedule.

Any other person provided he is driving with the Policyholder's permission and is accompanied by a named driver of the Policyholder under the Policy.

by a named curver of the Policyholder under the Policy.

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

YAP SIOK CHOO NG EIK HWA

NG LAM HWA GLENDA NG XUE QI

6. Limitations as to use:*

Use only for Motor Trade purposes.

- 7. The Policy does not cover

- (a) Use for hire or reward.
 (b) Use for racing, pace-making, reliability trial or speed-testing,
 (c) Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

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: Lee Kian Herng Fred Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 希 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q63896111

5222 1033

www.sg.cntaiping.com

^{*} 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.