

James Earl Ray

SIG 87382

2. Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of neighbor.

Drive-In () Towed-In () Invoice: YES () / NO () Towing Co: ()

1) Apply for Transportation Allowance () / Courtesy Car ()

12) C/C Check / Post Repair Inspection

3) Updated Resurvey Photo (Repair Cost > \$30000) ()

Index

Ant. Luna Aguilera

[illegible]

Invoice Preparation Checklist		Prepared By	Date
1) AR - Accident Report (530)			
2) DA - Damage Assessment (51.50)	NRG (550)		
3) TR - Towing Fee	\$50.00		
4) PF - Yellow Tagging Fee	\$100		
5) PF - Yellow Tagging Survey (Bogusway)	\$50		
6) TR - Re-inspection	\$100		
7) NRG - DA FORMER Survey	\$100		
8) NRG - Initial Towing			
9) NRG - DA FORMER Survey	\$100		
10) NRG - DA FORMER Survey	\$100		
11) NRG - DA FORMER Survey	\$100		
12) NRG - DA FORMER Survey	\$100		
13) NRG - DA FORMER Survey	\$100		
14) NRG - DA FORMER Survey	\$100		
15) NRG - DA FORMER Survey	\$100		
16) NRG - DA FORMER Survey	\$100		
17) NRG - DA FORMER Survey	\$100		
18) NRG - DA FORMER Survey	\$100		
19) NRG - DA FORMER Survey	\$100		
20) NRG - DA FORMER Survey	\$100		
21) NRG - DA FORMER Survey	\$100		
22) NRG - DA FORMER Survey	\$100		
23) NRG - DA FORMER Survey	\$100		
24) NRG - DA FORMER Survey	\$100		
25) NRG - DA FORMER Survey	\$100		
26) NRG - DA FORMER Survey	\$100		
27) NRG - DA FORMER Survey	\$100		
28) NRG - DA FORMER Survey	\$100		
29) NRG - DA FORMER Survey	\$100		
30) NRG - DA FORMER Survey	\$100		
31) NRG - DA FORMER Survey	\$100		
32) NRG - DA FORMER Survey	\$100		
33) NRG - DA FORMER Survey	\$100		
34) NRG - DA FORMER Survey	\$100		
35) NRG - DA FORMER Survey	\$100		
36) NRG - DA FORMER Survey	\$100		
37) NRG - DA FORMER Survey	\$100		
38) NRG - DA FORMER Survey	\$100		
39) NRG - DA FORMER Survey	\$100		
40) NRG - DA FORMER Survey	\$100		
41) NRG - DA FORMER Survey	\$100		
42) NRG - DA FORMER Survey	\$100		
43) NRG - DA FORMER Survey	\$100		
44) NRG - DA FORMER Survey	\$100		
45) NRG - DA FORMER Survey	\$100		
46) NRG - DA FORMER Survey	\$100		
47) NRG - DA FORMER Survey	\$100		
48) NRG - DA FORMER Survey	\$100		
49) NRG - DA FORMER Survey	\$100		
50) NRG - DA FORMER Survey	\$100		
51) NRG - DA FORMER Survey	\$100		
52) NRG - DA FORMER Survey	\$100		
53) NRG - DA FORMER Survey	\$100		
54) NRG - DA FORMER Survey	\$100		
55) NRG - DA FORMER Survey	\$100		
56) NRG - DA FORMER Survey	\$100		
57) NRG - DA FORMER Survey	\$100		
58) NRG - DA FORMER Survey	\$100		
59) NRG - DA FORMER Survey	\$100		
60) NRG - DA FORMER Survey	\$100		
61) NRG - DA FORMER Survey	\$100		
62) NRG - DA FORMER Survey	\$100		
63) NRG - DA FORMER Survey	\$100		
64) NRG - DA FORMER Survey	\$100		
65) NRG - DA FORMER Survey	\$100		
66) NRG - DA FORMER Survey	\$100		
67) NRG - DA FORMER Survey	\$100		
68) NRG - DA FORMER Survey	\$100		
69) NRG - DA FORMER Survey	\$100		
70) NRG - DA FORMER Survey	\$100		
71) NRG - DA FORMER Survey	\$100		
72) NRG - DA FORMER Survey	\$100		
73) NRG - DA FORMER Survey	\$100		
74) NRG - DA FORMER Survey	\$100		
75) NRG - DA FORMER Survey	\$100		
76) NRG - DA FORMER Survey	\$100		
77) NRG - DA FORMER Survey	\$100		
78) NRG - DA FORMER Survey	\$100		
79) NRG - DA FORMER Survey	\$100		
80) NRG - DA FORMER Survey	\$100		
81) NRG - DA FORMER Survey	\$100		
82) NRG - DA FORMER Survey	\$100		
83) NRG - DA FORMER Survey	\$100		
84) NRG - DA FORMER Survey	\$100		
85) NRG - DA FORMER Survey	\$100		
86) NRG - DA FORMER Survey	\$100		
87) NRG - DA FORMER Survey	\$100		
88) NRG - DA FORMER Survey	\$100		
89) NRG - DA FORMER Survey	\$100		
90) NRG - DA FORMER Survey	\$100		
91) NRG - DA FORMER Survey	\$100		
92) NRG - DA FORMER Survey	\$100		
93) NRG - DA FORMER Survey	\$100		
94) NRG - DA FORMER Survey	\$100		
95) NRG - DA FORMER Survey	\$100		
96) NRG - DA FORMER Survey	\$100		
97) NRG - DA FORMER Survey	\$100</		



SINGAPORE ACCIDENT STATEMENT

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 Actual 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. 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	28/10/2022 17:53 (SGT)
Reported by	Driver
Date of Accident	27/10/2022 16:45 (SGT)
Exact Location of Accident	Moulmein Rd, Singapore
Additional Location Information	JUNCTION WITH THOMSON ROAD AND NEWTON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1020K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RAINBOW LEARNING CENTRE
Company Reg No	5XXXX998A
Email Address	sle3@hotmail.com
Mobile Phone No	(Phone) +65-90928720
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Kangoo
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00091742207

DRIVER

Name of Driver	LEE WAN KEONG
NRIC No	SXXXX347E
Date Of Birth	15/10/1959
Occupation	Indoor

Date Of Driving Pass	25/01/1983
Driving experience	39 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90928720
Alt. Phone Number	-
Email Address	sle3@hotmail.com
Address	12 LORONG LIMAU #09-03
Address complement	-
Postcode	328741
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

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	SLG8738Z
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG SIEW HEONG
NRIC No	SXXXX764F

Contact Number	(Phone) +65-98232999
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

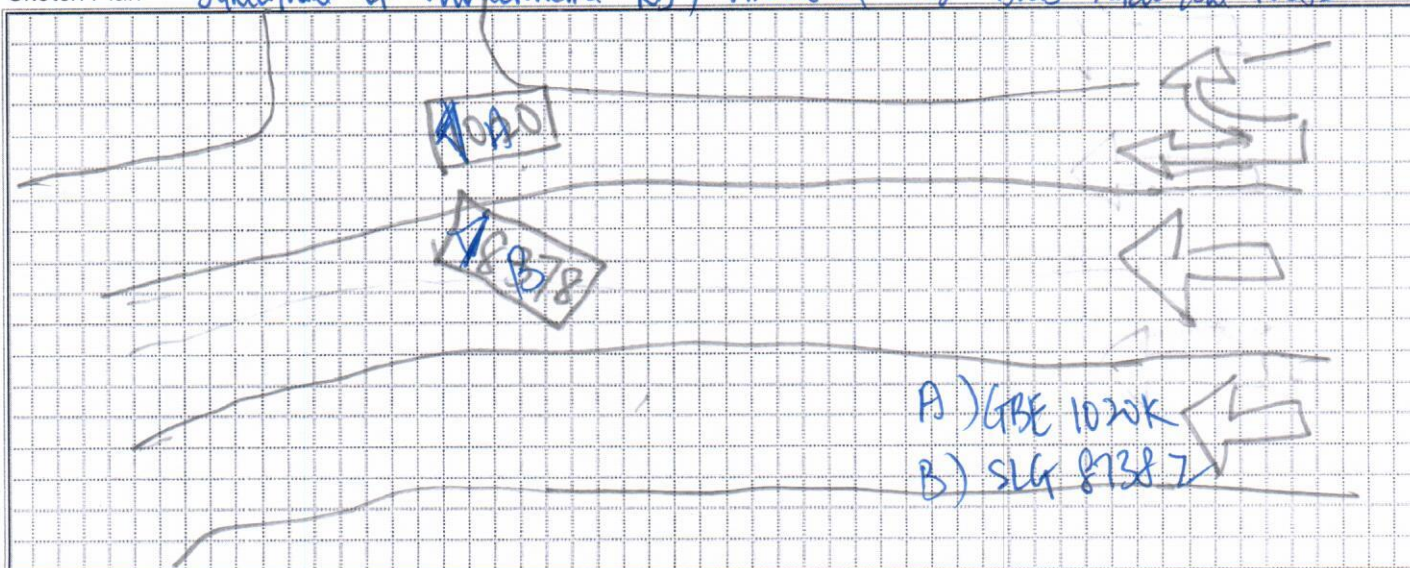
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On 27/10/22, I was on my way home, travelling from Newton Rd towards Moulmein Rd. The weather was fine, floor was dry and vision was good. As I approached the junction shown in the sketch attached, suddenly I felt an impact on the left of my van. I immediately slowed down and stopped my van, in front of the junction. I saw the car 87382 moved to the left side of the road and stopped there. In order not to obstruct vehicle flow, I also moved my van to the left side of the road and stopped there. No one was injured, no public property was damaged.

When I spoke to the lady driver Ms Ng, she asked me why I go straight. I told her she can't turn right. She said she has the right of way to turn right. Only when we both waited to the junction to take a closer look at the road sign, only then she realised her mistake.

Declaration

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

Quen 28/10/22

Policyholder's Signature / Date & Time

12.17 hrs.

Quen

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

28/10/2022

Inc, P1070

BCRA

ACCIDENT STATEMENT

ACCIDENT DATE: (27 / 10 / 2022) (DD/MM/YYYY), TIME: (16 : 45) (HH:MM)

LOCATION: Junction of Moulmein Rd, Thomson Rd and Newton Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 1020 K
b) INSURANCE COMPANY: China Tai Ping
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Renault Kango maxi
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use (returning home)
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: Rainbow Learning Centre (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 52956998A CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee Wan Keong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1388347E CONTACT: 90928720
c) ADDRESS: 12 Lorong Limau #09-03 S(328741)

* d) DATE OF BIRTH: (15 / 10 / 1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG 8738 Z MODEL: _____
b) DRIVER'S NAME: Ng Siew Heong
c) NRIC/FIN/PASSPORT: S1529764 F CONTACT: 98232999

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: sle3@hotmail.com

VIDEO



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

R SN

AN0509A

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 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No

DMCVSNW00091742207

Engine No.: K9KB608D381914

Cha. No.: VF1FW18H551660721

1 Index Mark and Registration
Number of Vehicle

GBE1020K

AUTOSAFE

=====

2 Name of Policy Holder

RAINBOW LEARNING CENTRE

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

31/08/2022
(00:00:00)

Excess Sect I . S\$450.00

EX ON WINDSCREEN . S\$100.00

4 Date of Expiry of Insurance

30/08/2023

5 Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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*

(1) Use in connection with the Policyholder's business.

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

(3) Use for social, domestic or pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing 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: NITA 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