ATTONAL Assessment Cen	tre Services 1	11 1 1 12 1/20 \(\) \(\)	908221340	900	The state of the s
Date in: 00 4 2022 10:12	Jeb description	The second secon	Inte &Time Comp		Done by
REINO: XUART (12220/104)	SAS e-Illing			•	And the second second second second
Veh No. CALB THOSE	E-mail (within \$	hri, AlC 2hrs)		1	
1200 1 1 10 1 10 1 10 1 10 1 10 1 10 1	1-Motor Clair	n Form		- ;	
	I-Motor W/O	(Within OD this, 7	P tiers)		
DO TP / Reporting Only	i-Photo Uplo				1. /
	Assessment/Su	rvey Report			man million thought call to grown
[P [nsurer:	Ass't Report b	y Fax / Hand to	Owner/Whan		
reterred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	The second secon
Perticulars: Veh No:	FBT 5522X	, INC(,) DM-401/() ' .	
Owner / Driver: (-19		Tel:)
Policy No: ()	Period: ()	Cover Type: (<u>}</u>
Confirmed by ! (Date:	Times	200000	<u>)</u>
Insured/Driver Liability: (%	i) (Note-Est Status (A, P: 21-79%.	P1 80-110	72)
Year of Registration! ()	Warranty: YES (and the second s
The second secon	\$1,000()/\$2,000		EN THE SKINGS	1.137	
eneral Remarks (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Information et le la Co				4.40.000.000.000
) Total Loss Cast : to e-mail In					and the second s
The state of the s	The second secon		wing Co: ()
	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.			21,000,00	1902 Bane by
ematistic A(ING horlines 6788 661	5)		Dale@Kime Oka	1819: 334117 25	and the state of t
Apply for Transport Allowance () / Courtsy Car (1	er or series as a selection of the series and the second		THE PERSON NAMED OF THE PERSON NAMED IN
) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost	> \$30001 ()	1		4
Opiosa Resurvey Filom (Repair Core					
Injury:		TANKS OF TANKS OF TANKS OF TANKS			
	A DESCRIPTION OF THE PERSON OF THE PERSON	No. of the last of	www.	3032724	Part Comment
			-2 2 XX	Tige (1954)	and the same of th
					Contract of the second
					and the second
		2735			and the second
ALTURE ACUCAS TARREST			paration Chrok	ist sy	
WA2203101		Invoice Ric	paration Check	ist (so	A No. B
A.S. Turner A.A.S. C.G.S. T. M. S. C. T. C. S. C		Invoice Ric	panation Check therefore (330); Assumed (3100);	1NC (34) (34) 344	A CONTRACTOR OF THE SAME OF TH
W/A2203101		Invoice Pro 1) AR: Accider 2) DA: Demag 3) TF: Towing 4) FT: Yellow	paration Check (Percula (330); Assistment (3100); Franch Serviy	210: 210: 3HC (32:	515 150 550
MA2203101 Submanus Barticullus et		Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Testion 4) FT: Fellow 5) FT: Fellow 6) TR: Re-lay	panation Check 18-porting (330); Automoral (3100); 7-11 Through Survey Through Survey (Barn Panagh Survey (Barn Section	1NC (15) 1NC (15) 1NC (15)	513 110 513 170 571
ACUCAS AC		Invoice Pro 1) AR: Accident 2) DA: Demag. 3) TF: Tewing 4) FT: Vellow 5) FT: Fellow 6) TR: Review 7) N1: Page De	panation Check (Perordag (330)); Assessment (3100); Francial Scivery Perorda Scivery (Remark) Survey (Remark) Scivery (Remark) Science (Remark) (Remark)	1NC (15) 1NC (15) 1NC (15)	543 110 533
MA2203101 Imanus Berticulari : onteet No: maged Formon:		Invoice Rice 1) AR: Accident 2) DA: Demag. 3) TF: Towing 4) FT: Fellow 5) FT: Fellow 6) TR: Re-log 7) N1: Head D 4) NTUC Aig OD'	paration Check (Paportog (330); Assessment (3100); Frongh Survey (Barn sedon A-SMET Survey (Barn sedon A-SMET Survey	110 (12 280) 210 210 210	513 130 535 130 537
W/A2203101 Signance Barticulture: Ser/Owner: Sentact No:		Invoice Rice 1) AR; Accider 2) DA: Damag 3) TF: Towing 4) FT: Fellow 5) FT: Fellow 6) TR: Re-lang 7) N1: Han Do 4) NTUC A Journ 9 D' N3: Counter 'N5: Re-lang	paration Check 18sporting (330); Assistant of (3100); Fine Check Survey (Resaled NO Cally fine codes (450 FT Survey little for (550 FT Survey little	110 (12 280) 210 210 210	\$ 100 150 150 150 150 150 150 150 150 150
ACUCAS ACUCAS ALLE ACUCAS ALLE ACUCAS ALLE ACUCAS ALLE ACUCAS ALLE ACUCAS ACUCA		Invoice Rro I) AR: Accident 5) DA: Damag 3) TF: Towing 4) FT: Fellow 5) FT: Re-lasp 7) N1: Hand 4) NTUC Ado 9D' *N5: Count 'N6: Re-lasp 'N6: Re-lasp 'N6: Re-lasp 'N6: Re-lasp	panation Check 18 period (330); Aprilment (3100); Franch Survey (Bara scaled No. Only face enden + SMFT Survey limal Ferrisal: ty Carl Tot Alloweda spain Imperiod color director spain Imperiod	110 (15) 540 110 (15) 110 (15)	\$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10
at. Time! Actions Alife 2203 [O] Umanos Perticulars : ver/Owner: mused Portion:		Invoice Rice [1] AR: Accide [2] DA: Demay [3] Fr: Teving [4] Fr: Fellow Establishes [6] TR: Re-lap [7] N1: Hav D. [8] NTUC Alg [9] NS: Coatte [NS: Resell [1] NS: DV NC [1] Tr (NS)	Danation Check Danation Check IReporting (330); Assessment (3100); Fronth Survey (Bara States NO Colly (was sedon A+SMET Survey litted Services)- sy Carl Tot Allowness Co-defination onlist Cacasa Ceardin TO (Non INC) spains	110 (15) 540 110 (15) 110 (15)	\$40 120 \$310 \$310 \$440 \$440 \$516 \$223 \$510 \$520 \$510 \$520 \$520 \$520 \$520 \$520 \$520 \$520 \$52
Actions Actions ACTION ACTION Lightnance Regularity Actions Lightnance Regularity Actions		Invoice Rro I) AR: Accident 5) DA: Damag 3) TF: Towing 4) FT: Fellow 5) FT: Re-lasp 7) N1: Hand 4) NTUC Ado 9D' *N5: Count 'N6: Re-lasp 'N6: Re-lasp 'N6: Re-lasp 'N6: Re-lasp	Danation Check Danation Check IReporting (330); Assessment (3100); Fronth Survey (Bara States NO Colly (was sedon A+SMET Survey litted Services)- sy Carl Tot Allowness Co-defination onlist Cacasa Ceardin TO (Non INC) spains	110 (15) 540 110 (15) 110 (15)	\$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 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 o. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance association of oringapore (GIA) 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 04/11/2022 16:12 (SGT) Reported by Driver Date of Accident 04/11/2022 09:43 (SGT) **Exact Location of Accident** Upper Changi Rd E, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB3605J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HO KAH NGAI NRIC No SXXXX556D **Email Address** cs8558cs@gmail.com Mobile Phone No (Phone) +65-94598993 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant Exact purpose for which vehicle was being used at time of accident Private hire

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMHCSNW00014192201

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

HO KAH NGAI SXXXX556D 12/04/1966 Outdoor

No - Claiming third party

Private hire

Auto

1497

Date Of Driving Pass 07/09/1994 Driving experience 28 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-94598993 Alt. Phone Number **Email Address** alexbeh.pc@gmail.com Address BLK 126C KIM TIAN ROAD #35-519 Address complement Postcode 163126 Is the driver the policyholder? If No, Relationship of the Driver with the Insured **OWNER** 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 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) 2 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 JOANNA (GRAB PAX) Gender Female 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 FBT5523X Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour	
Vahiola Catagory	
Name of Driver	Motorcycle
Contact Number	SIMON
	(Phone) +65-88680661
Address Complement	•
Postcode	-
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	ā
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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 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.
- 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)

Lunderstand, 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 / Dale & Time

ins) onthe

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

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

Sketch Plan

n :: ' ::	
Describe Circumstanc	e of the Accident
-	
	WAS TRAVELUNG ALONG UPPER CHANGI ROAD EAST.
	AS A BUS WAS COMING OUT FROM THE BUS STOP, I SLOWED
	POWN AND STOP TO GIVE WAY TO THE BUS.
	THE TOP TO LIVE DAY TO THE BUT.
	SUDDENLY, I FELT AN IMPACT FROM THE KEAR.
	•
The second secon	

Declaration

I/We 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

Witnessed by Reporting Centre Personnel Dame as in NIRIC/ID card)

Emsil: SIN@idac.com.sg Tel no: 6555 6888 *If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one w	
Date of Accident: 04 / 11 /2022 (dd/mm/yy) Time of Accident: 09 : 43 (24-HR-FOR	eek.
Vehicle No.: SNB36053 Vehicle Make & Model / Engine (cc): ToyOTA VD& Private Hi	MAT)
Exact location of Accident: UPPER CHANGI ROAD EAST	re:(())/N
Policyholder's Name / IC No. : HO KAI NGAI 21750556D ROC/UEN (Company)	
Driver's Name / IC No.: HO KAI NGAI SI750556D (As A)	
Driver's Contact No.: 9459 8993 Company Contact No / Owner Contact No:	pove)
Driver's Address: BLK 126C KIM TIAN ROAD #35-519 SINGAPORE (63/26	
Owner Email address: CS8558CS @GMAIL.COM Insurance Company: CHINA TAIPING	
Driver Email address : ALEXBEH. PC @GMAIL. COM	
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:	
What do you wish to claim? (Please <u>TICK</u> one only)	
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)	
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor	
Private use / Work purpose *No. of Passengers (Including Driver): 2	
Passenger Name: JOANNA 83287417 GRAB PASSENGER Gender: Male / Fem Passenger Name: Gender: Male / Fem	ale vi
Weather condition & Road conditions? (On the day of accident)	
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:	
L Trick Pount & Sect Ditazing & Wel / Others:	
Vas there any video captured by your Car Camera? Yes / No Remarks:	
Vas there any video captured by your Car Camera? Yes / No Remarks:	
Vas there any video captured by your Car Camera? Yes / No Remarks: Liny Injuries: Yes / No (If YES) Injured Person Name: Injuries Sustain: Injured Person in Which Vehicle:	
Vas there any video captured by your Car Camera? Yes / No Remarks: Liny Injuries: Yes / No (If YES) Injured Person Name: Injuries Sustain: Injured Person in Which Vehicle:	
Vas there any video captured by your Car Camera? Yes / No Remarks: Liny Injuries: Yes / No (If YES) Injured Person Name: Injuries Sustain: Injured Person in Which Vehicle:	
Vas there any video captured by your Car Camera? Yes / No Remarks: Liny Injuries: Yes / No (If YES) Injured Person Name: njuries Sustain: Injured Person in Which Vehicle: Olice Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details:	
Vas there any video captured by your Car Camera? Yes / No Remarks: Injuries: Yes / No (If YES) Injured Person' Name: Injured Person in Which Vehicle: Olice Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details: Driver's Name / IC No: SIMON Vehicle No: FBT5523X	
Vas there any video captured by your Car Camera? Yes / No Remarks: Sny Injuries: Yes / No (If YES) Injured Person' Name: ijuries Sustain: Injured Person in Which Vehicle: olice Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details: Driver's Name / IC No: SIMON Vehicle No: FBT5523X Oniver's Contact No: 8868 0661 Insurance Company:	
Vas there any video captured by your Car Camera? Yes / No Remarks: No (If YES) Injured Person' Name: Injured Person in Which Vehicle: Olice Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details: Driver's Name / IC No: SIMON Driver's Contact No: \$268 0661 hardrance Company: Driver's Name / IC No (If Any): Vehicle No: 4	
Vas there any video captured by your Car Camera? Yes / No Remarks: City Injuries: Yes / No (If YES) Injured Person' Name: Injured Person in Which V-hicle:	
Vas there any video captured by your Car Camera? Yes / No Remarks: Liny Injuries: Yes / No (If YES) Injured Person Name: njuries Sustain: Injured Person in Which Vehicle: Olice Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details:	



中国太平保险(新加坡)有限公司

HINA TAIPING INSURANCE (SINGAPORE) PTE (10)

CERTIFICATE OF INSURANCE

DMHC5NW00014192201

Engine No. 2NRS533091 Cha No MR2823F3901230239

SN83605J

AUTOSAFE

HO KAH NGAL

Excess Sect 11 Outside Singapore i

16.08.2023

Excess Sect 11 Excess SectificOutside Singapore

\$\$1,250.00 \$\$2,500.00

EX ON WINDSCREEN

As per Named Driverisi 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.

HO KAH NGAL

(1) Use for the carnage 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 (1) Use for racing, pace-making, reliability that or speed-testing (2) Use whist drawing a trailer except the towing (other than for reward; of any one disabled mechanically propelled vehicle

HIRE PURCHASE CO. TOYOTA FINANCIAL SERVICES SINGAPORE PTE. LTD.

"Elmitaburs rendered inoperative by Section 8 of the Motor Yericas (Third Party Risk) and Compensation (Act (Chause 199 and Section 95 of the Bload 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 (Mataysia)

... CHINA TAIPING INSURANCE (SINGAPORE) PTE LTO

ABWIN PTE LTD Authorized Officer

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 🕅 3 Anson Road #16-00 Springleaf Tower Singapore 0.79909

\$ 6389 6111

6222 1033

www.sg.intaiping.com