NATIONAL Assessment	Centre .	Services.	[wei 1 720,02]			
Date In: 14/11/21		Jeb description		Date &Time Completed	Done	pì.
Ref No: NA/CTJ >>01141	12/12	SAS e-filing			7	
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		i-Motor W/C	(Within: OD 2hrs,	TP 4hrs)		
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		Assessment/St				
TP Insurer:				Owner/Wksp		
Preferred Wksp / INC Assign Wksp /	l QW: (Fax:)
TP Particulars: Veh N		1269286	INC ()/Non-INC()		
Owner / Driver: (a resident to a contract to the second to th			Tel:)	
Policy No: () Period	d: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (V	WO): N: 0-20	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: (rranty: YES ()/NO()		
	ng:\$1,000	()/\$2,000	()			
() Walk-In Customer : Custom	er's informa	tion strictly Co	nfidential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-ma				* * * * * * * * * * * * * * * * * * *		
Drive-In ()/Towed-In ()	Invoice: Y	ES()/N	NO () ; To	owing Co: (,)
Remarks: (INC horline: 6788)	7.617.VV			Date&Time Completed	Done	by
1) Apply for Transport Allowance (200000000000000000000000000000000000000	rtesy Car ()		A	-
2) QC Check / Post Repair Inspection		())	***	,	
3) Upload Resurvey Photo [Repair C		01 ()			
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Injury:			•		en e	artical society
Date/Time Actions					<u> </u>	<u></u>
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No.					Anit (S)	Amt (3)
NASSOCI	14			aration Checklist	fi Biji	Add Bill
Cliumant's Particulars :-			1) AR: Accident 1 2) DA: Damage A		30)	
Driver/Owner:			3) TF : Towing Fe 4) FT : Follow-Th		\$120	
Contact No:			5) FT : Follow-Th	rough Survey (Resurvey)	\$30	
			6) TR: Re-inspec	ojnst INC Only (wel 10 Jan 200 tion	\$75	
Damaged Portion:			7) N1 : Idao DA + 8) NTUC Addition		\$160	
		A STATE OF THE STA	OD*	nai Scivices.		
QC Checked by (Engr-In-Charge):		!		Car / Tpt Allowance	\$5 \$10	
	97995;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		*N7: Post Repa	ir Inspection	\$25	
Auditors' Comments :-				(Non INC) against INC	\$5 \$20	<u>.</u>
Cat. 1:			9) N12: Idac Mob		30	Antigor France
at. 2/3;			Invoice dated	Fee Charged	MONESON 32,324	
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p. 21 - 61

SN0922BE000L / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/11/2022 18:31 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (14/11/2022 18:31 (SGT))



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

- 3. Information provided must be as truthful and accurate as possible. Ally willul misrepresentation of withouting of material racis may allow insurance companies to reputate 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.

ACCIDEN	T STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	14/11/2022 18:31 (SGT) Both 13/11/2022 12:15 (SGT) Singapore PIE TWDS TUAS B4 ENG NEO AVE Singapore
DETAILS O	FOWN VEHICLE
Vehicle Registration Number	SKV3996K
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No VEHICLE PARTICULARS	No KOH KOK YONG SXXXX445D andrewtan.jielun@gmail.com (Phone) +65-88000099
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 INSURANCE COMPANY	BMW 640i - Private use No - Claiming third party Private car Auto 3000
Name of Insurance Company Policy Number / Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00048222200
Name of Driver NRIC No Date Of Birth Occupation	KOH KOK YONG SXXXX445D 28/11/1977 Indoor

Date Of Driving Pass 18 28/09/2004 Serving experience Serving experi			
Gender Mable Number All. Phone Number	Date Of Driving Pass		28/09/2004
Mobile Number Email Address Address SALR, Phone Number Email Address Address Somplement Postcode Strike Str	Driving experience		18 YEARS AND 2 MONTHS
Alt. Phone Number Email Address Address Address Address Address BLK 4578 SENGKANG-WEST ROAD Address Complement Postcode Start Own Other Vehicle Owned BLK 4578 SENGKANG-WEST ROAD Address Complement Postcode Start Own Other Vehicles? Ves 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 Clear Control of Vehicle Owned in the accident? Control of Vehicle Owned in the accident? Was any foreign vehicle involved in the accident? Was any foreign vehicle involved in the accident? Was any injured owney to hospital by ambulance? Was any injured provided or properly damaged? Yes Number of Passengers (Including Driver) 1	Gender		Male
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Address Address Address Address Address Address Complement M04-364 Postcode 792457 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured - No.	Alt. Phone Number		-
Address Omplement	Email Address		andrewtan.jielun@gmail.com
Postcode Is the driver the policyholder? Yes Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Obens Driver Own Other Vehicle? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Weather Conditions Clear Road Surface Orther Nifformation Office Insurance Company of Other Vehicle Owned by Driver General Information Type of Accident Weather Conditions Clear Road Surface Orther Nifformation Was any foreign wehicle involved in the accident? Was any foreign wehicle involved in the accident? Was any foreign wehicle involved in the accident? Was any other wehicle or property damaged? No Was any other wehicle or property damaged? No Translator's Burnal accident claims assistance? Translator's ame Translator's Insulator's Insulatory accident claims assistance? Translator's ame Translator's Insulatory accident claims assistance? Translator's email Original language used in the statement DETAILS DE POLICE ACTION Was the accident reported to the police? No Was the accident reported to the police? No Was the 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 Model Vehicle Colour Vehicle Colour Vehicle Colour Vehicle Colour Vehicle Colour Private car	Address		
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 Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Was any foreign vehicle involved in the accident 9 Was any injured on the Accident? Was any injured on the Accident? Was any injured conveyed to hospital by ambulance? Was any only rehicle or property damaged? Yes Number of Passengers (including Driver) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's Bone number Translator's Bone number Translator's Bone number Translator's Phone number Translator's	Address complement		#04-364
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Vehicle Manufacturer - Vehicle Model - Vehicle Variant - Vehicle Colour - Vehicle Category - Private car	DETAILS OF	OTHER	VERICLE PROPERTY T
Vehicle Model - Vehicle Variant - Vehicle Colour - Vehicle Category - Private car			SLZ6928E
Vehicle Variant	10 No. 10		
Vehicle Colour	TO SECURIOR DESCRIPTION OF THE PROPERTY OF THE		-
Vehicle Category Private car	Control of the control of the first the control of		-
			-
Name of Driver	-		Private car
Name of Driver	Name of Driver	********	-

Contact Number

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

Vehicle Registration Number	SNH3948M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	<u>-</u> .
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SML496K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLX5599M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	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)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number		S	MK8205L
Vehicle Manufacturer			
Vehicle Model		-	
Vehicle Variant	1.252.52.52.625.75.75.64.75.7	******	
Vehicle Colour	×**********		
Vehicle Category		Р	rivate car
Name of Driver			Trate our
Contact Number	************		
Address	*********		
Address complement	K4.0.00.00.000.000.000.000.000		
Postcode		-	
Insurance Company Name	******************		
Nature Of Damage			
Details of property damaged in accident	* * * * * * * * * * * * * * * * * * * *		
No. Of Passenger (Including Driver)			
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Vehicle Registration Number			
Vehicle Manufacturer			BH3786E
Vehicle Model			
Vehicle Variant	*****************		
Vehicle Colour			
Vehicle Category			
Name of Driver			ommercial vehicle
Contact Number			
Address			
Address complement			
Postcode			
Insurance Company Name			
Nature Of Damage			
Details of property damaged in accident			
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No. Of Passenger (Including Driver)			
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No. Of Passenger (Including Driver)	*************	-	HICLE PROPERTY 7
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Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code	KOH KOK YONG Male - -
Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- SLIGHT SKV3996K Yes No

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.
- 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
- (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.

of

Policyholder's Signature / Date & Time

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

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

Sketch Plan Vehicle A : SKV 3996 K Vehicle Vehicle B SLZ 6928 E Vehicle E Vehicle C. SNH 3948 M Vehicle F

The second secon	THE PROPERTY CONTINUES AND ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADM
describe Circumstance of the Accident AS of above date	and time, I was driving my vehicle
(SKV 3996 K) along	PIE towards tuas before Eng Neo Ave
on the 2nd lane	of a 4 Jane expressively. Vehicle C
(SNH 3948 M) applied	brake and I followed accordingly, Out of
a Sudden, Vehicle B	(SLZ 6928 E) collided into the rear portron
of my vehicle. Po	ie to the impact, my vehicle surged
torward and collide	d mto vehicle C. I Alighted and discovered
1 was involved m	a 9 car chain collision.

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

Policyholder's Signature / Dale & Time

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

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

EHIČLE NO: SKV 3996 K	MAKE & MODEL BMW 6401 QUTO MANUAL
ATE OF ACCIDENT:	13/1/ /2022 00.3.0
ME OF ACCIDENT:	12.15 HRS
OCATION OF ACCIDENT:	**************************************
XACT PURPOSE USE DURING ACCIDENT:	PIE towards tuas before Eng Neo Ave EMPLOYMENT/RRIVATE USE / PRIVATE HIRE
	Koh Kok Yong
AME OF OWNER:	
EL NO:	
RIC:	S7734445D
DDRESS:	Apt BIK 457B Sengkang West Road Singapore 792457
MAIL:	andrewtan. Sie lung smow) com
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY
LEET POLICY:	YES (NO)?
NSURANCE COMPANY:	China Taiping
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO:	DMPCSNW00048222200
NAME OF DRIVER:	AS ABOVE / IF NO:
	as above ANY PASSENGER:
NRIC:	
DATE OF BIRTH:	28 / 11 / 1977 LICENCE PASSED DATE: 28 / 09 / 2004
OCCUPATION:	OUTDOOR / (NDOOR)
GENDER:	MALE) FEMALE
CONTACT NO:	H/P: as above Office: HOME:
ADDRESS:	as above
EMAIL:	as above
DOES DRIVER OWNED ANY VEHICLE:	NO/ IF YES, REG NO: INSURER:
RELATIONSHIP:	Owner
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:
ROAD SURFACE:	DRY / WET / OTHER:
ANY INJURIES:	NO / IF(YES) WHO?
NAME & CONTACT:	Koh Kok Yong (8800 0099)
NAME & CONTACT:	RON ROE (Chig) 8500 0011)
	NO / IF YES, WHERE?
POLICE REPORT: NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?
VEHICLE B REG NO:	SLZ 6928 E ANY PASSENGERS: UN KNOWN
NAME OF DRIVER:	UNKNOWN CONTACT NO: UNKNOWN
VEHICLE C REG NO:	SNH 3948M ANY PASSENGERS:
VEHICLE D REG NO:	SML 496 K ANY PASSENGERS:
VEHICLE E REG NO:	SLX 5599 M ANY PASSENGERS:
VEHICLE F REG NO:	SMK 8205 L ANY PASSENGERS:
VEHICLE G REG NO:	GBH 3786 E Veh H: SML 36145 ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	Vehicle I : SKS 406 H WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO RECORDED?	YES / NO
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO
ACCIDENT PORTION:	Front and Rear Portion
Have you been approach by unknown person solicitin	g (s) / offering accident claims assistance? YES / NO
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd
CONTACT NO:	68420051 / 67440510
CONTACT PERSON:	Steve
FAX NO:	67410510
WORKSHOP EMAIL:	sales@n51.com.sg



Motor Private Car

MX1E

N SN

AN0397A 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.

DMPCSNW00048222200

Engine No.: 08478184N55B30A

Index Mark and Registration

SKV3996K

Cha. No.:WBA6A02070DF13968

Number of Vehicle

AUTOSAFE

Name of Policy Holder

4. Date of Expiry of Insurance

KOH KOK YONG

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

19/02/2022 (00:00:00)

Named Drivers Ex Sect. I

S\$2,500.00

18/02/2023

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$\$3,000.00 S\$500.00

Ex Sect. I - Age >= 26 * Age as at date of accident

EX ON WINDSCREEN.

S\$100.00

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 Vehicle.

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 The policy does not cover use for hire or reward fultion driving test racing pace-making, reliability trial, speed-testing, the carriage 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 \$\$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.: INDEX CREDIT PTE LTD

* 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: INDEX AGENCY PTE LTD

Authorised Officer

Authorised Signatory

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

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