4 14	*		111111111111111111111111111111111111111	111111	*701
VATIONAL Assessment Centre	Services in	11 /2=/0:1	nte &Time Comp	lated Do	ונים פון
Date in: 1 25/1/2022 14:51	Job description			•	Acres - Art Marie - Art
ROINO: 468(11201) 37414	SAS e-filling	1	- In the state of		
Veli No: Stx 93:190	E-mall (within the	,		- + :	- harmon
0.0.1 24/11/2022 -10:40	1-Motor Claim	THE RESERVE AND ADDRESS OF THE PARTY OF THE	3 2 3 .		
succession of the same of the	I-Motor W/O	White: QD 1his, 77	45:71)		ery
OD (73) / Peperang Only	i-Photo Upload	ded		-	Market Street,
and the second s	Assessment/Sur				45ml 4 4.84 year 1
TP (neuret:	Ass't Report by	Fax / Hand to C) water/Wisa	-	
Preferred Wksp / INC Assign Wksp / QW: (1	The second secon	Tol:	Fax:	And desired to the same of the
TP Panticulars: Veli No: XE	-4148X	, INC(,)/ Non-1NC (<u> </u>	
Owner / Driver: (And the second s	Tel:	l	3
Policy No: () Per	lod: (Times Types (N & househoutheather and the
The state of the s	Note-Est Status (W	Date:		F: 80-100%)	1995 F. B. o. o.
177 2 h : Cap 18 f · - 1	distribution of the control of the c)/ NO ()		AND COMMENTS OF STREET	
ALEST DI MODISMEDINE /	Varranty: YES (00 () / \$2,000				
Excess: (\$) Loading: \$1,0	A THE RESERVE AND ADDRESS OF THE PARTY OF TH	A STATE OF THE PARTY OF THE PAR	7 - Fak(9-19a	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
General Remarks : (2) 10 60 december () Walk-In Gustomar : Customer's info	continue stricty Co	nfidential & Stri	ally NO refer of :	epalier.	A STATE OF THE PARTY OF THE PAR
() Walk-in Gustomar i Customis s muo	or URGENTLY.				-
The second secon	: YES()/1	10();To	owing Co: (THE RESERVE AND ADDRESS OF THE PERSON OF THE)
The state of the same of the s	P-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	MARKAS LUCA - VI	Drawking Cos	hple vd Ministra	Done by
Remarks 10 2 (INC horline: 6788(6615)	Strike Strike	100141111111111111111111111111111111111	and a second	MANAGEMENT OF THE PARTY OF THE	
1) Apply to:	Courtasy Car (1			and the second second
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > S	30001 ()			
3) Upload Resurvey Photo (Repen Con-				-	
Injury:				THAT THE TANK	A STATE OF THE PARTY OF THE PAR
The second secon	Control of the Advanced Control of the Control of t			and their sit out of a colo	Side .
Onto Time Actions of the Continues				AMERICAN SAN	Sp
Dark Time. Actions					144
					i pr
					A second
					A CONTRACTOR
			eparation Check	uist, vijo	A CONTRACTOR
NA203316		13 A Production	al Remorate (530);	3184 (354) 1186 (358)	A CONTRACTOR
		1) AR: Accide 2) DA: Demay 3) TF: Towing	Al Reporting (530); E Approximent (5100) Fas	18C (858) 510/545	A CONTRACTOR
XIA2203316		1) AR: Accide 2) DA: Demag 3) TF: Towing 4) FT: Fellow	ni Reporting (530); **Assistment (5100) Fin Through Survey	G(S()	A CONTRACTOR
NADOS 316		1) AR: Accide 2) DA: Denne 3) TF: Towing 4) FT: Fellow Friedling	AlRaporths (530); Ansistant (5100) Fas Through Survey (Res Estatate NC Only An	100 (155) 100 (155) 100 (155)	A CONTRACTOR
MADOS Satilculius		1) AR: Accide 2) DA: Demag 3) TF: Towing 4) FT: Fellow For Shirth 6) TR: Resign That the	Allegerate (530); Allegerate (5100) Fee Through Survey Through Survey (See	GISS (C. ((GC) (C. ()))) ((GC) (C. ((1) (2) (A) (3)
MADOS 316 Imanus Particultus Inter Owner Inter No.		1) AR: Accide 2) DA: Demag 3) TF: Tewing 4) FT: Fellow 5) FT: Fellow Equations 6) TR: Resign 7) N1: Resign 8) NTUC Add	Al Paperulas (530); E Assistment (3100) Fin Through Survey (Res Latalact NO Only to perdin A - Shift Survey Alliand Services:	3181/2(41750) 3180 (358) 510/545 5120 4740) 330 5110/312(200) 573 5180	(1) (2) (A) (3)
MADOS 316 Minanus Raticulars Minanus Raticul		1) AR: Accide 2) DA: Demag 3) TF: Tewing 4) FT: Fellow 5) FT: Fellow Excisionar 6) TR: Resign 7) N1: Hav D 1) NTUC Add Q1) • N5: Cost	Al Reporting (530); E Assistment (3100) For Through Survey (Res Localed IND Only in perion A * SNIET Survey Historic Services; cry Cord Tot Allower (Condition on	GISS (25) (150, 151) 180 (155) 510/542 510 417-47) 510 5110 (15, 2002) 511 5160	MATERIAL SALES
MADOS 316 Imanus Carriculars: Inter/Owner: Inter No: Imaged Portion: C Checked by (Engr-In-Charge):		1) AR: Accide 2) DA: Denny 3) TF: Towles 4) FT: Fellow Excelling 6) TR: Reside 7) NI: Has D 1) NTUC Add QD' 'NE: Reside	ATRAPORTIAS (530); E ASSISTMENT (3100) Fix Through Survey (Resistance) NO Only (Appendix A + SAIRT, Survey Historial Services; cry Cost Tot Allowing Ir Cost Singlian Regain Inspection	1NC (350) 540/542 5100	TATELLY AND
MADOS 316 Introduction: Introducti		1) AR: Accide 2) DA: Demag 3) TF: Tewlor 4) FT: Fellow 5) FT: Fellow Excidence 6) TR: Reside 7) N1: Have D 8) NTUC A46 90: • N3: Cost: • N4: Reside (1) N1: Part (2) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	ATRAPORTIAS (53-0); E ASSESSMENT (31-00) Fin Through Survey (Res ESSAIRT SURVEY ITHINGS FOR THE ATRAP A - SMET SURVEY INITIAL SETTING ESY CONT THE ATRAP IT CONTRIBUTES CONTRIBUT	G(SCO) (30) (30) (30) (30) (30) (30) (30) (30	A A SIL
MADO3316 Minance Particulars entact No. maged Portion: Checked by (Engr-In-Chargo):		1) AR: Accide 2) DA: Denny 3) TF: Towles 4) FT: Fellow Excelling 6) TR: Reside 7) NI: Has D 1) NTUC Add QD' 'NE: Reside	Al Reporting (320); E Assistment (3100) Fin Through Survey (Res Latalata INC Colly for A + SAIRT Survey History Services; Latalata INC Colly for Latalata INC Colly Contained to Allowed Toolasi Experien Collisi Experien Collisi Experien Collisi Experien Mexic	G(SC 2000) SNC (358) 510/542 1100 4rvey) 510 511	

,



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 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

25/11/2022 14:31 (SGT) Date of Submission Both Reported by 24/11/2022 18:40 (SGT) Date of Accident AYE, Singapore **Exact Location of Accident** TOWARDS JURONG AFTER NORMANTON Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX9319D

INSURED/POLICYHOLDER

Is company? LOO KIN SENG Name Of Registered Owner SXXXX319H NRIC No hcrmyself@gmail.com **Email Address** (Phone) +65-97307163 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Honda Manufacturer Model Civic Variant

Exact purpose for which vehicle was being used at time of Employment accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Private car Vehicle Category Transmission Auto 1597 CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company DMPCSNW00067542200 Policy Number / Cover Note Number

DRIVER

LOO KIN SENG Name of Driver SXXXX319H NRIC No Date Of Birth 31/05/1956 Occupation Outdoor

Date Of Driving Pass 31/07/1984 Driving experience 38 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-97307163 Alt. Phone Number Email Address hcrmyself@gmail.com Address BLK 659C JURONG WEST STREET 65 #12-353 Address complement Postcode 643659 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 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? Yes Was any injured conveyed to hospital by ambulance? No 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 WIFF Name Female Gender 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** XE4148X Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	DHANABAL BHARATHI
Passport No/FIN	GXXXX999P
Contact Number	2
Address	:=:
Address complement	(
Postcode	-
Insurance Company Name	** n <u>u</u>
Nature Of Damage	-
Details of property damaged in accident	r=
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Post Code

Injuries Sustained

Were seat belts worn?

Approximate Age Years Old

Injured person in which vehicle?

Was this injured conveyed to hospital by ambulance?

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	LOO KIN SENG Male (Phone) +65-97307163 SLIGHT INJURY SLX9319D Yes No
Name of injured person Gender Phone No Address Address Complement	WIFE Female - -

SLIGHT INJURY

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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing w ith 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' 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 Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A SLX9319D B XE4148X AYE Towards Jurong Atter Normanton	A A B C A A A A A A A A A A A A A A A A	
---	---	--

DATE OF ACCIDENT: 24/11/20-22 Describe Circumstances of the Accident VEHICLE NO: 5289390 OWN WORKSHOP () THIRD PARTY () OWN DAMAGE () REPORTING ONLY ()

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

Policyholder's Signature / Date &

Time &

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

1.

Witnessed by Reporting Centre

Personnel

ACCIDENT REPORTING FORM

Pate of Accident: 24/11/2022 Time of Accident: 18:40 (24Hrs)
Pehicle No:
exact Location of Accident: AYE towards Juning after Normanton
Owner's Name/NRIC: Loo Kin Seng / S1156319H
Driver's Name/NRIC: LOO Kin Seng / S1156319H
Driver's Contact: 91307163 Insurance Co & Policy No: China Taiping DMPC SNW
Driver's Email Address: hcrmySelf@gmail.wm
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify:
Reporting Party: 1) Owner 2) Driver 3) Owner & Driver
What do you wish to claim (Please circle one only) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only) Private Use / Work Purpose
Weather Condition & Road Conditions? Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet
Occupation ndoor / Outdoor
Any Injuries? (MC of 3 Days or more, police report is required)
Yes / No If Yes, which police station?
The Other Party (Vehicle B) Details Driver's Name/IC: Dhanabal Bharath / G8220999P Vehicle No: XE4148x
nsurance Company: Driver's Contact:
(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)
Other Vehicle (Vehicle C) :
Passengers Vehicle A: Vehicle B: Anver, O passenger I driver, O passenger
Language Used Mandarin / English / Malay / Tamil / OTHERS:



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

SN

AN0685A

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)

ii

CERTIFICATE No.

DMPCSNW00067542200

Engine No.: R16B25500451

Cha. No.:MRHFC5650JT000401

1. Index Mark and Registration

SLX9319D

AUTOSAFE ========

Number of Vehicle

2. Name of Policy Holder

LOO KIN SENG

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

18/04/2022 (00:00:00)

17/04/2023

Named Drivers Ex Sect. I

S\$1,100.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$\$3,000.00 \$\$500.00

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

EX ON WINDSCREEN .

S\$100.00

Date of Expiry of Insurance

5. 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

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 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 \$\$500 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.: HONG LEONG FINANCE 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: WEE WEE MANAGEMENT PTE LTD

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) **1** Anson Road #16-00 Springleaf Tower Singapore 079909

© 6389 6111

6222 1033

www.sg.cntaiping.com

433