VATIONAL Assessment Centre S	ervices you	J247\$0]	CA005231	7000	3'	)
The state of the s	(d) description		Date &Time Con	pleted	Done	))'
ReINO: XUGR (1) 270007741	SAS e-Illing "		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	•		
Vali No: SQD-7177	E-mall (within thee,	AIC 2513)	** * .			1
D.D.A: 20/8/12022-18/27	1-Motor Claim F		5 5 1 7	;		
	I-Motor W/O (wh	inle: QD Inn, 1	'F thee'			agramma at an i
OD ! ( Reprint Only	1-Photo Uplouder	d	4 1 t hid opportunities on a grown patric Ar			
	Assessment/Surve)	Report	***************************************	1		
TP insurer:	Ass't Report by En	x/Hand to	Owner/Wisp		C ALL COLOR	A COLUMN TO THE PARTY OF THE PA
Professed Wksp / INC Assign Wksp / QW: (	10 1		Tel;		ax:	!
To Penticulars: Yeli No: M.	1857611	, INC(	)/ Non-INC (	) "		
Owner / Driver: (	,		Tel:		)	
Policy No: ( ) Perio	d: (	)	Cover Type: (	received and the section	<u> </u>	1 16 & 622-00000000000000000000000000000000000
Confirmed by : '(		ate:	Times	- horses of the later of	)	·
In the second se	te-Ust Saws (WO)		14. P: 21.79%.	F: 30-1	(40N)	
THE RESERVE THE PROPERTY OF TH		140(	)			-
Excess: (S ) Loading: \$1,000	THE REAL PROPERTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADD	)			المراب المرابع	
General Reministration (2004) The Section	STATES AND STATES OF THE PERSON AND ADDRESS OF THE PERSON AND PARTY OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE	Marie Ministration of the Party				
( ) Walk-in Customar i Customers inform		ential & Str	aly NO Island	tepalier.		
( ) Total Loss Case : (o e-mail Insurer				Trappy responsed to the sa		
Drive-In ( ) / Towed-In ( ); Invoice:	and the same of th		owing Co. (			THE PERSON NAMED IN
Ramarka-12. Nung kodina-16783.kodo o	<b>经</b> 证据与基础的		Distantine	p Flat of it	in the Doro	gby .
1) Apply for Transport Allowance ( )/ Co-	ntray Car ( ).					-
2) QC Check / Post Repair Inspection	( )				-	
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()		i			
Injury:						
One rout Action and the Teach of the					10 15 Sept.	
			-			
The state of the s				y. —	, /	
-	F.					
	where the transfer and the second			H-000		
		ment only		F. 3. 15 / 5. 1		
MA1200220	192	AND DESCRIPTION OF THE PERSON	paration Chros	JIST SAV	PROGRAMMEN	GISTASH BIM
luingnie Lanicultyges and and the		) AR : Accident	Assessment (\$100)		(350)	
The same of the sa		)TF: Towing	Through Servin		\$19/\$45i	
Ever/Owner:		CT . Mallern	Through Survey (Bas spinis 180 Only To	stray)	350 023)	1
entret No:		6) TR: Redon	esdare		373	1
muged Forden: Fig.		I) NTUC Ada	ligat Forviers			
		OD.	AY CAT! TOU Allewher	E .		
C Checked by (Engr-In-Chargo):		Ne Repet	Cossellation		\$10 \$19	
THE STATE OF THE S	<b>新疆景域</b>	AND THE	ajuli lespestica Collect Uncasa Ceardi	netion	<b>41</b>	
nt, tort comments. As the	Ch alpen Hersenstiller	77 (3111): 9) N12(14+1	TP (Noch INC) egalner	INC	516 10	
1	and the second control of the cases.	Inspite dated		Fee Char	Section 4.1	
1.2/3:				Car Chai		-478

SN08231P0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 25/01/2023 13:31 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (25/01/2023 13:31 (SGT))



# 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 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.

- 4. The issue and acceptance of this Portin 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 25/01/2023 13:31 (SGT) Reported by Date of Accident 20/01/2023 18:27 (SGT) **Exact Location of Accident** Orchard Rd, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SDD717Y INSURED/POLICYHOLDER Is company?

Name Of Registered Owner CHEONG HWEE CHENG NRIC No SXXXX084C **Email Address** ac00455@gmail.com Mobile Phone No (Phone) +65-87783663 Alternative Phone No.

#### VEHICLE PARTICULARS

Manufacturer Renault Model Kadjar 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? Vehicle Category

Transmission CC

No - Reporting only Private car Auto 1461

#### INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00106562200

#### DRIVER

Name of Driver CHEONG HWEE CHENG NRIC No SXXXX084C Date Of Birth 05/04/1971 Occupation Indoor

Date Of Driving Pass 23/10/1993 Driving experience 29 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-87783663 Alt. Phone Number Email Address ac00455@gmail.com Address BLK 140 JALAN BUKIT MERAH #19-1156 Address complement Postcode 160140 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 Side Swipe Weather Conditions Raining Road Surface Wet 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) 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? 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 SMU8526H Vehicle Manufacturer Honda

Vehicle Variant	
Vehicle Variant	:- <u>-</u>
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN WEE HAC

Contact Number (Phone) +65-91441790

Vehicle Model

Address	
Address complement	
Postcode  Insurance Company Name	
Nature Of Damage	
Details of property damaged in assident	
No. Of Passenger (Including Driver)	
g - (molading Driver)	10

#### **SKETCH PLAN**

#### IMPORTANT NOTICE

- 1. 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 <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.

## 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 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.

Alaelly 35/1	12073	200 / 200 /
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

Oschard Kol.

According 2 par 19

Smu 85247 9

Rain I wet

Describe Circums	stance of the Accident					
	Y FIF DAZ	40	OIDENT		oth -	
	BER: 8718 366	AC	CIDENT	DATE & TIME:	Jan	6.27 pm
	Orchard Rel		IAIL: O	C \$ \$ 455	6 @ gmai	1. con
	orchard Rel					
T ,	A10.0 h .					
0.	was driving	along Orc	harel	Rel tou	rard P	lazy
- inga	pur Due	to the v	vet	Weather	all	curs
Were	was driving pure Due christing que there was rech to faving out votes the vicles of can	to skuly,	how.	ever infon	x D	MII
car	there was	an accide	nt.	I had	no -1	1
Ne	recl to f	the left		I had s	inne	vice .
M	wing out v	ien slewly	as	CO4 1/	9-4	o vas
7	the vicles	priviled		ca Via	en Jus	7
+	Car can	e for the	lo	PP aluis	4	,
a	furt spee	of Dill	- ref	- Canry	at q	ruite
	Spec	er, Both	cay.	s collabor	1.	
				U.		
NOTE: P	LEASE NOTE THAT YOUR	R INSURER MAY HAVE A	14 DAYS	S TIME FRAME FOR	YOU TO SUBM	IIT AN
OWN DAN	MAGE CLAIM UNDER YOU	R OWN POLICY. PLEASI	E CHECK	YOUR POLICY FOR	MORE INFOR	MATION
	( ) CLAIM OWN POLICY	( ) CLAIM THIRD PARTY		AIM OD/TP AT OTHER WO	DIVOLLOR	) REPORTING ONLY
eclaration						

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 (Name as in NRIC/ID card)

## AGCIDENT'STATEMENT.

	, 50 61	7412 · 3	•	. 6 27	2711123 1111
ACCIDE	NT DATE: (20. 1.01	1200/Y	YWWAAAA)' IIWE	( 0 17 1	) (HK:MM)·
LOCATIO	ON: Ordnard	Rd	,	51	
		,	•		
١, ١	DETAILS OF VEHICLE	IEGGS	1 V		1 1
1	· III IIII I I LIME ANIIN	I MANY C POLINIC	1 (4 ( ) ( ) ( )		
					122.01
	HIPOLICY TYPE: 100h	APREHENSIVE /	THIRD PARTY / T	HIRD PARTY F	IRE &THEFT)
	FITUDE / CALOON / CO	TIPE I MEVIVE	N/LORRY/MO	STOROYOUE.	OTHERN!
	-IVELIOLE CATECOS	AINDUIN VIII ()	DWWELCIUCIL	110101010	-1
	g/veriote categor h/purpose of Using i/are you claiming	AT ACCIDENT	IIWA: I I CALL	The state of the s	,
*11	IF NO, PLEASE STATE	CHIBB PARTY (	CLAIM / REPORT	THE OHLY)	3.
2	ILLUNDEN I DALLAVIJA	~1 m 15 m			
£1,	A LUI A LIP, I CONTROL	4 1 1 0 1 1 1	CHENG	MALE	FF18 \$ 663
*	HINRIC/FIN/PASSPO	31: >+1130	8410	ONTACTUS	The state of the s
	CIADDRESS	Jalan 60140	B+ Meral	7,	· · · · · · · · · · · · · · · · · · ·
¥	, , , ,	001.	BOLICY HOLDE	R	,
Λ	* CONTINUE TO 3.d I	P DRIVER ALSO			,
Applo of personness	DRIVER	above,		MALE	/ FEMALE)
(Including driver)	DINRIC/FIN/PASSPO	IRY!		ONTACTI	
· ()	a) ADDRESS:	1111		<u> </u>	
		B	1711/nn/114	~~~~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1
	d) DATE OF DIRTH: (	00 04 1	OORI	71111	•
	OPPORTUDING THE PROPERTY OF DRIVING	2 DACC	23:10.1913		n (
			THE INSURED'S	S COMPANY	3.16.1993
i 41	WAS DRIVER AN E	ehip of the d	RIVER WITH I	NSURED!	
5,		HON! ICEAN	LANGER ALL LAND	IERS	
	HIROAD SURFACE	(DKY / WET / W	1110114		·
	WAS ANYBODY INJ	NICE (YES ANO	,	ř	1
. 7.	IF YES, PLEASE STA	ATE WHICH POL	ICE STATION		
8,	THE PARTY NEWSTER		526 14	MODELL H	unclq.
4 hio of passanger	a) AEHICIE HAW	BER: SIVIU	Hao	141000000000000000000000000000000000000	
Cluding driver	ILI DONYEDIG NAA		3009	CONTACT	9144 1796
/	. 6) HEICHIAL US	VI VIII			,
() 9,	THIRD PARTY VEHICLE NUM	BER!	1	MODEL!	
to No of passangu	e) DRIVER'S NAT	ME:			
( Industing, divive		SSPORT!		CONTACTIL	
( 3	ex of the sect of				
				• •	il.com
	٠,		Ÿ		1 004
	,		ac ch ch 45	56@gmer	1.(014
	.``	email.=	ac a a	V	

VIDEO





Motor Private Car

MX1E

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)

AN0421A Cov. Type:C

CERTIFICATE No.

DMPCSNW00106562200

Engine No.: VF1RFE00257109348

Cha. No.:VF1RFE00257109348

Index Mark and Registration

Number of Vehicle

SDD717Y

AUTOSAFE

2. Name of Policy Holder

CHEONG HWEE CHENG

Effective date of the Commencement of Ordinance or Enactment

24/05/2022 (00:00:00)

Named Drivers Ex Sect. I

\$\$1,500.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

23/05/2023

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26

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

\* 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 regulations to drive the motor verifice of 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 S\$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. : STANDARD CHARTERED BANK(S)LIMITED

\* 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: VITESSE SOLUTIONS 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