	11.4 40.	
		2000
VATICINAL Assessment Cent		
Date in 09/02 2023		
REF NA CTI 2300 1332 / 04	Job description Date & Time Completed Done by	
Vehillo SMG 1420Z	2.72 G-1111118	
AND ADI.	E-mail (within Blos. AP? 2hrs)	
A STATE OF THE PROPERTY OF THE	i-Alofor Claim Form	
OD/ TP/Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)	
	i-l'hoto Uploadeci	
TP Insure:	Assessment/Survey Report	
referred Wksp/INC Assign Wksp/QW:(Ass't Report by Fax/Hand to Owner/Wksp	×
) 1) 1, 1 of post of pro-	Tol: Fax:	
Dwner/ Driver: (SKT 4432A . INC()/Non-INC()	
Policy No: (Tel:	Contract to proceed
Confirmed by: (iod: () Cover Type: ()	-
Derivary / Driver I in Live	Date: Time:	of many 20011 to
ear of Registration: () V	Varranty: YES () / NO ()	
Loading . St oc		
eral Remarks:-		
7795 4-01		
Walk-In Customer: Customer's inform	nation strictly Confidential & Strictly NO.	
Total Loss Case : to e-mail Insurer	TIR CRINDLY	
To Yal Loss Case : to e-mail Insurer ive-In () y Towed-In (); Invoice:	URGENTLY.	
To Total Loss Case : to e-mail Insurer ive-In () y Towed-In (); Invoice:	URGENTLY. YES () / NO () ; Towing Co. ()
Total Loss Case : to e-mail Insurer ive-In () / Towed-In (); Invoice: anks: (IN Charline: 6788:6616)	URGENTLY.)
Total Lass Case: to e-mail Insurer ve-In () Y Towed-In (); Invoice: and the Case of the	URGENTLY. YES () / NO (); Towing Co. (Date: Time Completed Done by)
Total Loss Case: to e-mail Insurer ive-In () / Towed-In (); Invoice: anics: (IN Ochorline: 6788:6616) ply for Transport Allowance () / Co. C. Check / Post Repair Inspection pload Resurvey Photo [Repair Cost > \$300]	URGENTLY. YES () / NO (); Towing Co. (Date: Time Completed Done by)
Total Lass Case: to e-mail Insurer ve-In () y Towed-In (); Invoice: anks: (INChorline: 6788:6616) apply for Transport Allowance ()/Co. Check/Post Repair Inspection pload Resurvey Photo [Repair Cost > \$300	URGENTLY. YES () / NO (); Towing Co. (Date Ellime Completed)
Total Loss Case: to e-mail Insurer ive-In () y Towed-In (); Invoice: [arrive: 6788:6616] [arrive: 6788:6	URGENTLY. YES () / NO (); Towing Co. (Date Ellime Completed)
Total Loss Case: to e-mail Insurer ive-In () y Towed-In (); Invoice: [argles: (IN Ophorimes 6788:6616)] apply for Transport Allowance ()/Co. C. Check/Post Repair Inspection pload Resurvey Photo [Repair Cost > \$300 arg :	URGENTLY. YES () / NO (); Towing Co. (Date Ellime Completed	
Total Lass Case: to e-mail Insurer ve-In () Towed-In (); Invoice: anits: (INCharlines 6788:6616) ply for Transport Allowance ()/Co. Check/Post Repair Inspection bload Resurvey Photo [Repair Cost > \$300 args:	URGENTLY. YES () / NO (); Towing Co. (Date Time Completed Done by urtesy Car ()	
Total Lass Case: to e-mail Insurer ve-In () Towed-In (); Invoice: anits: (INChorimes 6788:6616) ply for Transport Allowance ()/Co. Check/Post Repair Inspection pload Resurvey Photo [Repair Cost > \$300 arg :	URGENTLY. YES () / NO (); Towing Co. (Date Time Completed Done by urtesy Car ())
Total Loss Case: to e-mail Insurer ive-In () y Towed-In (); Invoice: [argles: (IN Ophorimes 6788:6616)] apply for Transport Allowance ()/Co. C. Check/Post Repair Inspection pload Resurvey Photo [Repair Cost > \$300 arg :	URGENTLY. YES () / NO (); Towing Co. (Date Time Completed Done by urtesy Car ()	
Total Loss Case : to e-mail Insurer ive-In () Y Towed-In (); Invoice: Larges: (IN Chorimes 6788:6616) Apply for Transport Allowance () / Co. C Check / Post Repair Inspection Pload Resurvey Photo [Repair Cost > \$300 ury : Time: Actions	URGENTLY. YES () / NO (); Towing Co. (Date Time Completed Done by urtesy Car ()	
Total Loss Case: to e-mail Insurer ive-In () y Towed-In (); Invoice: [argles: (IN Ophorimes 6788:6616)] apply for Transport Allowance ()/Co. C. Check/Post Repair Inspection pload Resurvey Photo [Repair Cost > \$300 arg :	URGENTLY. YES () / NO (); Towing Co. (Date 20 line @ oinpleted (). Done by Intersy Car () () () ()	
NA2300406 No Fall Lass Case: to e-mail Insurer ve-In () Y Towed-In (); Invoice: arise: (IN Charline: 678886616) Purply for Transport Allowance () / Co. Check / Post Repair Inspection pload Resurvey Photo [Repair Cost > \$300 arry:	URGENTLY. YES () / NO (); Towing Co. (Detection Completed	id is:III
NA2300406 NA2300406 NY Powed-In (); Invoice: Actions NA2300406	URGENTLY. YES () / NO (); Towing Co. (Discrime Completed : Bone by Intervery Car () () () () () Ant (S): Art I) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100): INC (\$80)	int (S)
NA2300406 NA2300406 NA2300406 NA2300406	URGENTLY. YES () / NO (); Towing Co. (Delection Completed Bone by Intesy Car () () () () () () () ()	int (S)
NA2300406 NA2300406 National Loss Case : to e-mail Insurer ive-In () y Towed-In (); Invoice: Invoice: Invoice: (INChorlines 6788:6616) Apply for Transport Allowance () / Co. Check / Post Repair Inspection pload Resurvey Photo [Repair Cost > \$300 ury : Time: Actions NA2300406 It's Particulars Owner: No:	URGENTLY. YES () / NO (); Towing Co. (Direction Completed	int (S)
Total Loss Case : to e-mail Insurer ive-In () Towed-In (); Invoice: Larges: (INChorline: 6788:6616) Apply for Transport Allowance ()/Co. C Check/Post Repair Inspection Pload Resurvey Photo [Repair Cost > \$300 2019:	URGENTLY. YES () / NO (); Towing Co. (Discriming Completed: Bone by article Car () () OO] () Ant (S): Ant (S)	int (S)
NA2300406 NA2300406 Narticulars No: I Portion:	URGENTLY. YES () / NO (); Towing Co. (Discrimendate Completed Bone by intercept () () () () () () () ()	int (S)
NA2300406 NA2300406 NA2300406 NA2300406 NA2300406 NA2300406	URGENTLY. YES () / NO (); Towing Co. (Disex Three Completed Done by 1 tresy Car () () () () () () () ()	int (S)



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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 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	09/02/2023 10:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/02/2023 11:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG WOODLANDS AVENUE 10 TOWARDS WOODLANDS AVENUE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG1420Z
INSURED/POLICYHOLDER	
Is company?	No

Maraadaa

is company?	No
Name Of Registered Owner	LIM GUANG YI
NRIC No	SXXXX027G
Email Address	givemeaspark@gmail.com
Mobile Phone No	(Phone) +65-86114517
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer

Manuacturei	Mercedes	
Model	A200	
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 - Reporting only	
Vehicle Category	Private car	
Transmission	Auto	
CC	1333	

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00260732202

DRIVER

Name of Driver	LIM GUANG YI
NRIC No	SXXXX027G
Date Of Birth	17/04/1990

Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	Outdoor 15/06/2010 12 YEARS AND 8 MONTHS Male (Phone) +65-86114517 - givemeaspark@gmail.com 354A ADMIRALTY DRIVE # 8-258 751354 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? 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	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes FILE TOO BIG, WITH OWNER
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	SKT4432A Private car

Name of Driver	GOH TECK HENG
NRIC No	
Contact Number Address	SXXXX407F (Phone) +65-97246987
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

SKETCH PLAN

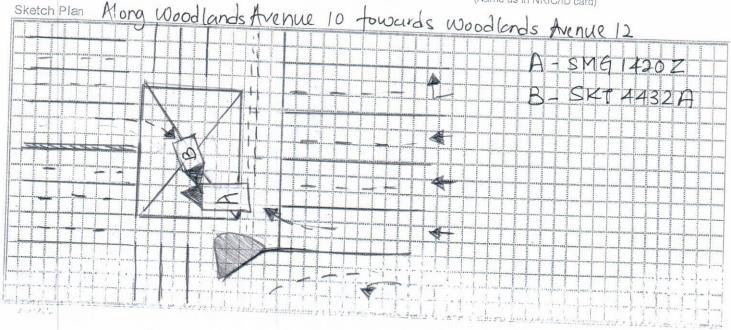
IMPORTANT NOTICE

- Pleas ereport correctly the details of the accident to speed up the claims process.
- This Firm 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
- 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
- 8. Consert 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
- (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.

Actual Driver's Signature (if driver is not the Witnessed by Peporting Centre Personnel (Name as in NRIC/ID card)



Describe Circumstance of the Accident
On 8th Feb 2023, At around 11.40 am, I was travelling along woodlands the 10 towards woodlands are nue 12. I was going 8truight the green light was in my favour, so I proceed. I was hit by skt 4432 A that was doing a discretional right turn. After taking photos, we exchange particular and left.
struight the green light was in Prenne 12. I was going
hit by skt 4432A that was discour, so I proceed. I was
After taking photos was and adiscretional right turn.
excharge particular and left.
eclaration
CUALATION

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

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)

ACCIDENT STATEMENT

	ACCIDENT DATE (08) 02) 2023) (DD/MM/YYYY), TIME (11 : 40) (HH:MM)
	LOCATION: Along woodkinds Avenue 10 fourirds woodkinds Arenue
	1. DETAILS OF VEHICLE
	DIVEHICLE MULTIPLE CARCOLINA
	DINGIPANCE CONDITIONS
	DINSURANCE COMPANY: China Taiping
	THE PROPERTY OF THE PROPERTY O
	THE TOUMPREHENTIVE! THIS SALES
	h)PURPOSE OF USING AT A COURT TO MOTORCYCLE)
	THARE YOU CLASSING HAD TO SEE THAT THE TOTAL CLASS
	The state of the s
	2. INSURED / POLICY HOLDER
	A) NAME: Lim Gucing 41 DINRIC/FIN/BASSBORT SOOT
	DINRIC/FIN/RASSPORT: S90130279 CONTACT: 8611 4517 CJADDRESS: 354 A Admiralty Drive # 08-258
	S 751354
7,00	CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER
. (I "divaling divinary a) NAME As Above.
	DINRIC/FIN/PASSPORT-
	CJADDRESS: CONTACT:
٠,	"CIDATE OF PROTEIN 17
34	e)OCCUPATION: [INDOOR LOUIDOOR]
	· · · · · · · · · · · · · · · · · · ·
	". WAS DRIVER AN EMPLOYEE OF THE INCIDENCE CONTRACTOR
	DIROAD SURFACE (DRY) (WET COTHERS
	D. WAS ANYBODY IN HIPED (VER (GO))
	A DIVIDED TO: POLICE (NES (NG)).
	THEO, PLEASE STATE WHICH POLICE STATION:
3-1-c	M Service O) VEHICLE NUMBER SKT 44 32 A
1000	Eluding driver) b) DRIVER'S NAME GOH TECK HENG
(NICCITINITIASSPORTS SIX 34401E
•	F. IFIRD PARTY VEHICLE
	PRSSENGE DRIVER'S NAME MODEL:
) rid	THE GLORINGER) FI WHILE CENTRAL CONTROL OF THE PROPERTY OF TH
(CONTACT:
-	
	Email = give me a spark@gmeeil com
	Par =
	NIDES = Yes, with owner



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Motor Private Car

CERTIFICATE OF INSURANCE

MX1E

SN

AN0444A

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)

Cov. Type:C

CERTIFICATE No.

DMPCSNW00260732202

Engine No.: 28291480007327

Cha. No.:WDD1770872J010087

Index Mark and Registration Number of Vehicle

SMG1420Z

AUTOSAFE

2. Name of Policy Holder

LIM GUANG YI

Named Drivers Ex Sect. I

\$\$500.00

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00)

05/12/2022

Additional Ex Other than Named Drivers:

Ordinance or Enactment

Ex Sect. I - Age <= 25

\$\$3,000.00

4. Date of Expiry of Insurance

04/12/2023

Ex Sect. I - Age >= 26

\$\$500.00

* Age as at date of accident EX ON WINDSCREEN .

S\$100.00

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 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 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.: MAYBANK SINGAPORE LIMITED

PURCHASE CO.: MATBAIN SINGAPORE LIMILES.

*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: META AGENCY 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

Q63896111

6222 1033

www.sg.cntaiping.com