The second secon		* * * * * * * * * * * * * * * * * * * *					
The second secon	12.00		20 100 100 100 100 100 100 100 100 100 1				
		***					and the same of th
	_		The second secon				
TITUKAL Assessmen	1 Canina	Selvices	per stant	and analysis and the second			
in 15/02/2023	i	Jr.h descript	-	Thurst 5-11			
NA 101/2300 1667/0	4	SAS e-fills		Date & Time Com	Pleted	Done	157
http SLT 3273L					•		
OA 13/02/2023 2	2:35		thin Blas. APT Zins,	i			
· O	-	the same and the same of the s	laim Form		1		
Reporting Only		1-1/10101 /3	//O (Within: OB 2hr	E. Til Ahrs)			
AND CONTRACTOR TO THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRES	The same and the s	I-Photo U					
INSULTATE	-		Survey Report		***	an array of a section, have not be according to	producers and the same of the first server
errod Wksp / INC Assign Wksp /		Ass't Repor	Tby Fax / Hand)	o Owner/Wksp		The same of the same of	
The state of the s	MAA: (Graph Children and a service of the	TO THE STATE OF TH	industrial control of the second	management for the property was an explanation of	The second secon
ner/ Driver: (IN2 :0	1651 X	INC (.)/Non-INC (Tax,	endered toward modern as a many	
cyNo: (to enclose the second	The second secon	the first contract with the Parket place (supply and true accounts to recover accounts	The state of the s	· · · · · · · · · · · · · · · · · · ·	March 1 and Art of the London of the State o	The artificial control of the contro
and the state of t) Period:	(_	Cover Type: (Marine State of the Control of the C		tion that transmission
Confirmed by : (pred/Driver Liability: (ACTIVATION OF THE PARTY OF THE	A province and a second	Date:	773)	
r of Rogistrations (%) [Note-	Est Signis	(WO): N: 0-20)%; P: 21-79%.	The P. C. L. F. C. C.	ONE THE PROPERTY OF THE PARTY O	The same again to be a select the same and t
The second secon		anty: YES ()/NO(1.21979.	F1 80-1609	oj 	
- JOG(117)	g: \$1,000 ()/\$2,00	0()		where a construct and an experience		
al, Remarks;							
Walk-In Costomer: Oustome Total Loss Case : to e-mail	er's informatio	on strictly C	Officiential 2 co.			alainina e a santa a sa	
Total Loss Case : to e-mail	Insurer UR	GENTLY.	3	iony NO fater of te	pairer.	management produces	
	invoice: YES	the same of the sa	The second secon	owing Co. (· · · · · · · · · · · · · · · · · · ·		
ts:=0.000 Morime: 678860	61.6)						
ly for Transport Allowance ()/Courtes	sy Car (Dates Time Comp	ietêdê 💛	·: Done.	by
Check / Post Repair Inspection		()			ment in the last principle is a second of participation.	
ad Resurvey Photo [Repair Cos	st > \$3000j	()	-			
) .			- management of the same of th	La company of the second secon			
ic Actions							
ie Actions							
							Free contract of the second
		The second secon					
				*			The second second second
the state of the s	The state of the s				Section 10 September 2000 of the Contraction		make the same and same series and a pro-
					-		
NA2300474		The second of the second order (A.) Second order (A.)		anderstand and the second seco			
	the state of the s		Invoice Prepa	ration Checklist		Amt (S)	. Amt (3)
			-/ Lt. AUCIDENLIKE	porting (\$30).		Tst Bill	Add Bill
ner:			2) DA : Damage Ass 3) TF : Towing Fee		INC (\$80) \$40/\$45		
	the general power is an experience		4) FT : Follow-Thron	ngli Survey	\$120		
ortion:	States and the same and the sam		f'or claiming again	igh Survey (Resurvey) istINC Only (wef 10 J	530 an 2005)		
		- 7) NI : Re-inspection	1 IRT Strates	\$75 - \$160		
d by (Engr-In-Charge):		8	OD#	Services:-			
			* MS: Courses, 12 - *No: Repair Ca-or	'I'M A dov			
Chinments to			is the real features and the second				and the state of t

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 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	15/02/2023 11:30 (SGT)
Reported by	Driver
Date of Accident	13/02/2023 22:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK NORTH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT3273L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIN MEE YOKE
NRIC No	SXXXX360E

11110 110	SAMASOUL
Email Address	weijian200101@hotmail.com
Mobile Phone No	(Phone) +65-81807232
Alternative Phone No	-

Manufacturer			Honda

mana	otal of	riorida	
Model		Civic	
Variant		-	
Exact p	urpose 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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1597

INSURANCE COMPANY

VEHICLE PARTICULARS

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00280642200

DRIVER

Name of Driver	YAP WEI JIAN
NRIC No	TXXXX051C
Date Of Birth	28/02/2001
Occupation	Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode 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	31/08/2020 2 YEARS AND 6 MONTHS Male (Phone) +65-81680103
Insurance Company of Other Vehicle Owned by Driver	-
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	
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?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver NRIC No	SNJ1651X Private car LEE WAI YANG SXXXX186B

SXXXX186B

Contact Number	(Phone) +65-92274025
Address	-
Address complement	
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Pleas €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.
- 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. Consest 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 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.

on behalf 1512/2023

Policyholder's Signature / Date & Time

15/2/2023

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

guul 15/02/2023

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

Bedok North Road

A-SLT 3273L

B-SNJ 1651X

B-SNJ 1651X

Describe Circumstance of the Accident
On the above stated date and time lucus driving along Bedok North Road and Lyrus driving along
pall I by a started date and time was oniving along
Deaok North Road and I was driving straight hands I
Bedok North Road and I was driving straight heading towards the highway. Whilst driving. Suddenly vehicle B came from my left side which is from chai chee street as
14) sit list anxing - succenty vehicle B came from
my lett side which is from chai chee street as he wested
my left side which is from chai chee street as he wants to
my vehicle. Ac I ly de the my front left portion of
my voncte AS I know, he didn't stop on the stop line I
give way to his oncomings vehicle from his world
turn into Bedok North Road and Hit my front left portion of my vehicle. As I know, he didn't stop on the stop line to give way to his oncomings vehicle from his night side and that's where our vehicles collided.
have already and ill
I have already submitted my accident reporting to one of the workshops that I know but they did not
workshops their know but they did not
workshops that I know but they did not submit the reporting and they just informed me today (15/02/2023) so that's the reason for my late reporting.
the today (15/02/2023) so that's the reason
for my late reporting.

Declaration

Policyholde's Signature / Date & Time

Actual Exver's Signature (if driver is not the policy holder)

/ Date & Time

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

ACCIDENT STATEMENT

ACCIDENT DATE 13 102 2023 (DD/MM/YYYY	1 TIME-1 20 . 26 MINIMUS
LOCATION: BELOK North Road"	1. HME 22 33 (HHMM)
The state of the s	
1. DETAILS OF VEHICLE	4
OVEHICLE NUMBER: SLT 3273L	*
b) INSURANCE COMPANY: China Taip	nina
C)POLICY NUMBER: DMPCSNW 6028	100.55
a)POLICYTYPE ICOMPREHENT TO THE	0642200
6) MAKE & MODEL: Honda avic 1.6	RTY / THIRD PARTY FIRE & THEFT
FITTE SALOOD COURT ALONG ALONG	- CAUTO / MANUAL
B) VEHICLE CATEGORY: PRIVATE COMMERCI	Y/MOTORCYCLE./OTHERS
1 - ODE OF ODING A LACT TO THE TIME 1	0. 4140 (100
TAKE TOU CLAIMING TINDED VOLD AND	· · · · · · · · · · · · · · · · · · ·
IF NO. PLEASE STATE (THIRD PARTY CLAIM V RE 2. INSURED / POLICY HOLDER	PORTING ONLY
A) NAME Chin Mee Yoke	
DINKIC/FIN/RASSPORT. 926713/06	[MALE (FEMALE)
CIADDRESS: API BLK 546 WOOD CON	CONTACT: 8180 7232
CONTINUE TO 3. d IF DRIVER ALSO POLICY HO	LDER
Clarduding down of NAME Yap Wer I an	
DINKIC/FIN/PASSPORTS TOINTACLO	CONTACT: 8168 0103
ST30546	Drive 16 # 08-203
"d)DATE OF BIRTH: (28/02/2001)[DD/A	II I DECOM
- COCCUPATION: (INDOOR OUTDOOR)	
1) EAKS OF DRIVING EXPREPIENCE 3/00/2	20
4. WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANY? (YES 7 NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH 5. GIWEATHER CONDITION: CLEAR / RAINING / O	The state of the s
- IN OND SUKTACE IDRY / WEI / OTHERS	
6. WAS ANYBODY INJURED (YES NO) 7. DIREPORTED TO POLICE (YES NO)	v v
IF YES, PLEASE STATE WHICH POLICE STATION:	
. OF THIRD PART VEHICLE	
	MODEL:
Including driver) b) DRIVER'S NAME Lee Wai Yang	
() PRIC/FIN/PASSPORT: S9639186B 9. THIRD PARTY VEHICLE	CONTACT: 9327 4025
1.10 of prosunger of VEHICLE NUMBER:	11000
al Daily Francis ()	MODEL:
neluding driver) fl NRIC/FIN/PASSPORT:	CONTACT:
	CONTACT.
email = weijian 20010	ol@ hotmail.com
	10,10,10,11
fax =	

VIDEO - NO



Motor Private Car

CERTIFICATE OF INSURANCE

MX1F

SN

AN0420A Cov. Type:C

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)

Engine No.: R16B22000668

Cha. No.:MRHFC5650HT000301

Index Mark and Registration

Number of Vehicle

SLT3273L

AUTOSAFE

2. Name of Policy Holder

CERTIFICATE No.

CHIN MEE YOKE

Named Drivers Ex Sect. I

\$\$500.00

3. Effective date of the Commencement of 16/12/2022 Insurance for the purposes of the Regulations, (14:17:21)

16/12/2022

Additional Ex Other than Named Drivers:

\$\$3,000.00

Ordinance or Enactment 4. Date of Expiry of Insurance

15/12/2023

DMPCSNW00280642200

Ex Sect. I - Age >= 26

Ex Sect. I - Age <= 25

\$\$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 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 \$\$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.: SWEE SENG 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).

Issued By: INXPRESS INSURANCE AGENCY PTE LTD **Authorised Officer**

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111

6222 1033

www.sg.cntaiping.com