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SN0823360008-01 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 06/03/2023 18:41 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 2 (07/03/2023 10:47 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	06/03/2023 18:41 (SGT) Both Policyholder and Actual 06/03/2023 14:08 (SGT) Upper Changi Rd E, Singapo JUNCTION WITH XILIN AVE Singapore	re
DETAILS OF	OWN VEHICLE	
Vehicle Registration Number	SMF3171J	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No TANG GENG SHAO, JASON SXXXX868C jason_2152@hotmail.com (Phone) +65-81822516	
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	Honda Fit - Employment No - Claiming third party Private hire Auto 1317	
INSURANCE COMPANY		
Name of Insurance Company Policy Number / Cover Note Number	China Taiping Insurance (Sing DMHCSNW00017412200	papore) Pte. Ltd.
DRIVER		
Name of Driver NRIC No Date Of Birth Occupation	TANG GENG SHAO, JASON SXXXX868C 12/12/1991 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 Insurance Company of Other Vehicle Owned by Driver	17/01/2012 11 YEARS AND 2 MONTHS Male (Phone) +65-81822516 - jason_2152@hotmail.com BLK 662 BUFFALO ROAD #25-16 - 210662 Yes - No
Toward Assistant	
Type of Accident Weather Conditions	Collision - Head to Rear Clear
Road Surface	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?	No 2 Yes
Was any other vehicle or property damaged?	No Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Na
Translator's name	No -
Translator's ID	
Translator's phone number	¥
Translator's email Original language used in the statement	~
onginariangaage asea in the statement	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No Police Station Address	(Fax) +65-65474900
Was notice of intended Prosecution given?	10 Ubi Avenue 3 Singapore 408865 No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
And a selident above and labels for the selection of	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Yes WITH OWNER
PRODUCTION ACTION AND ACTION AND ACTION AND ACTION AND ACTION ACT	
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	GBA6292E
Vehicle Manufacturer	
Vehicle Model	-

Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement Postcode	-
Insurance Company Name	
Nature Of Damage	China Taiping Insurance (Singapore) Pte. Ltd.
	.
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address	TANG GENG SHAO, JASON Male (Phone) +65-81822516
Address Complement Post Code	
Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	SLIGHT INJURY
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SMF3171J Yes No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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 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 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' 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 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' 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.

licyholder's Signature / Date &	iver's Signature (If driver is not the policy)	molder) / Date Witnessed by Reporting Centre Personnel
	Upper Changi kd Exs	(A) SMF 3171J (B) 6BA 6292E

Describe Circumstances of the Accident
On 06 13.2023 at about 1408 prs, I have travelling along
Upper Change Rd East Junction of XILIN Avenue. Upon reaching the furth
Furction, the traffic turn red. I slow down and ofop. While waiting,
all of a sudlem, I felt an infact from the rear . Ohn I realised
a while 684 6292E had collided onto my near.
Politic Resport 7/20230306/7096
/

Declaration

We declare the foregoing particulars are true in every respect.

der's Signature / Date &

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

Witnessed by Reporting Centre Personnel





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20230306/7096

REPORT OF A TRAFFIC ACCIDENT

Date/Time 06/03/2023		de:	Vide Report No.:		Station Diary No.:
Informant'	s Particula	ars			
Name of Informant: Address: TANG GENG SHAO, JASON 662 BUFFALO ROAD #25-16 SIN			SIN	GAPORE 210662	
ID Type / ID No.: Contact No.:				Мс	bbile: 81822516
Nationality: Email: SINGAPORE CITIZEN JASON_2152@HOTMAIL.COM		M	*		
Sex: Male	Age: 31	Date of Birth: 12/12/1991	Type of Informant: Driver		
Race: Language: Chinese English			Ins	stitution / School Name:	
Occupation: Driving Licence Information: Class: Da		Da	te of Expiry:		

General Informa	tion of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2023 14	1:05	Type of Location: X-Junction
Location:		1110	1 00/00/2020	1.00	I.
CHANGI SOUTH	H LANE				
Weather:		Road Surface:		Road	d Speed Limit:
Clear Traffic Flow:		Dry Traffic Control:		Troff	ic Volume:
One Way		Not Controlled			erate
Type of Collision Between Moving	: Vehicles - Head To	Rear			one conveyed by ulance:

Details of V	ehicle Invol	ved				and the arms of the colores
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBA6292E	Van					0
SMF3171J	Car	HONDA	FIT+HYBRID +1.5+AUTO	Blue		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 3

Report No. T/20230306/7096

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SMF3171J	CHINA TAIPING INSURANCE	DMHCSNW000174	01/11/2022	31/10/2023		
	(SINGAPORE) PTE. LTD.	12200	Service A Collifer State County Social American Commission			

Details of Perso	n Involved					
Any Pedestrian II	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	TANG GENG SHAO, JASON		ID No	•	S9145868C	
Related Vehicle	SMF3171J (Car)		Conta	ct No.	81822516	
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL	
No. of Days granted Medical Leave 03		03	Degree of		Serio	us

Brief Details.

I was traveling along Upper Changi Road East junction of Xilin Ave. Upon reaching the traffic junction, the traffic turned red. I slowed down and came to a stop. Suddenly, I felt and impact from the rear. I alighted and realized that I was rear ended by GBA6292E.

I am suffering from neck, back and body ache. I visited Unihealth 24 Hr Clinic (Toa Payoh) and received 3 days MC.





3 of 3 Report No. T/20230306/7096

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Skot	oh	Dla	_
Sket	.Cn	Plai	1

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2023 18:27
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168

Date of Accident	: 06.03.203 Accident Time: \406hrs (24-HR-Format)
Accident Place	: Uppor Chartif Kde ast X XILip Are
Vehicle. No. (Car Plate No.)	: SMF3171J Make/Model: Hondo A+ Hybrid 1-5 Au
Insurace Company	:_ CHNA Policy No:_
Owner or Company Name /IC No.	: Take 6ens shao, Juron - 59145868C
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: san as above
DRIVER'S Date Of Birth	12.12.1901 DRIVER'S License Pass Date 17.01.2012
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OWK
DRIVER'S Address	: 662 Buffilo Rd *25.16 s(210662)
DRIVER'S Contact No./ Alt No.	2) 81822516
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Vason_2152@hotmail.com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr	iver): VNKr O2/5
	camera (YES \ No being used at the time of accident: Private use \ Work purpose
	arty Driver's Particular (if any)
Vehicle. No: 68A 6292	E (China) Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:





Motor Hire Car

MZ406L/B

N SN

AN0613A

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 (Mallaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNW00017412200

Engine No.: LEB1435460 Cha. No.:GP51329475

1. Index Mark and Registration

SMF3171J

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

TANG GENG SHAO, JASON

Excess Sect I.

S\$1,250.00

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

01/11/2022 (00:00:00)

Excess Sect. I (Outside Singapore)

S\$2,500.00

4. Date of Expiry of Insurance

31/10/2023

Excess Sect. II Excess Sect.II (Outside Singapore).

S\$1,250.00 S\$2,500.00

EX ON WINDSCREEN .

S\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

TANG GENG SHAO, JASON

6. Limitations as to use:*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

(1) Use for racing, pace-making, reliability trial or speed-testing.(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: MAYBANK SINGAPORE 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: AUTO WORLD 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

©63896111

6222 1033

www.sg.cntaiping.com

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	868C	
Vehicle No.:	SMF3171J	
Vehicle to be Exported:	No	
Intended Deregistration Date:	08 Apr 2023	
Vehicle Make:	HONDA	
Vehicle Model:	FIT HYBRID 1.5 AUTO	
Primary Colour:	Blue	
Manufacturing Year:	2018	
Engine No.:	LEB1435460	
Chassis No.:	GP51329475	
Maximum Power Output:	101.0 kW (135 bhp)	
Open Market Value:	\$19,167.00	
Original Registration Date:	01 Nov 2018	
First Registration Date:	01 Nov 2018	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$9,167.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	31 Oct 2028	
PARF Rebate Amount: ntended COE Rebate Details	\$6,875.00	
COE Expiry Date:	31 Oct 2028	
COE Category:	B - Car above 1600cc or 97kW (130hhp)
COE Period(Years):	10	
QP Paid:	\$31,301.00	
COE Rebate Amount:	\$17,409.00	
Total Rebate Amount:	\$24,284.00	

The information contained herein is correct as at 06 Mar 2023



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00

UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SN0823360008 _____Vehicle Registration No: SMF 3171J ${\sf Name}({\sf as\,shownin\,\,NRIC}): \\ \underline{\sf TANG\,\,GENG\,\,SHAO,\, JASON\,\,\,} \\ \underline{\sf NRIC/FIN/Passport\,No}: \\ \underline{\sf S9145868C}$ (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : 662 BUFFALO ROAD #25-16 Address _Singapore(210662 Contact (Tel) ____Mobile No.: 8182 2516 JASON_2152@HOTMAIL.COM **Email Address** 06.03.2023 Date of Accident Time of Accident: 14:08hrs Place of Accident : UPPER CHANGI ROAD EAST X XILIN AVENUE Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: ATTACHED POLICE REPORT NUMBER: T/20230306/7096 TANG GENG SHAO, JASON

Policyholder / Driver's Signature Date: 07.03.2023

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Date: