VATIONAL Assessment Centre Se	ervices. mun	~(i)	MOXES	41000	23)
Date In: 1 20,002023 12,5 40	b description	11	the Elimo	Completed	D	one pi.
RetNo: NGA C12200418711	SAS e-Hilling "	•				
Vali No: SMINO /75/9K	E-mall patrila star, Al	C 25113)	11 1	,	1	,
D.D.A: 7204 2023 - 18:28	i-Motor Claim For	מו	. (*)	,	1	1
OD . (7) Pepering Only		2: 0D 1n11, 7/	(((1))	700	ALLINOTPE .	indiana and
OS . (1) 7 Repeating Only	i-Photo Uploaded				-	***
	Assettment/Survey (the plante may be appropriate to the party of the party o	-	i Mark Mark 19 State 1 State 1
	Clinad to C	iwner/Wis	1	1	per benefity benefit to the second of the se	
Protorred Wkop / INC Assign Wknp / GW: (Tol:		Fax:	i
TP Pendiculars Veli Noi SUB	35624	INC()/ Non-ly	()	· · · ·	
Ovyner / Briver: (· · · · · · · · · · · · · · · · · · ·	LP-Sheet Committee William St. Sales	Tel:			Transfer 2 to 1128 of 128 of 1
Polley 110: () Period:	PRINCES OF THE PARTY OF THE PAR		over Type			}
Confirmed by ()	Da.			iner		> .
The state of the s	-Bsc Status (WO):	****	1, F: 21-7	790. P. 80	*146NJ	
	Comments of the state of the st	KO()	the state of the s		· · · · · · · · · · · · · · · · · · ·	The same of the sa
Excess: (S) Londing: \$1,000 () / 52,000 () (************************************				4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
General Kembeks (1896) - Francisch (1897)						
() Walk-in Customer's Informa	White the Landson of	nticl & Stric	11/11/0 13/0	L CI tabana	Г. 	
() Total Loss Case : to e-mail Insurer U	MARKET THE PARTY AND A STATE OF THE PARTY AND		- Commercial Commercia	1 (mp		
Drive-In ()/ Towed-In (); Invoice; Y	A MATERIAL PROPERTY OF THE RESIDENCE OF THE PERSON OF THE		ving Corl		Turn L	Control of the second s
RAMAPIS POLITICA TOTAL CONTRACTOR			District	Cumple vi		Done by
1) Apply for Transport Allowance () / Cour	tasy Car ().	And And I To Mark and Looks,	H+144301000000000000000000000000000000000	with grittlemen men		
2) QC Check / Post Repuir Inspection	()	W1			-	1
3) Upited Reservey Photo (Respair Cost > \$300)	0) ()		1			
Injury:		***************************************			***************************************	
New Thoric Wells Well Was To Will Connection			725	1.7421134		1844
THE PARTY OF THE P			b 12	(ii ii	71
The state of the s	The state of the s				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	1 0		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME			-
It districts to recently \$1 (5 miles). The second s		···			1	
A separate state of the second state of the se	ACTION ASSESSMENT OF THE PARTY	7 25,000	- Marine Contract	L Grands		505 Sharely
NA2801170	In	Anjeet Lich	aration C	De la desirante de la companya del la companya de l	YER STA	HE SHIN TIAS / SIL
lateraries geneicultiparis (2007) and Indian		ATC: Aceldent DA: Detroye	Anterspread (30)) (100); 38	C (356)	
and have seen as a second or second	31	FI Towins F			2151247	
S. S. OMBS:	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nement 5 .tvey	(Entorey)	330	
		TR . Acelams	1430		371	
Town Partiant Francis		MI HILL DA	rail Territori	17	7.7	
A STATE OF THE PROPERTY OF THE	The state of the s	opr			5.5	AND DESCRIPTION OF THE PARTY OF
C Checked by (Engr-in-Charge):		"NET Espair	y Card Tel Addi Incardination		31C) 533	
THE TOTAL PROPERTY OF THE PROP	Personal Property of the Control of	·Millen L	military thesas	gattinetiali	51	
Cition 12 Comments of the Section 19 19 19 19 19 19 19 19 19 19 19 19 19	L Dilleto Medicalities	77 (:11):1	5 (But 12:0) t	Valves INC	310	1
() L		nepite dated	\$ \$4.1	F11 C	21863	The state of the s
1.2/3:	1	42124		C 715		,

. ;

SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (24/04/2023 12:19 (SGT))



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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

24/04/2023 12:19 (SGT) Both Policyholder and Actual Driver 23/04/2023 13:28 (SGT) Newton Rd, Singapore TURNING TO THOMSON ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMW7319K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No

ZHOU SAN'GUO SXXXX236B

hcrmyself@gmail.com (Phone) +65-98335177

VEHICLE PARTICULARS

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

Toyota

Noah

Private hire

No - Claiming third party Private hire

Auto 1797

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMHCSNW00011032200

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

ZHOU SAN'GUO SXXXX236B 06/11/1982 Outdoor

Date Of Driving Pass 03/09/2010 Driving experience 12 YEARS AND 7 MONTHS *Gender Mobile Number (Phone) +65-98335177 Alt. Phone Number Email Address hcrmyself@gmail.com Address BLK 143 BUKIT BATOK STREET 11 #04-57 Address complement Postcode 650143 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 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 3 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 **UNKNOWN PAX** Name Male Gender PASSENGER 2 **UNKNOWN PAX** Name Male Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? 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?

Vehicle Registration Number	SLB3362H
Vehicle Manufacturer	OLDOGOZII
-Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	_
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

- VEHICLE NO: DATE OF ACCIDENT:
- 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 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 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 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policybølder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

@ SMN 7319K @ SLB3362H

Thomson Road

Describe Circumstances of the Accident VEHICLE NO: SMW 7319 K DATE OF ACCIDENT: 23/64/2023 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.

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

& Time

Policyholder's Signature / Date &

Time

Witnessed by Reporting Centre

Personnel

ACCIDENT REPORTING FORM

Date of Accident: 23/04/2023 Time of Accident:	13 : 28 (24Hrs)					
Vehicle No: SMW7319K Vehicle Make/Model:	Toyota Noah Hybrid					
Exact Location of Accident: Newton Road turning to Thomson Road						
Owner's Name/NRIC: Zhai San' Guo / 582342361	В					
Driver's Name/NRIC: Zhou San' Gwo / 582342361	В					
Driver's Contact: 98335177 Insurance Co & Policy I	No: China Taiping					
Driver's Email Address: hcrmyself @ gmail.com	<i>*</i>					
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) 1) Own Insurance 2) Other Vehicle (The one you want to claim ag	gainst) 3) Reporting (For Recording Purpose					
Exact Purpose for which the vehicle was being used at time of ac Private Use / Work Purpose	ccident? (Please circle one only)					
Weather Condition & Road Conditions? Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet						
Occupation Indoor / 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:	Vehicle No: SLB 3362 H					
Insurance 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: driver, passinger - unknown	n					
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.

\$3,108.56

Motor Hire Car

MZ406L/B

SN

AN0695A

Cov. Type:C

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNW00011032200

Engine No.: 2ZR0F45631 Cha. No.: ZWR800440163

1. Index Mark and Registration

SMW7319K

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

ZHOU SAN'GUO

Excess Sect I.

\$\$1,250.00

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

29/06/2022 (00:00:00)

Excess Sect. I (Outside Singapore)

S\$2,500.00

4. Date of Expiry of Insurance

28/06/2023

Excess Sect. II

S\$1,250.00

Excess Sect.II (Outside Singapore).

S\$2,500.00

EX ON WINDSCREEN .

S\$100.00

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.

ZHOU SAN'GUO

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.

The Policy does not cover

(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.: TECK WEI 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 Melver CREDIT PTE LTD Co. Reg. No. 200512300K

Please see reverse

210 Turf Club Road The Grandstand, Lot A8

Singapore 287995 Tel: 6465 0020 Fax: 6465 0017 Email: info@teckwei.com.sg

Issued By:

TECK WEI CREDIT PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 希 3 Anson Road #16-00 Springleaf Tower Singapore 079909

© 6389 6111

6222 1033

www.sg.cntaiping.com