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Owner/Driver: (3/11/04/02	Tel:	
Policy No: (Period: () Cover Type: (
Confirmed by : (Dates	Tinus	
Insured/Driver Liability: (%		0-20%; P: 21-79%. P: 80-1609)
Year of Registration: ()	Warranty: YES ()/NO		70)
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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 24/05/2023 13:42 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 23/05/2023 12:05 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION OF TANGLIN ROAD AND MARGARET DRIVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLR4074Z**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN PEI LIM NRIC No SXXXX462A Email Address TCHRISTEE@YAHOO.COM Mobile Phone No (Phone) +65-82225008 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model Q2 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 - Claiming third party Vehicle Category Private car Transmission Auto 1395

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00166872201

DRIVER

Name of Driver TAN PEI LIM NRIC No SXXXX462A Date Of Birth 03/04/1976 Occupation Indoor

Date Of Driving Pass Driving experience	15/03/2002 21 YEARS AND 2 MONTHS
Gender Mobile Number	Female
Alt. Phone Number	(Phone) +65-82225008
Email Address	TOURISTEE AVALUA COM
Address	TCHRISTEE@YAHOO.COM 46 WOODLEIGH PARK
Address complement	- WOODLEIGH FARK
Postcode	357843
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	No
WARRAN AND AND AND AND AND AND AND AND AND A	
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
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) Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
ranslator's name	NO -
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	
REFER TO REPORT	
ATTACHMENT(S)	
Are assident photos and the form	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes
	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SJN8490Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour Vehicle Category	£
Name of Driver	Private car
Contact Number	1-37

Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
3	Control of

SKETCH PLAN

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 Authorised 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 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)

I understand, acknow ledge, agree and consent that:

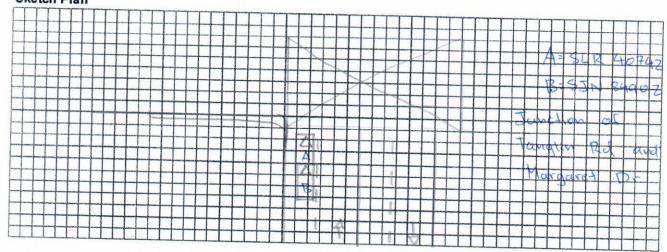
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (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' 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.

Policyholder's Signature / Date & Time >3 05 3 2:57 pm.

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Decibe Circumstance of the Accident	
At 12:05 pm. Junction of Tangun Road.	
margaret drive. The traffic ught has turned	
red Therefore I stopped at the traffic	
Daht. Snodenly I heard and felt there	1
was a impact behind my car. then I	4
realised that the car bekind me	
bumped into my car. I turned on	4 .
horard want and went down the	
car to check what's going on. The car	(SJN 8
owner Lim Fang Fei apologized and	_
asked me to settle without mourance claim	_
involvement. Unfortunately, this is my tirst	_
-time who experienced this therefore I.	4
anagested to have my workshop gry to	4
ceek novice from. There was a deep winter	
behind my car near rear bumber, and possion	4
the damage to the sensor and the structure	4
moide the cover. The weather is bright and	4
Sunny and there wasn't any passenger in	+
my and his car. There are also some dente	
on SJN 8490Z' car, moluding dented [visible on	-
the licence plate and party peered-off found on	-
the floor.	
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Declaration

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)

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

2:57pm.

vJun2022

2

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 23/05/2013	TIME OF ACCIDENT: 1205 hrs
VEHICLE NO: SLR 4074 Z	TRANSMISION: AUTO / MANUAL
MAKE & MODEL: Audi az	LOCATION: Junction of Tanglin Rd and Margaret drive
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: CT	POLICY NO: DMPCSNW00166872201
TYPE OF COVERAGE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: Tan Pei Lim	NRIC: 57680462A
ADDRESS: 46 Woodleigh Park 357843	CONTACT NO: 8222 5008
EMAIL ADDRESS: +christee @yahoo.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC: CONTACT NO:
DRIVER OWNER RELATIONSHIOP:	PASSENGER: O\ MALE() FEMALE(\)
DATE OF BIRTH: 03/04/ 1976	DRIVING PASSING DATE: \5/ 03 / 2002
OCCUPATION: INDOOR / OUTDOOR	ADDRESS:
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO/ IF YES WHERE ?
WEATHER CONDITION: CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO: SJN 8490 Z	VEHICLE C REG NO :
DRIVER NAME: Lim Fang Fei	DRIVER NAME :
NRIC: 5180 3280 E	NRIC :
CONTACT :	CONTACT :
VEHICLE D REG NO :	ANY WITNESS? NO, IF YES:
DRIVER NAME :	NAME:
NRIC:	CONTACT:
CONTACT :	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN ? : YES / NO WERE INJURY CONVEYED BY AMBULANCE : YES / NO





Motor Private Car

MX1E

SN

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)

AN0006A Cov. Type:C

CERTIFICATE No.

DMPCSNW00166872201

Engine No.: CHZ391797

Cha. No.:WAUZZZGA8JA001079

Index Mark and Registration

Number of Vehicle

SLR4074Z

AUTOSAFE

2. Name of Policy Holder

TAN PEI LIM

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

14/08/2022 (00:00:00)

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

\$\$3,000.00

4. Date of Expiry of Insurance

13/08/2023

Ex Sect. 1 - Age <= 25 Ex Sect. 1 - Age >= 26

S\$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

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.: OCBC BANK 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ALFA CREDIT 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

Q6389 6111

6222 1033

www.sg.cntaiping.com