Date In: 212/06 2023			•
0 00 00 20	Job description [wef Jan'c6]	, Date & Time Completed	Done by
Ref No: NA1C1123006308 04	SAS e-filing		
Yeh No: SLD 6985 F	E-mail (within 8hrs, AIC 2hrs		
D.O.A: 20/06/2023 21:45	i-Motor Claim Form		
	i-Motor W/O (Within: OD	2h == 2'P 4h ==)	
OD TP / Reporting Only	i-Photo Uploaded	2013, 17 4013)	
TD 1	Assessment/Survey Repor	+	
TP Insurer:	Ass't Report by Fax / Han		
Preferred Wksp / INC Assign Wksp / QW: (Tax troport by Pax 7 Hall		
TP Particulars: Veh No: SN	J 8756 G INC		Fax:
Owner / Driver: (1 17 0 C.J . INC	()/Non-INC() Tel:	
Policy No: () Per	riod: (Cover Type: (
Confirmed by: (Date:	Time:	.)
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0)
Year of Registration: () V	Varranty: YES () / NO () P. 21-79%. P. 80-	100%]
Bxcess: (\$) Loading: \$1,00			
General Remarks:-	γ, ψ2,000 ()	0450-98498-94-1-1-18	
			Contraction of the Contraction o
() Walk-In Customer: Customer's infor () Total Loss Case : to e-mail Insure	mation strictly Confidential &	Strictly NO refer of repairer.	
D. I. I. I.	VIDO (
Drive-In ()/ Powed-In (); Invoice:	YES () / NO ();	Towing Co: (* *
Remarks: (INC horline: 6788 6616)		Date&Time Completed	//2003ba.N.
1) 4	ourtesy Car ()	Date extra Complesion	Done.oy
2) QC Check / Post Repair Inspection	· ()		
) Upload Kesurvey Photo [Repair Cost > \$30	0001 ()		
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()		
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Injury: Date/Time Actions NA2301840 Claimant's Particulars:- Driver/Owner:	Invoice Profile Profil	nt Reporting (\$30); se Assessment (\$100); INC (\$6; Fee \$46. Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005)	Anit (\$) A T\$LBill Ac 80) 0/\$45 \$120 \$30
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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.

- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy nability 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 21/06/2023 16:37 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 20/06/2023 21:45 (SGT) Exact Location of Accident Singapore Additional Location Information SIMS AVENUE TOWARDS GEYLANG SERAI Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD6985E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN TUAN PO NRIC No SXXXX593D Email Address malcolmtantp@gmail.com Mobile Phone No (Phone) +65-82228789 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private hire Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00009752200

DRIVER

Name of Driver TAN TUAN PO NRIC No SXXXX593D Date Of Birth 21/05/1975 Occupation Outdoor

Date Of Driving Pass	05/07/4004
Driving experience	05/07/1994
Gender	28 YEARS AND 11 MONTHS
Mobile Number	Male
Alt Phone Number	(Phone) +65-82228789
Alt. Phone Number Email Address	
	malcolmtantp@gmail.com
Address	APT BLK 511 SERANGOON NORTH AVENUE 4
Address complement	# 04-314
Postcode	550511
Is the driver the policyholder?	
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Valida Control	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
	Біу
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	
Was anybody injured in the Accident?	2
Was any injured convoyed to bearital by and the	No
Was any injured conveyed to hospital by ambulance?	- 2
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
SUICITING/OTTERING accident claims assistance?	No
I ranslator's name	-
Translator's ID	
Translator's phone number	•
Translator's email	25
Original language used in the statement	•
Original language used in the statement	•
DETAILS OF POLICE ACTION	
Was the accident reported to the maline	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	*
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are assident photos quellable (
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SN 18756C
Vehicle Manufacturer	SNJ8756G
Vehicle Model	•
/ehicle Variant	•
	•
/ehicle Category Name of Driver	Private car
	LIM EU CHAI
VRIC No	SXXXX942F

Contact Number	(Phone) +65-93803796
Address	(Filone) 105-93803790
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 withholding of material facts may allow
- 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.
- 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. Consent 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.

21 Jun 2023

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)

Sketch Plan vJun2022

Delibe Circumstance of the Accident	
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le declare the foregoing particulars are true in every respect.	
ll d	
2 Jun 2023	Ohn Me il de
/ Date & Time	not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2

vJun2022

On the above stated date and time, I was travelling along Sims Avenue. I was on the third lane and there was a vehicle ahead of me and suddenly he put on an emergency brake. Upon seeing his vehicle stopped if I were to press on my brake my vehicle would have hit the rear of this vehicle, but I did not brake and I swerve my vehicle to the second lane. Before I do so, I checked for any oncoming vehicles on my blind spot but there were no oncoming vehicles so I filter out to the second lane and suddenly from nowhere vehicle B hit the right side of my Vehicle.

A-SLD 6985E B-SNJ8756G

21 Jun 2024

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 20:06 2023	TIME OF ACCIDENT: 21:45
VEHICLE NO: SLD 6985E	TRANSMISION: AUTO/MANUAL
MAKE & MODEL: HOMDA VELEL	Guylang serus towards
PRIVATE USE PRIVATE HIRE PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: CHIMA TAIPING	POLICY NO: DMHCSNW00009752200
TYPE OF COVERAGE:	VEHICLE TYPE:
COMPREHENSIVE THIRD PARTY / THIRD PARTY & THEFT	COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : TAN TUAN PO	NRIC: S75 4593 D
ADDRESS: BIK SII SERANGOON NORTH AVE 4 404-314 SSSOSII	CONTACT NO: 8222 8789
EMAIL ADDRESS: Malcolmtantp @gnail.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC: CONTACT NO:
AS ABOUE	
DRIVER OWNER RELATIONSHIOP:	PASSENGER: MALE () FEMALE ()
DATE OF BIRTH: 21 / 05 / 1975	DRIVING PASSING DATE: 05/07 / 1994
OCCUPATION: INDOOR / OUTDOOR	ADDRESS:
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO/ IF YES WHERE ?
×/0	
WEATHER CONDITION: CLEAR RAINING / OTHERS	ROAD SURFACE: DRY / WET / OTHERS
VEHICLE B REG NO: SNJ 87869	VEHICLE C REG NO :
DRIVER NAME: Lim Gy Chai	DRIVER NAME :
NRIC: 58163942F	NRIC:
CONTACT: 9380 3796	ANY WITNESS? NO, IF YES:
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 Hire Car

MZ406L/B

N SN

AN0695A Cov. Type:C

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 OF INSURANCE

CERTIFICATE No.

DMHCSNW00009752200

Engine No.: L15B4028798

Cha. No.:RU11108795

Index Mark and Registration

Number of Vehicle

SLD6985E

AUTOSAFF

2. Name of Policy Holder

4. Date of Expiry of Insurance

TAN TUAN PO (CHEN CHUANBO)

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

27/06/2022

26/06/2023

Excess Sect I.

S\$1,250,00

(00:00:00)

Excess Sect. I (Outside Singapore)

Excess Sect. II

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

Excess Sect.II (Outside Singapore).

\$\$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

TAN TUAN PO (CHEN CHUANBO)

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 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: TECK WEI 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

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