ASS, REC. BY: Tayph

ASSIGNMENT

GT

From: Date:	Veh No: SNG 48708 Yr Regn: 2020, Jan.
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD TP/WS/TP RES/OD RES/EVA/INV/MV	·Truck / Trailer or
To Inspect Vehicle No:	Make: M. Bubish itthage c.c 1193
at Workshop m/s	Colour Guey A/C: Insured / Std / Ni / NA
of .	Sp.Reading 9/37% T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No _x	C/NO: WUNSTA 134KM 004805
Claims No.	Gen. Cond; Good / Fair / Poor / Burnt
Sum Insured; Excess:	Steering: Inorder)/ Jammed / Leaked / Burnt or
(Client's Record)	Brake; Inorder/ Jammed / Leaked / Burnt or
Make of Veh:	Modl: NII TS/Rim / STD A/Rim or ,
	Tyre Size: F: 185/57RIS.
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO 1 YOKO OF Kordstone
Ball or Market Value: 977K.	Front Rear
IDAC Accident RoortConsistent? : Yes or No	R/Bal. mm R/Bal. mm
GIA / PR Seer: Consistent? ; Yes or No	L/Bai, 6 mm L/Bai. 6 mm
Est Repairs: days Res.: Yes or No	D.O.A. D.O.I. 24/7/750/215
Lum Sum: % 3 Val.: Yes or No	Survey held at Magnus CAC
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop-or
Vehicle: IN / OUT Date: Person Contacted:	tvt 0()
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Neplin Rage!	95600-86000 Folter
	/ (4)
	And the second s
Date/Time, File Pass to? : Prell. Report	
, FEE	Days Of Repair:
Data/Time, File Return to?	Resurvey No. of Trip: Survey Fee;
Add Fee	Transportation:
, ———— Add Feg.	S+RS_SI
Repart Formal:	:Interview (\$) Photos
Frind Semilie 1: (2	: Tech. Invs (\$) Others
	: Weellend (#
	TOTAL

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 20/07/2023 12:37 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 19/07/2023 12:25 (SGT) Exact Location of Accident Singapore Additional Location Information RAFFLES LINK (INFRONT MARINA SQUARE) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SNG4870B

INSURED/POLICYHOLDER Is company? Name Of Registered Owner TENG CHENG JUN, CLINT NRIC No S9212342A Email Address TENGCLINT@GMAIL.COM Mobile Phone No (Phone) +65-91123375 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Attrage 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

Vehicle Registration Number

your vehicle? Vehicle Category Transmission

CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMHCSNW00018592200

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TENG CHENG JUN, CLINT S9212342A 12/04/1992 Outdoor

No - Claiming third party

Private car

Auto

1193

Date Of Driving Pass 12/03/2012 Driving experience 11 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-91123375 Alt. Phone Number Email Address TENGCLINT@GMAIL.COM Address **BLK 455 SIN MING AVENUE** Address complement #07-475 Postcode 570455 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 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 (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE POLICE REPORT: T/20230720/7014 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERTY Vehicle Registration Number **SW18D**

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour			9 80 9	-
Vehicle Category			D + + 1+	Private car
Nome of Dalum	98 19			-
Contact Number	1 2 41 2 2		a tanan asa a saat	_
Address		1 10 1 60 500	100 F 0 100 F F B	
Address complement		3	11211122 121	_
Postcode				_
Insurance Company Nam				-
Nature Of Damage				-
Details of property damag				
No. Of Passenger (Includ				
	- ,			

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	TENG CHENG JUN, CLINT Male
Phone No Address	(Phone) +65-91123375
Address Complement	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK, SHOULDER, BACK, CHEST AND HEAD (7 DAYS MC).
Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SNG4870B Yes
, and a septiment of the septiment of th	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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any felse 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)

l 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 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;
- (ii) 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, proceeding, hernding und/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) invoked in this included and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or make of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the sequence and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be shed cursion of Suppliers, for one or more of the above Purposes.

Ol		P 20/7/23
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		
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CENB, SMIBD		
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Declaration

iWe declare the foregoing particulars are true in every respect.

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

Wanessed by Reporting Centre



T/20230720/7014

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20230720/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2023 11:26		Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	f Informant: HENG JUN		Address: 455 SIN MING AVENUE #0	7-475 SINGAPORE 570455
ID Type / ID No.: NRIC NO / S9212342A		42A	Contact No.: Home/Office:	Mobile: 91123375
National SINGAP	ity: ORE CITIZ	EN	Email: TENGCLINT@GMAIL.COM	
Sex: Age: Date of Birth: Male 31 12/04/1992			Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: PRIVATE HIRE DRIVER		IVER	Driving Licence Information Class: 28,2A,2,3,4	Date of Expiry:

General Infor	mation of the Acc	Ment		
Type of Accident:	Injury Others	Orink Orive: No	Date/Time of Accident: 19/07/2023 12:25	Type of Location: Straight Road
Location:				
RAFFLES BO	DULEVARD			
Weather:		Road Surface:	**************************************	
Raining		Wet		
Traffic Flow: Two Way		Traffic Control: Not Controlled		raffic Volume:
Type of Collisi Between Movi	on: ng Vehicles - Head	f To Side	a	nyone conveyed by mbulance:

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SNG4870B	Car	MITSUBISHI	ATTRAGE 1,2 CVT	Grey	- John Child	0
SW18D	Car	MERCEDES BENZ				0

Details of Ve	hicle Insurance			
	The Company	Insurance No	Effective	Expiry Date
	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000185 92200	30/09/2022	29/09/2023





2 of 3

Report No. T/20230720/7014

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

CONTINUATION OF REPORT

Details of Person Any Pedestrian In No. of Pedestrian	volved: No	Use of Peo	destrian Cro	ossing: NA
Driver	And the second second second second		ID No.	S9212342A
Name	TENG CHENG JUN, CLINT		1,5,100	
			Contact N	lo. 91123375
Related Vehicle	SNG4870B (Car)		Contavi	
			Class of	Class: 2B,2A,2,3,4
Hospital/Clinic NIL			Driving	Date of Expiry: NIL
			Licence &	3.
			Expiry	
		Date	11	9/07/2023
Date	19/07/2023 nted Medical Leave 07	Degree C	of S	erious

On the stated date and time. I, Vehicle A (SNG48708) was traveiling straight on Raffles Link. Suddenly, Vehicle B (SW18D) dashed out from the exit of Marine Square without stopping at the stop link and

I wish to state that due to the huge impact i felt pain on my neck shoulder, back, chest and head. I went to consult a doctor @ Internedical Kovan and was given 7 days mc.





3 01 3

Report No. T/20230720/7014

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

Accident rennet SND00000000

CONTINUATION OF REPORT

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: 20/07/2023 11:26
Officer In Charge Of Case: TP / TPIB / LEE GUANG HUI Contact No.: 65476204	Classification Of Case:
NP168	