Date In: 11/12/17 - 17:10			A STATE OF THE OWNER, THE PARTY OF THE PARTY	3500000000000	-	
	Job description		Date & Time Co	mpleted	Do	ne by
Ref No: NA G A2 17033 \$ 01/24	SAS e-filing		<u> </u>			
Veh No: GBC 2642U	E-mail (within	Shrs, AIC 2hrs)				
D.O.A : 7/12/17-14:55	i-Motor Clair	m Form				
OD TP Reporting Only	i-Motor W/O	(Within: OD 2hrs,	7'P 4brs)			
- topstaing only	i-Photo Uplo:	aded			-	
TP Insurer:	Assessment/Su	rvey Report				
	Ass't Report by	y Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax		
TP Particulars: Veh No: 60	362217E	. INC ()/Non-INC().	70	-
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	T04 164 100000000
Confirmed by : (Date:	Time:)	
	[Note-Est. Status (W	O): N: 0-20	%; P: 21-79%.	F: 80-100	%]	
Year of Registration: ()	Warranty: YES ()/NO()				
	,000 ()/\$2,000 ()				
General Remarks;-			A 70.5 T			
() Walk-In Customer: Customer's in	formation strictly Conf	fidential & Stric	tly NO refer of re	epairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.	3	*		27	
Drive-In ()/ Towed-In (); Invoide	ce: YES () / NO	O(); To	wing Co: ()
Remarks (INC hading (700 core)	V 10			73 9781770	Apple to the	£19.111
Remarks:- (INC hotline: 6788 6616)			Date&Time Comp	oketod .	Don	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 Authorised 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 ability.
- 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 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

	ACCIDENT STATEMENT
Date Of Report	11/12/2017 17:10
Date Of Accident	07/12/2017 14:55
Exact Location Of Accident	BEDOK NORTH CENTER OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
Design the second secon	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC2642U
Insured/Policyholder	
Name Of Registered Owner	YI HO EATING HOUSE
Co Reg No	53048678D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000003461-00-000
Cover Note Number	
Driver	
Name of Driver	LIM BAK KIA

S2031013H NRIC No Date Of Birth 12/03/1952 OUTDOOR Occupation 17/02/1972 Date Of Driving Pass **Driving Experience**

45 YEARS AND 9 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-96944212

Fax Number

OFFICE-96944212 Contact Number

NOEMAIL EMail Address

Address

BLK 1 EUNOS CRESCENT

#13-2533

Postcode

400001

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Was any body injured in the Accident? NO Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? NO If Yes, Please state which Police Station Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBG5552E

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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 Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reguldate policy liability.
- 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.
- 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.
- By the lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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 melling of correspondence, statements, invoices, reports or notices to me,
 which could invoive 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (a) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

VI No Eating House

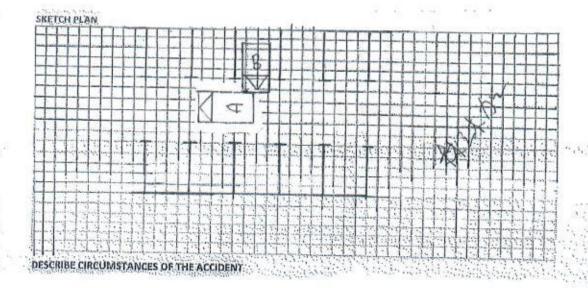
Policyholder's Signature Oate & Time: 林江オかり

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Person

el's Signature

NRIC/FIN No.:

page for allowing and



My vehicle was in the Bedok North Open Carpark. As I was travelling straight and passing by vehicle B, Vehicle B suddenly came out from the parking lot and hit onto my vehicle rear right portion.

FOLLARIA	NEW THE PARTY OF T			STANCE OF THE STANCE	BOLENS VOE	iishristo.
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The profession of	a-manage village	Contraction of the Contraction	en de la companya de La companya de la co		Carachite and an	* * * * * * * * * * * * * * * * * * *
ECLARATION	Tarria Maria			I THE BUNGSTON	West State of the	<u> </u>

VI He Felling House

Policyholder's Signature Ave 2

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

Reporting Centre Perso NRIC/FIN No.1

Se smithfunds Valuet,

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual listurance authorised reporting centre.

- Complete and submit this form to the introduct destrance authorised reporting centro.

 Please report correctly on the details of the academs to spend up the claim process.

 This form must be filled up by the policy holder and/or authorised driver.

 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or will sholding of motorial facts may alkny insurance companies to repudiate policy itability.

 The issue and acceptance of this form by insurance companies is not an admission of policy itability on the part of the insurance companies. Any false repurling may be referred to the brillic policy department for investigation.

Accident details

Date and time of accident	Date: 07/12/17	(DD/MM/YY) Time: 14 55 (HH:MM)
Exact location of accident	Bedok North	. Center Open Carpark

Details of vehicle SENCENSIE SE

1	12.4	23.31.32.334
	/ehicle registration number	GBC2642U
	/ehlcle make and model	Toyota Van
T	ype of vehicle	Saloon D MRV D CRV D Van G Lorry D Bus D Motorcycle D Others:
	ehicle category	Private u . Commercial e Motorcycle p
P	urpose of using at said time	Appendious sergionals residinful and following a confidence of the control of the
	re you claiming under your wn insurance company?	Yes □ No Þ if no, please select: Third part clay Reporting only e
	· 在 · · · · · · · · · · · · · · · · · ·	A CONTRACTOR OF THE CONTRACTOR

Insurance Information

	Insurance company	Great American theware
	Policy number	MOMVC000003461-100-000
1	Type of policy	Comprehensive a Third party fire & theft a TP only a

Insured / Policy holder

į	Name	Mi Ho Fatira House Maleo	Female D
8	NRIC / Fin / Passport number		THE PARTY OF
	Contact	An armore the Historial Charles and the second section of the second	
-	Address		11

"HELL Driver

above D (skin to D.O.B) Same as insured above [(skip to D.O.B)

Name	Lim Bak Kia Male or Female o
NRIC / Fin / Passport number	95031013H
Contact	9694 42/2
Address	SCIANO, CHARCED HIS-255
Email address	
Date of birth	12/03/1962
Occupation	Indoor D Outdoor er
Driving date pass	17/02/1972

1

General Information of the accident

was driver an employee of the insured's company?	Yes er No co If no, relationship of the driver and insured:	
No of passenger	2	(Inclusive of driver)
Accident captured by camera?	Yes II No p	
Weather condition	Clear er Raining D Others:	
Road surface	Dry D Wet a	

4. 3. 4 . . .

Other Information

Was anybody injured?	Yes to	Non	The state of the s
Was other vehicle damaged?	Yes o	Nou	

Details of police action

Rep	orted to police?	Yes D No e If yes, please state which police station.	i
Polle	e station name		

Third party vehicle 1

Name	Principles of the Month of the Manual Street, and the Control of t
Contact number	Commence of Commence and Commence of the Comme
NRIC / Fin / Passport number	and the second of the second o
	G8G5555E
Vehicle make model	THE REPORT OF THE PROPERTY OF

Third party vehicle 2

Name	The state of the s
Contact number	And the Control of th
NRIC / Fin / Passport number	A STATE OF THE STA
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	42.45.4	150 Bar 150 B 150	52, 5, 7, 55, 7, 1, 1
Contact number,			T · ·
NRIC / Fin / Passport number	A.31	· · ·	-,
Vehicle registration number	1.1	7.1.	1, 1
Vehicle make model	A.m	· · · · · · · · · · · · · · · · · · ·	*** *

Third narty yehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Sign

Witness 1

1990 KIN OF THE Y

The contract of the contract o	
Name	

Witness 2

Name

Injured person 1

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes a No a
Was injured conveyed to	Yes 🗆 No 🖸

Injured person 2

Name	Transcriptionally at 12/12/12/12 and 12/12/12/12/12/12/12/12/12/12/12/12/12/1
injuries sustained	House in soul Calebra and the advanced Ballican configurations.
Which vehicle person in?	Received and property like on a particular property and the property of the pr
Were seat belts worn?	Yes p No p
Was injured conveyed to	Yes D No D
hospital by ambulance?	andharren some relegiousliken iste

Name.	hammed and the straightful and fill from set following a
Injuries sustained	there is entitle to an entitle arrange and it them with the
Which vehicle person in?	Total Massachur Massachus and an amhain an an Maria an an Al-
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes a No a
hospital by ambulance?	and arrest property and statement of the second
Injured person 3	
Name	1000 Section (1985) Comment of the C
Injuries sustained	stall beneauth and the second fill as stand
Which vehicle person in?	ermichtennamignfälldigerzeit? Annes Filleringen
	Yes o No.o
	Yes 🖸 🐪 No 🗀

Injured person 4

Name	Handing and a series of the se
Injuries sustained	Provide a contraction of the second s
Which vehicle person in?	
Were seat belts worn?	Yes n No n
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗸

错似



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

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

ADDENDUM

2027/50				
(15) II		PERSON MAKING THE AMENDME		
	Original Report No	: MNA 117162964	Vehicle Registration No:	GBC 2642 V
	Name(as shown in NRI	C): LIM BAIC ICIA	NRIC/FIN/Passport No:	S2031013H
	(*Vehicle Driver / \	/ehicle Owner) (*) Please delete a	as appropriate	
	Address	: Blk I Euros crescent	×13-2537	Singapore(4 to too)
	Contact (Tel)		Mobile No. : 969 44 217	
Email Address :				
	Date of Accident	: 7/17/17	Time of Accident : \ Ψ	ti:
	Place of Accident	: Bedolc North Center i	open space carparte	
	Insurance Compan	y: 641	31. S. C.	
	Amend to	third party claim.		
	Policyholder / Drive Date:	r's Signature	Reporting Centre Person	nnel's Signature

Date:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2031013H



LIM BAK KIA

林冰茄 CHINESE Date of Birth 12-03-1952 CHINA





MICH. S2031013H

Blood Group Date of loose 24-07-1992

APT BLK 1 EUNOS CRESCENT #13-2533 SINGAPORE 1440

0441937 THE ARE EXPANSED THE DRIVE VEHICLES IN THE FOLLOWING CLASSIC

Meterophys == 160 CC Meter circ == 1100 kg with == 7 peneagors, andwive of lise driver, and meter instantivabilities =< 2000 kg

S / No. 8000265072

NP 428A



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.; M90370081T 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third9Party Risks) and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Title Party Risks) Rules, 1959 (Malaysia)

Policy Details

Certificate Number Policyholder Name

MOMVC000003461-00-000

Yi Ho Eating House

Chassis Number

: Commercial Vehicle (Comprehensive)

: JTFHT02P600012326

NCD Entitlement

Nil

Engine Number

Registration Number

1KD1748468

Hire Purchase

N/A

: GBC2642U

Period of Insurance

From 04/04/2017 (00:00) To 03/04/2018 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

- Use in connection with Policyholder's business
- Use for carriage of passengers (other than for hire and reward) in conection with the Policyholder's business b) This Policy does not cover:
- Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing
- * 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

Excess (Section 1)

SGD 600.00

Excess (Section 2)

N/A

Windscreen Excess

SGD 100.00

ADDITIONAL EXCESS

Please refer overleaf

Driver Details

Named Driver 01

Any persons who is driving on the policyholder's order or with their permission

Name of Intermediary

OKI

Date of Issue

27/03/2017

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company

Authorised Signatory

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