

Date In: 20/12/12 10:01	Job description: SAS e-filing	Done/Time Completed:	Done by:
Ref No: NA/CTZ 17024094/h4	E-mail (provide Email Address)		
Veh No: YM 9882Y	i-Motor Claim Form		
D.O.A: 19/12/12 05:15	i-Motor W/O (with/without Photo Upload)		
OD <input checked="" type="radio"/> Retaining Only	i-Photo Uploaded		
TP Insurer:	Assessment Survey Report		
	Ass't Report by Fax / Hand to Owner Whsp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SH 880SA	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%, P: 21-79%, F: 80-100%]		
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

## General Remarks:-

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

MA 1707828

## Invoice Preparation Checklist

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Dat. 1:

Dat. 2/3:

	Am't (\$)	Am't (\$)
	Inc Bill	Ass Bill
1) AR: Accident Reporting (\$30)	30.00	
2) DA: Damage Assessment (\$100) INC (\$80)		
3) TP: Towing Fee (\$40) (\$45)		
4) FT: Follow-Through Survey (\$120)		
5) FT: Follow-Through Survey-Resurvey (\$90)		
For claiming against INC Only (wef 10 Jan 2014)		
6) TR: Re-inspection (\$75)		
7) NI: Idas DA - SMRI Survey (\$250)		
8) NTUC Additional Services		
OP:		
*NS: Courtesy Car / Tpt Allowance	\$5	
*NS: Repair Coordination	\$10	
*NS: Post-Repair Inspection	\$25	
*NS: EV / Collision Damage Coordination	\$5	
TP (M11) - TP-Inc/INC against INC	\$10	
9) NI: Idas Mobile	\$0	
Invoice done:	Fee Charged:	
Invoice done:	Fee Charged:	

## 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 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 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 aforesaid.

### ACCIDENT STATEMENT

Date Of Report	20/12/2017 10:01
Date Of Accident	19/12/2017 05:15
Exact Location Of Accident	AYE TWDS ECP/CTE RIGHT AFTER CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9882Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S SHINYUU COLD CHAIN SOLUTION PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83660208

### Vehicle Particulars

Manufacturer	ISUZU
Model	-
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN1553311702
Cover Note Number	-

### Driver

Name of Driver	KHO CHEE YEN
Passport No/FIN	G2774750M
Date Of Birth	17/06/1996
Occupation	OUTDOOR
Date Of Driving Pass	07/10/2017
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88235375
Fax Number	
Contact Number	
Email Address	NOEMAIL



## 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.
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.
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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 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)**

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 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 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.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) 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.



Policyholder's Signature  
Date & Time:

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

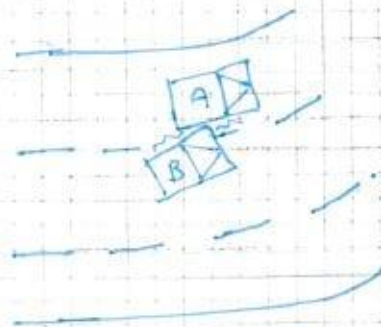
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

APJ2 TOWARDS RCP / CTE RIGHT AFTER CLEMENTI RD EXIT 9

VEHICLE A - YM 9882 Y

VEHICLE B - SH 8805 A



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ON THE EXTREME LEFT LANE OF APJ2 TOWARDS RCP / CTE DIRECTION.

WHILE DRIVING STRAIGHT AHEAD, RIGHT AFTER CLEMENTI RD EXIT 9 THERE IS A SLIGHT BEND, AND SO I SLOWED DOWN TO ENGAGE INTO THE BEND. WHEN HALF WAY THROUGH THE BEND, SUDDENLY I FELT A IMPACT CAME FROM THE RIGHT SIDE OF MY VEHICLE. THAN A VEHICLE DROVE PASS ME AND STOPPED INFRONT OF ME.

SO I ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEARING (SH 8805 A) HAD COLLIDED TO THE RIGHT SIDE OF MY VEHICLE WHEN HE MADE A EARLY TURN INTO THE BEND AND HIT ONTO THE RIGHT SIDE OF MY VEHICLE, BUT INSTEAD OF STOPPING HIS VEHICLE, HE SPIED UP AND STOPPED INFRONT OF ME. THAT CAUSES ME NOT ABLE TO ACCURATELY TOOK A PHOTO OF HIS VEHICLE WAS IN MY LANE AND CAUSES THE COLLISION.

I WOULD LIKE TO STATE AS THERE WERE LOADS IN MY VEHICLE, AND SO I WAS DRIVING VERY SLOWLY.

VEHICLE A - YM 9882 Y

VEHICLE B - SH 8805 A

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



<b>Vehicle No.</b>	1M982Y	<b>Model / Make</b>	ISUZU
<b>Date of Accident</b>	19/12/17		
<b>Time of Accident</b>	0515	<b>HRS</b>	
<b>Location of Accident</b>	AYE TOWARD ECP/CTE RIGHT AFTER CLEMENTI RD EXIT 9		
<b>Exact purpose use during accident</b>	WORKING HOUR		
<b>Name of Owner</b>	SHINYUN COLD CHAIN SOLUTIONS PTE LTD		
<b>Telephone No.</b>	H/P : 83660208	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	201015393N		
<b>Address</b>	18 BOON LAY WAY #08-103 TRADEHUB21 SC 609966		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	CHINA TAIPING		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	PMC VSN1553311702		
<b>Name of Driver</b>	As Above If No, KHO CHEE SEN		
<b>NRIC</b>	PIN G2774750M	<b>Any Passengers :</b>	NIL
<b>Date of birth</b>	17 JUN 1996		
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	07 OCT 2017		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 8823 5375	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state		
<b>Weather condition</b>	Clear Raining Other		
<b>Road Surface</b>	Dry Wet Other		
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?		
<b>Vehicle B No.</b>	SH 8805A	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	RIGHT SIDE OF VEHICLE.		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	bestfriend@shinyun.com.sg		
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**SHINYUU COLD CHAIN SOLUTIONS PTE. LTD.**

Sector: **SERVICE**

Name:  
**KHO CHEE YEN**

Occupation:  
**VEHICLE ATTENDANT**


Work Permit No.  
**4 05537699**

Date of Application:  
**16-12-2016**

Date of Issue:  
**29-12-2016**

Date of Expiry:  
**28-12-2018**

**L7510197**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G2774750M**

Name:  
**KHO CHEE YEN**

Birth Date: **17 Jun 1996**

Issue Date: **28 Mar 2017**

Valid Till: **27/03/2022**

**002669949E**



**VISIT PASS**  
Immigration Regulations

Name:  
**KHO CHEE YEN**

Date of Birth: **17-06-1996** Sex: **M** Nationality: **MALAYSIAN**

FIN: **G2774750M** Date of Issue: **29-12-2016** Date of Expiry: **28-12-2018**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		EFFECTIVE DATE
Class 2	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	07 Oct 2017
Class 4	Heavy motor cars and motor tractors > 2500 kg	07 Oct 2017

**S / No. 9000274410**

**G2774750M**

**NP 428A**

Licence No: **G2774750M**







中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

M2301/CR SN  
AN0584A  
Cov. Type: F

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVSN1553311702	Engine No : 4JJ1722712 Chassis No: JAAHRR95E97100193
1. Index Mark and Registration Number of Vehicle	YM9882Y	
2. Name of Policy Holder	M/S SHINYU COLD CHAIN SOLUTIONS PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12 DECEMBER 2017 EXCESS SECT. II ..... 351,000.00	
4. Date of Expiry of Insurance	26 NOVEMBER 2018	
5. Persons or Classes of Persons entitled to drive *	<p>(1) WHILST THE VEHICLE IS BEING USED IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION.</p> <p>(2) WHILST THE VEHICLE IS BEING USED FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.</p> <p>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.</p>	
6. Limitations as to use *	<p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER:</p> <p>(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p> <p>(3) USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD.</p>	

\* 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.

Terry's Office  
38 Parbury Avenue #04-02 S467034  
Tel/WatsApp : 9127 8514

Countersigned By:

Authorised Officer

Authorised Signatory