NATIONAL Assessment Centre Ser	vices [we! 1 Jan'05] V	NAIIIICXEDZ		
	description	Date &Time Completed	Doi	ne by
Res No: NA / C1217024371/24 SA	AS e-filing	†		1000
Veh No: GBE78HU E-	mail (within Shrs, AIC 2hrs)		I	
	Motor Claim Form	· · · · ·	1	777 ==
	Aotor W/O (Within: OD 2hrs	TP Abrah		
	hoto Uploaded	, ) r + ars)		
	sessment/Survey Report	-		
11 111 21 011	t't Report by Fax / Hand to	Owner/When		
Preferred Wksp / INC Assign Wksp / QW: (	- January L			
TP Particulars: Veh No: FBH 750H	. INC(	USE OF THE PERSON NAMED OF	Fax:	
Owner / Driver: (		)/Non-INC( )		
Policy No: ( ) Period: (	)	Cover Type: (		
Confirmed by : (	Date:	Time:	· /-	
Insured/Driver Liability: ( %) [Note-Est.	. Status (WO): N: 0-209		00%	
Year of Registration: ( ) Warranty		re, 1.21-7976. F: 50-1	0070]	
Process /6	)/\$2,000()			
General Remarks:- ( ) Walk-In Customer: Customer's information s			125	
Drive-In ( )/ Towed-In ( ); Invoice: YES ( Remarks:- (INC hotline: 6788 6616)		ving Co: (	. Bank	)
Remarks: (INC horline: 6788 6616)	) / NO ( ) ; Tov	ving Co: ( Date&Timb Completed	Done	) by
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Courtesy (	) / NO ( ) ; Tov		Done	by
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/Courtesy C  2) QC Check / Post Repair Inspection	) / NO ( ) ; Tov		Done	) by
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Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Courtesy C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	) / NO ( ) ; Tov		Done	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.
- 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 witholding of material facts may allow insurance companies to
- 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

<b>美国和阿里尔尔亚来源于美国大学的</b>	ACCIDENT STATEMENT
Date Of Report	23/12/2017 15:44
Date Of Accident	22/12/2017 18:20
Exact Location Of Accident	ALONG XILIN AVE TWDS ECP BESIDE L/P:79
Country/State of Loss	SINGAPORE
<b>福建州特别大约,特别的国家和</b> 伊罗克的人。	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE7815U
Insured/Policyholder	
Name Of Registered Owner	M/S KINETICS PTE LTD
Co Reg No	200409593Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
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
f 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1617031701
Cover Note Number	
Driver	
lame of Driver	TAN PUAY HAN
IRIC No	\$1687190G
Date Of Birth	10/06/1965
Occupation	INDOOR
Pate Of Driving Pass	11/02/1987
	1102/1907

Driving Experience 30 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82888518

Fax Number

Contact Number OFFICE-82888518

EMail Address NOEMAIL Address

BLK 109D EDGEDALE PLAINS

#07-147

Postcode

824109

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: GENDER:

200

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TAMPINES NORTH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 461 TAMPINES STREET 44 #01-56, POSTCODE: 520461,

**COUNTRY: SINGAPORE** 

Police Station Contact

TEL NO: 1800-7818999 - FAX NO: 67838603

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT- T/20171222/2144.

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 Vehicle Make/Model/Colour FBH7510H

**Details Of Properties** 

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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 <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>.
- 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)

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:
  - 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:
  - 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.

KINETICS PTE LTD
113 Eunos Avenue 3 #06-18
Gordon Industrial Pullding
Singapore 1991
Tel/Fax: 6744-6794

Tel/Fax: 6710-6791 Email: kineticsplessingnet.com/sg

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

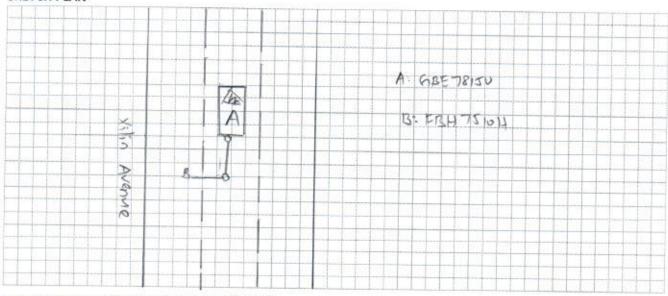
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

#### SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to pokce	report.	7/2017	1222/2144	*		
				1			

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

Gordon Industrial Building Singapure 405838 Tel/Fax. 6748 6748 Email: kineticsplessingues.com.sg

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 .:





T/20171222/2144

1 of 3

Report No. T/20171222/2144

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2017 20:46			Vide Report No.: G/20171222/0177	Station Diary No.: 51		
Informa	nt's Partic	ulars		THE RESERVE OF THE PARTY OF THE		
Name of	f Informant:		Address:	AN AND AND		
TAN PU	AY HAN		APT BLK 109D EDGEDALE F 824109	PLAINS #07-147 SINGAPORE		
ID Type	/ ID No.:		Contact No.:			
NRIC NO	O / S16871	90G	Home/Office: Mobile: 82888518			
National SINGAP	ity: ORE CITIZ	ΈN	Email:			
Sex: Male	Age: 52	Date of Birth: 10/06/1965	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: MANAGER			Driving Licence Information: Class: 3	Date of Expiry		

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 22/12/2017 18:20	Type of Location Straight Road	
Location: Along Road 1 XILIN AVENU Lamp Post N	JE					
Weather: Clear	amber. 70	Road St	urface:		Road Speed Limit:	
Traffic Flow:		Traffic C	Control:		Traffic Volume:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBH7510H	Motorcycle					0
GBE7815U	Van				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20171222/2144

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE

Tel No: 1800-7818999

CONTINUATION OF REPORT

Rider						
Name	AMIRUDDIN SHAH BIN ABDUL MAJED			ID No.		S97900151A
Related Vehicle	FBH7510H (Motorcycle)			Contact No.		94891561
Hospital/Clinic	CHANGI GENERAL	L	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	atment NIL			Discharge NIL		
No. of Days granted Medical Leave NIL			Degree of	fInjury	NIL	
Driver		distribution of the last of th				
Name	TAN PUAY HAN			ID No.		S1687190G
Related Vehicle	GBE7815U (Van)			Contact No.		82888518
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	NIL Date Di				
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

#### Brief Details.

On 22/12/2017 at about 1820hrs, I was driving my van (GBE7815U) along Xilin Avenue on lane 2 when I suddenly felt an impact from the rear. I then stopped my van to make a check and saw that a motorcycle (FBH7510H) had toppled behind my van. The motorcycle had just collided into the left rear of my van and the rider appeared to be injured. As such, I called for an ambulance.

The impact caused some damage to the rear left portion of my van.

When traffic police arrived, I was asked a few questions and advised to make a police report. The rider was then conveyed to a hospital by ambulance.

At the time of the accident, my daughter and I were not injured.





Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461 CONTINUAT
Tel No: 1800-7818999

3 of 3 Report No. T/20171222/2144

CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

SIGNATURE

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Staff Sgt MUHAMMAD NOOR AZRI BIN MOHAMED SALLEH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/12/2017 20:46
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN	Classification Of Case:
Contact No.: 65476213  SINGAPORE  Authentication Stamp	

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1687190G



Fairne



## TAN PUAY HAN

Race

CHINESE

Date of Birth

SMIX.

10-06-1965

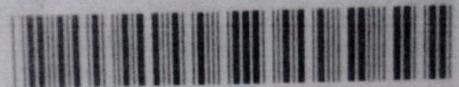
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Country of Birth

SINGAPORE



2899845



SICNO S1687190G



Blood Group

Dutte of leasure

B+

08-09-1995

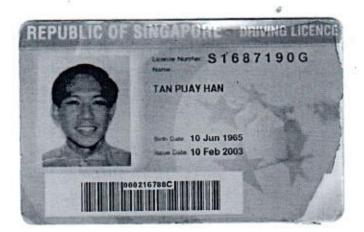
APT BLK 1090 EDGEDALE PLAINS #07 - 147

SINGAPORE 824109

Date

12/10/2012

No: 7188534



## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3 Motor Cars and Motor Tractors the weight of 11 Feb which unladed does not exceed 2500 kilograms

11 Feb 1987

PAZEN 82888518





中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg. No. 200208384E

MZ300/C R SN AN0421A COV. Type: C

MOTOR COMMERCIAL VEHICLE

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, 1967 (Mailaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

**ORIGINAL** 

	3			Engine No :YD25389445 ChaNo:JN1MC2E26Z00060	A 20
CE	RTIFICATE No.	DMCVSN1617031701		Chano: JNIMCZEZ 020000	20
	I Deliberation	GBE7815U	Sec. 43 - 1	AUTOSAFE	74
1.	Index Mark and Registration  Number of Vehicle	GBE10130			
	Surface of Vertex				
2.	Name of Policy Holder	M/S KINETICS PTE. LTD.	325		
3.	Effective date of the Commencement of Insurance for the purposes of the Regulation Ordinance or Enactment	28 March 2017	Excess Sect I EX ON WINDSCRE	EN 5	\$\$500.00 \$\$100.00
4.	Date of Expiry of Insurance	27 March 2018	\$1		
	3				
5	Persons or Classes of Persons entitled to	drive*			
			.12		
	100	at a Markaldania orde	or or with their o	ermission.	
	Any person who is driving on	the Portcyhorder a disc			
	Provided that the person dri regulations to drive the Mot Court of Law or by reason of				
6.	Limitations as to use:"		*		
	2.4/3				
		the policyholder's busin	ess.		
	<ol> <li>Use in connection with</li> <li>Use for the carriage of Policyholder's business</li> </ol>	passengers (other than	for hire or rewar	<ul> <li>d) in connection with the</li> </ul>	
	(3) Use for social, domestic				
	The Policy does not cover. (1) Use for hire or reward	or racing, pace-making,	reliability trial	or speed testing.	l cohiala
	<ol> <li>Use for hire or reward</li> <li>Use whilst drawing a trans</li> </ol>	ailer except the towing	of any one disabl	ed mechanically propelled	venicie.
	17				
	-	CHIEDREAS BANK LIMITED AS	HP OWNER		thuning 189)
	HIRE PURCHASE CO.: UNITED  * Limitations rendered inoper	ative by Section 8 of the Motor transport Act 1987 (Metaysia), e	Vehicles (Third-Party are not to be included u	Risks and Compensation) Act (C nder these headings.	mapler 103)

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: \_\_\_\_\_VITESSE\_SOLUTIONS..... **Authorised Officer** 

**Authorised Signatory**