NATIONAL Assessment Centre S				
Date in: 8/1/18 15:05	cb description	Date &Time Completed	Done by	
Re[No: NA/ CTZ 18000417144	SAS e-filing		-1-10-41-4	
Veh No: GY 440 2	E-mail (within Shrs, AIC 2hrs)			
	i-Motor Claim Form	4		
511.110	I-Motor W/O (Within: OD 2h	s, TP 4hrs)		4
OD : (IP) Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
	Ass (resport 5) I may traine	Tel: Fax	:	
Preferred Wksp / INC Assign Wksp / QW: (TP Particulars: Veh No: Gr	INC (
TI Larrica GI	3F 4S74 D	Tel:)	
Owner / Driver: (Policy No: () Period	. 1	Cover Type: ()	
1010) 1101	Date:	Time:)	
Confirmed by : (20%; P: 21-79%. F: 80-100)%]	
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General Remarks:-		TC480044	pro Buria	1.20
() Walk-In Customer: Customer's information	ition strictly Confidential & S	strictly NO rafer of repairer.		
() Total Loss Case : to e-mail Insurer L	JRGENTLY.			
Drive-In ()/ Towed-In (); Invoice: Y	A STATE OF THE STA	Towing Co: (-)
Apply for Transport Allowance () / Cour QC Check / Post Repair Inspection	rtesy Car ()			
3) Upload Resurvey Photo [Repair Cost > \$300	0] ()			
Injury:				Vilones
	9.5	a 14 10 51 9	September 200	
Date/Time Actions			an Alexand Work at	W. Pilladelos
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STATE OF THE PROPERTY OF THE P	11800730	reparation Checklist	Anit (S)	
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laimant's Particulars :-	1) AR : Accid 2) DA : Dams 3) TF : Towir	ent Reporting (\$30); ge Assessment (\$100); INC (\$86 g Fee \$40,	Anit (S) 1st Bill 30.00	
Marticulars :-	1) AR : Accid 2) DA : Darm 3) TF : Towir 4) FT : Follow	ent Reporting (\$30); ge Assessment (\$100); INC (\$80 g Fee \$40 v-Through Survey \$	Ant (S) (St.Bill 30.00)) \$45 120	
Laimant's Particulars :-	1) AR : Accid 2) DA : Darm 3) TF : Towir 4) FT : Follow	ent Reporting (\$30); ge Assessment (\$100); INC (\$80 ge Fee \$40, v-Through Survey \$ v-Through Survey (Resurvey) ig against INC Only (wef 10 Jan 2005)	Ant (S) ist Bill 30.00	
laimant's Particulars :- river/Owner:	1) AR: Accid 2) DA: Dame 3) TF: Towir 4) FT: Follow 5) FT: Follow For cleimin 6) TR: Re-in	ent Reporting (\$30); ge Assessment (\$100); INC (\$80) g Fee S40, v-Through Survey \$ v-Through Survey (Resurvey) ag against JNC Only (wef 10 Jan 2005) spection	Ant (S) St.Bill 30.00	
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Claimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion: C. Checked by (Engr-In-Charge):	1) AR : Accid 2) DA : Dama 3) TF : Towir 4) FT : Follow 5) FT : Follow For gleimin 6) TR : Re-in 7) N1 : Idac I 8) NTUC Ad QT)* *N5: Cour *N6: Reps *N7: Fost	ent Reporting (\$30); ge Assessment (\$100); INC (\$80) g Fee \$40, v-Through Survey (Resurvey) re against INC Only (wef 10 Jan 2005) spection DA + SMRT Survey ditional Services tesy Car / Tpt Allowance ir Co-ordination Report Inspection	Anit (S) 1st Bill 30.00 345 120 530 575 160	
Claumant's Particulars :- Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accid 2) DA : Dama 3) TF : Towir 4) FT : Follow 5) FT : Follow For gleimin 6) TR : Re-in 7) N1 : Idac I 8) NTUC Ad Q1)* *N5: Cour *N6: Reps *N7: Fost *N8: DV	ent Reporting (\$30); ge Assessment (\$100); INC (\$80) g Fee \$400 v-Through Survey (Resurvey) ge egainst INC Only (wef 10 Jan 2005) spection DA + SMRT Survey ditional Services tesy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination	Ant'(S) (st.Bill 30.00 30.00 345 120 530 575 160 555 510 525 55	
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Contact No: Damaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accid 2) DA : Dama 3) TF : Towir 4) FT : Follow 5) FT : Follow For cleimin 6) TR : Re-in 7) N1 : Idao I 8) NTUC Ad QID* *N5: Cour *N6: Reps *N7: Fost *N8: DV / TP (N11)	ent Reporting (\$30); ge Assessment (\$100); INC (\$8); g Fee \$40. v-Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005); spection OA + SMRT Survey ditional Services tesy Car / Tpi Allowance ir Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile Fee Charged	\$45 120 \$30 \$75 1160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- Z. 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 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

LINE STATE OF THE PARTY OF THE	ACCIDENT STATEMENT	Mark The last
Date Of Report	08/01/2018 15:05	
Date Of Accident	05/01/2018 12:10	
Exact Location Of Accident	T JUNC OF TUAS SOUTH AVE 2 & TUAS SOUTH AVE 1	
Country/State of Loss	SINGAPORE	
DI DI	ETAILS OF OWN VEHICLE	The same
Vehicle Registration Number	GY440Z	
Insured/Policyholder		
Name Of Registered Owner	M/S TOYO CHROMIUM ENGINEERING PTE LTD	
Co Reg No	199506983E	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-68610661	
Vehicle Particulars		
Manufacturer	VOLKSWAGEN	
Model	CADDY MAXI 1.9 TDI AT 2KJE43	
Exact Purpose for which vehicle was being used at time of accident	WORK	
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	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMCVSN1035001707	
Cover Note Number		
Driver		
Name of Driver	TAN SHEAU LIANG LARRY(CHEN XIAOLIANG LARRY)	
NRIC No	S7524532G	
Date Of Birth	18/07/1975	
Occupation	OUTDOOR	
Date Of Driving Pass	24/03/1994	
Driving Experience	23 YEARS AND 9 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-98241315	
Fax Number		
Contact Number		
EMail Address	NOEMAIL	
		Page 1 of 15

Address 2 SHANGHAI RD #03-03

Postcode 248209

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHE

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - DIRECTOR

79

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

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

NO

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

on given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBF4574D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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.
- 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")
- 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.

ENGINEERING PTE

Policyholder's Signature Date & Time: Driver's Signature

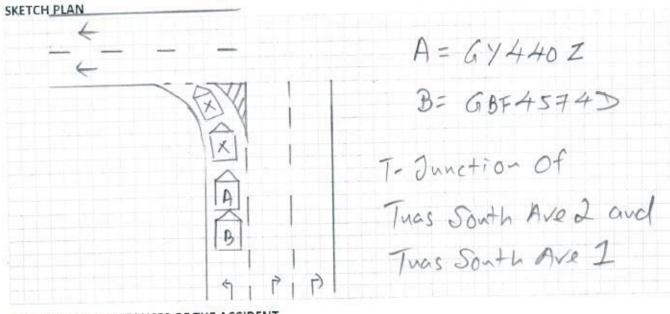
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SCRIBE CIRCUMST	ANCES OF THE ACCIDENT
	Refer to attach
	per of to arriver
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/	
-	
/	

DECLARATION

I/We declare to soing 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.:

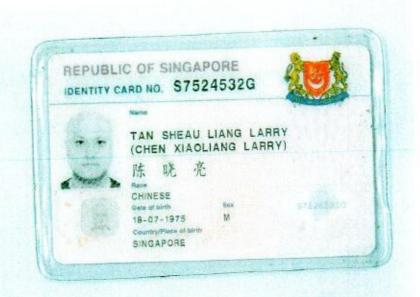
On 05.01.18 at about 12:10 hours at T-Junction of Tuas South Ave 2 and Tuas South Ave 1. I was stationary and queueing up along Slip Road of Tuas South Ave 2 towards Tuas South Ave 1, suddenly I heard a loud bang from behind. When I alighted I realised it was vehicle (B) had hit onto rear portion of my vehicle (A).

Vehicle (A): GY 440Z

Vehicle (B): GBF 4574D

SINGAPORE ACCIDENT STATEMENT

Accident Date: 0501/8 Time: 12:70 (nn:mm) 24 in format
Location T- Junction of Trus South Are 2 and
Tuas South Ave I
Vehicle Number 674407
Insured Name Toyo Chromium Engineering Ite Ital
NRIC/FIN 199 506983E Contact Number 68610661
1 (11
Make Volkswagen Model (addy)- Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: () Third Party () Reporting
Type of Policy () Comphensive () Third Party Fire & Theft () TP Only
Policy Number DMCV SN 1635001707
Name of Driver Tan Shean Liang Larg ()Same as Insured
0012
NRIC / FIN 5 75745 72 G Contact Number 9824 1315
Date of Birth $(8/07/1975)$
Driving Pass Date 24/04 / 1994
Occupation () Indoor (/) Outdoor
Gender (V) Male () Female
Email Address tad fole 1110 hotmail 59 ()NO EMAIL
Address of Driver 2 Shanghai Road
04-03 5(248209)
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions () Clear () Raining () Others
Road Surface () Dry () Wet () Others Was any foreign vehicle involved in this accident? () Yes () No
was any foleign vemore involved in this decision.
was anybody injured in the accident.
If yes, injured detail Was there any video captured by Car Camera? () Yes () No
was there any video captured by Car Control
Was the Heeracht reported to the Ferral
DETAILS OF 5 party hand 1 mile
Veh B GBF 4574D
Veh C
Veh D
Veh E
Veh F

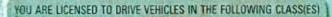


GY4402 driver





GY440Z driver



Class 28 Motorcycles =< 200 cc 27 Apr 1993
Class 2 Motorcycles between 201 cc and 400 cc 06 Jul 1994
Class 3 Motor Cares < 400 cc 23 Aug 1995
Class 3 Motor Cares < 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

Ucence No: \$7524532G

NP 428A

Fax: bell soll



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Rep. No. 200206384E

MZ300/C R SN ANO4ZIA Cov.Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 180)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Rosks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMCVSN1035001707

Engine No :BL5A92682 Chano:wv2zzz2KzAX028275

1. Index Mark and Registration Number of Vehicle

GY440Z

2. Name of Policy Holder

M/S TOYO CHROMIUM ENGINEERING PTE LTD

Effective date of the Commercement of Insurance for the purposes of the Regulations, Ordinance or Erectment

21 December 2017 Excess Sect I \$\$400.00

EX ON WINDSCREEN S\$100.00

4. Date of Explry of Insurance

20 December 2018

5. Persons or Classes of Persons emilied 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 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.

- 6. Umitations as to use:*
 - (1) Use in connection with the Policyholder's business.
 - (2) use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - (3) Use for social, domestic or pleasure purposes.

The Policy does not cover.

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled machanically propelled vehicle.

*Limitations randored inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Componsation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Maleysia), 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.

lesued By: _____XITESSE_SOLUTIONS..... Authorised Officer

Authorised Signatory