NATIONAL Assessment Cent	tre Services. Part 1 Jan	1001 MNA118 042 479	5 1		
Date In: 29/3/18-14:45	Job description	Date & Time Completed	Done by		
Ref No: NA/INC182051869/24	SAS e-filing				
Veh No: 576 6756H	E-mail (within Shrs, AIC	2hrs)	*		
D.O.A .: 28 3 18-19:10	i-Motor Claim Fort	n k:			
	i-Motor W/O (Within	i-Motor W/O (Within: OD 2hrs, TP 4hrs)			
OD TP Reporting Only	i-Photo Uploaded				
	Assessment/Survey R	eport			
TP Insurer:	Ass't Report by Fax /	Ass't Report by Fax / Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)		
TP Particulars: Veh No: SM	33164B	INC()/Non-INC()			
Owner / Driver: (Tel:)		
Policy No: ()	Period: () Cover Type: ().		
Confirmed by : (Date)		
Insured/Driver Liability: (%)		N: 0-20%; P: 21-79%. P: 80-	[00%]		
Year of Registration: ()	Warranty: YES ()/N	0()			
Excess: (\$) Loading: \$1			NOTE OF THE PARTY		
General Remarks:		Karat Calendaria			
() Walk-In Customer : Customer's in		ial & Strictly NO refer of repairer.			
() Total Loss Case : to e-mail Insu	rer URGENTLY.	1 44 1 3			
Drive-In ()/Towed-In (); Invoi	ice: YES () / NO (); Towing Co: (.)		
Remarks: (INC hotline: 6788 6616)		Date&Timb Completed	Done by		
The state of the s	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()				
Injury:					
		13 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Date/Time Actions			E DS-05 - 18-25 h. 25 t.		
	2.0		1925 - No. of the last of the		
			2011-11-27-12-27-27-2		
	Canada Aprila Maria Maria de Maria		Annual String Core ex-		
Mary	Inve	ice Preparation Checklist	Anit (S) Anit (S) fit Bill Add Bill		
NA1801979	208,333	: Accident Reporting (\$30);	370 320 330		
laimant's Particulars :-	2) DA	: Damage Assessment (\$100); INC (\$80) 40/\$45		
river/Owner:	4) FT :	Follow-Through Survey	\$120 \$30		
ontact No:	For	Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 20)	05)		
Damaged Portion:		Re-inspection Idae DA + SMRT Survey	\$160		
		UC Additional Services:-			
C Checked by (Engr-In-Charge):		: Courtesy Car / Tpt Allowance	\$5		
		: Repair Co-ordination	510		
Miles Comments	Indiana in the second s	: Fost Repair Inspection : DV / Collect Excess Coordination	525		
Anditors' Comments::	*NE	(N11): TP (Non INC) against INC	\$20		
at. J:	9) N1:	2: Idae Mobile	30 a		
al. 2/3:		e dated Fee Charge	MARRIED STATES		

in per at

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

Any false reporting may be referred to the Police for investigation.

- 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

	ACCIDENT STATEMENT
Date Of Report	29/03/2018 14:45
Date Of Accident	28/03/2018 19:10
Exact Location Of Accident	ALONG EU TONG SEN ST OPP ITC SCHOOL OF LAWS
Country/State of Loss	SINGAPORE
MATERIAL PROPERTY.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG6756H
Insured/Policyholder	
Name Of Registered Owner	M/S RED STAR CONCIERGE PRIVATE LIMITED

Name Of Registered Owner 201700993G Co Reg No NOEMAIL Email Address

(LOCAL) +65-90085080 Mobile Phone No OFFICE-90085080 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer

STREAM 1.8X A Model

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

DMHCSN1750431700 Policy Number

Cover Note Number

Driver

TEO KAH HOCK Name of Driver S2175611C NRIC No 01/01/1959 Date Of Birth OUTDOOR Occupation 24/09/1990 Date Of Driving Pass

27 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97367927 Mobile Number

Fax Number

OFFICE-97367927 Contact Number

NOEMAIL EMail Address

BLK 559 ANG MO KIO AVENUE 10 Address

#12-1862

560559 Postcode

Was driver an employee of the Insured's Company

If No. Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

1

NO

NO

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions WET Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 2 NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO **DETAILS OF OTHER VEHICLE PROPERTY 1**

YES

NO

SMB3164B Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

BUS Vehicle Category

Name of Driver

NRIC/Passport Number

84209431 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

10

SKETCH PLAN

IMPORTANT NOTICE

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

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN B- SM & 31 64 B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refor to statement DECLARATION I/We declare the lorgeoing particulars are true in every respect.

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

Date & Time: NRIC/FIN

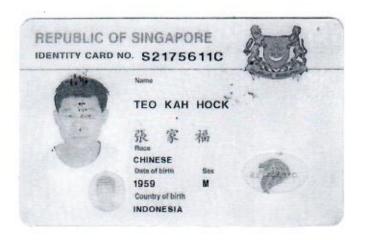
Reporting Centre Personnel's Signature

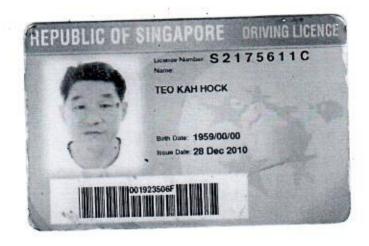
Name: NRIC/FIN No.: ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG LANE 4 EU TONG SEN ST AS IT WAS CONGESTED ALONG THE ROAD. SUDDENLY VEHICLE B FROM LANE 4 TRYING CUT ONTO LANE 5. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE REAR LEFT PORTION.

ACCIDENT STATEMENT

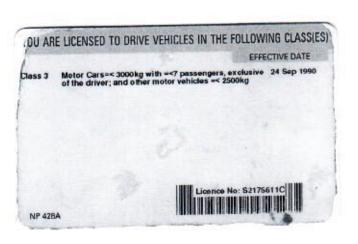
The state of the s	In the sense as	
ACCIDENT DATE: 18 10D/MM/YYY	(), TIME:()(HH:MM)	
	INTE School of Laws	
LOCATION: Along En Tong Jen of opp	WIC 254-01 4 5	•
	•	2.8
1. DETAILS OF VEHICLE	mi/L	•
a) VEHICLE NUMBER: 576676H	1.10	
DINSURANCE COMPANY: CTT	20	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PA	PTY / THIPD PARTY FIRE &THEFT)	1
d)POLICY TYPE: (COMPREHENSIVE) THIRD PA	RIT / ITIMO T / TITLE	380
6)MAKE & MODEL: ()TYPE:(SALOON / COUPE / MPV /VAN / LORE	EX / MOTORCYCLE / OTHERS)	
TITYPE: (SALOON / COUPE / MPV /V AN / LOKA	MOTORCYCLE)	
g) VEHICLE CATEGORY: (PRIVATE / COMMERC	(momaca a)	
h)PURPOSE OF USING AT ACCIDENT TIME:	IDANCE (VES/NOT)	
I) ARE YOU CLAIMING UNDER YOUR OWN INSI	FRANCE (123/190)	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / R	EPORTING CITETY	2 2 2
2. INSURED / POLICY HOLDER	vate (MALE / FEMALE)	설
A)NAME: MS Red Star Congerge Pri	CONTACT: 9008 30 80	0
b) NRIC/FIN/PASSPORI:	connen	THO OF
c) ADDRESS:		possenger.
* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	OLDER	. (Including d
3. DRIVER		(\bot)
a)NAME: Too Kah Hock	(MALE / FEMALE)	7
HINDIC/FIN/PASSPORT: 13 1 3 5 11 C	CONTACT: 9776790	to 539)
CIADDRESS: Blic JT9 & Ang Mo 190	Ave 10 \$ 12-1862 (3	(PO 144)
C/ADDRESO.		4
*d)DATE OF BIRTH: (/MM/YYYY) :	
eloccupation: (INDOOR / OUTDOOR)	1	
ENVELOR OF DRIVING EVPPEPIENCE: / W G	11990	
WAS DRIVER AN EMPLOYEE OF THE INSUR	(ED'S COMPANY? (YES) NO)	
IF NO. RELATIONSHIP OF THE DRIVER WI	IN INSURED.	_
5. a) WEATHER CONDITION: (CLEAR / RAINING /	OTHERS	
b)ROAD SURFACE: (DRY / WET / OTHERS		
6. WAS ANYBODY INJURED (YES / NO)	# ×	888 70
7. a) REPORTED TO POLICE (YES / NO.)		•
IF YES, PLEASE STATE WHICH POLICE STATION		 -
8. THIRD PARTY VEHICLE	MODEL:	- *Ho of passo
a) VEHICLE NUMBER: SMB 316413	MODEL:	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b) DRIVER'S NAME:	CONTACT: 89209431	- Clududing di
c) NRIC/FIN/PASSPORT:	CONTACT.	(علی -
9. THIRD PARTY VEHICLE	MODEL:	· · · · · · · · · · · · · · · · · · ·
d) VEHICLE NUMBER:		_ * Ho of possi
e) DRIVER'S NAME:	CONTACT:	_ (Including d
f) NRIC/FIN/PASSPORT:		()
ALCL	Danil .	()· ·
. NKT. DEN	agnall con:	12
(*)	· · · · · · · · · · · · · · · · · · ·	1970

Qmail =











CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

MZ406L/BN SN B AN0590A Cov. Type: C AUTOSAFE

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, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

	DMHCSN1	750431700	Engine No:R18A1768791 Chassis No:RN61061697
CERTIFICATE No.	Dimedia		
Index Mark and Registration Number of Vehicle	SJG6756	i	
2. Name of Policy Holder	M/S RED	STAR CONC	IERGE PRIVATE LIMITED
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	24 JULY (14:29	2017 HOURS)	EXCESS SECT I
4. Date of Expiry of Insurance	10 JULY	2018	EXCESS SECT.II (OUTSIDE SINGAPORE)S\$2,000.00 EX ON WINDSCREEN
5. Persons or Classes of Persons entitled to drive *			
AS PER NAMED DRIVER(S) STATED BELOW.			
DECUMENTANCE TO DRIVE THE MOTOR VEHICL	E OR HAS	BEEN SO	DANCE WITH THE LICENSING OR OTHER LAWS OR PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A ON IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.
ANY EMPLOYEE OF THE COMPANY OR	ANY AU	THORISED	HIRER/DRIVER ONLY
(2) USE FOR SOCIAL DOMESTIC PLEASURE HIRED. THE POLICY DOES NOT COVER	PURPOSES	AND BUSI	NECTION WITH THE POLICYHOLDER'S BUSINESS. NESS PURPOSES OF ANY PERSON TO WHOM THE VEHICLE IS SPEED-TESTING. HER THAN FOR REWARD) OF ANY ONE DISABLED
* Limitations rendered inoperative by Section 95 of the Road Transport Act,	on 8 of the 1987 (Mala	Motor Vehicle aysia), are no	es (Third-Party Risks and Compensation) Act (Chapter 189) t 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.

Countersigned By: **Authorised Officer**

Authorised Signatory