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OD / TP ' Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs) i-Photo Uploaded					
	Assessment/Survey Report					
TP Insurer:			113.0		- I-p_1/25	
Ass	s't Report by Fa	/ Hand to Own	17 YY K5D			-
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Manager Company	Fax:		
TP Particulars: Veh No: GBD	3916T-		lon-INC (	)		
Owner / Driver: (		Tel			)	
Policy No: ( ) Period. (	186, 196		r Type: (			
Confirmed by : (	2000	te:	Time:	00.1500	)	
	st. Status (WO):		: 21-79%. F:	50-100%	)	
Year of Registration: ( ) Warrant		NO( )				
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General Remarks:-		12000		A 2 11 1971	19.50	
( ) Walk-In Customer: Customer's information	strictly Confide	ntial & Strictly N	O refer of repa	irer.		
( ) Total Loss Case : to e-mail Insurer URG	GENTLY.					
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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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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 ladgement 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

The Hilly was builting	ACCIDENT STATEMENT	
Date Of Report	10/04/2018 10:37	
Date Of Accident	08/04/2018 13:55	
Exact Location Of Accident	CTE TWDS CITY NEAR BRADDELL EXIT	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	GU8288R	
Insured/Policyholder		
Name Of Registered Owner	M/S EEONG ELECTRICAL ENGINEERING PTE LTD	
Co Reg No	•	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-90998367	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	HIACE	
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	
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	DMCVSN1809981800	
Cover Note Number	•	
Driver		
Name of Driver	LEE XIEW EEONG	
NRIC No	S8858577A	
Date Of Birth	24/03/1988	
Occupation	OUTDOOR	
Date Of Driving Pass	27/03/2009	
Driving Experience	9 YEARS AND 0 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-90998367	
Fax Number		
Contact Number		
EMail Address	NOEMAIL	125 W 91
		Page 1 of 16

Address

BLK 533 HOUGANG AVE 6 #06-333

Postcode

530533

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

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)

1

#### **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

I WAS TRAVELLING ALONG CTE TOWARDS CITY NEAR BRADDELL EXIT, WHEN NOTICED ROW OF VEH INFRONT OF ME SLOW DOWN AND STOP, AS SUCH I FOLLOW TO SLOW DOWN AND STOP, ALL OF A SUDDEN, I FELT AM IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO GBD3916T) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

HAVENT RETRIEVE

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

**GBD3916T** 

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NG KIM JOO

NRIC/Passport Number

S0012671C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

## **DETAILS OF INJURED PERSON 1**

Name

LEE XIEW EEONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BACK N NECK

GU8288R

YES

NO

Page 3 of 16

#### SKETCH PLAN

### 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.
- 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")
- (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.

Seg. No Juliantial Brand

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

(If driver is not the policyholder)

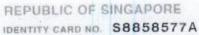
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

KETCH PLAN Braddell Ex	T CTE C	city)					
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DECLARATION		_/_				11	
/We declare the foregoing parti	culars are true in ever	y respect.					
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3 05 35	Driver's Signat	ture		Rec	orting Centre	Personnel's Signatu	ıre
Policyholder's Signature Date & Time:	(If driver is not	t the policyholo	der)	Nar	ne:		
	Date & Time:			NR	C/FIN No.:		





EEE XIEW EEONG

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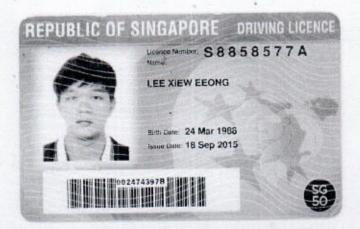


CHINESE Date of hirths 24-03-1988

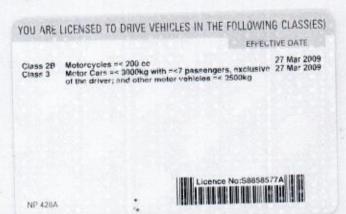
Sex M

Country/Place of birth











# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

MZ300/CN SN AN0597A 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)

CERTIFICATE No.

DMCVSN1809981800

Engine No :1KD2735454 Chassis No: EDH2010229084

1. Index Mark and Registration Number of Vehicle

GU8288R

2. Name of Policy Holder

M/S EEONG ELECTRICAL ENGINEERING PTE LTD

3. Effective date of the Commencement of Insurance for

20 MARCH 2018

EX ON WINDSCREEN .......s\$100.00

the purposes of the Regulations, Ordinance or Enactment

4. Date of Expiry of Insurance

19 MARCH 2019

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 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. Limitations 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 MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : MALAYAN BANKING BERHAD AS HP OWNER

\* 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) RADER PTE LTD

Please see reverse

Reg. No.: 201537467C

172 Sin Ming Drive

Singapore 575720

Tel: 6933 9400 Fax: 6456 0678

Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory