July 10 10/04/18	Services   19   3     Let description	Date &Time Completed	Done by	
Kelia NA/67218006793/13	SAS e-filing			
Tarana and Tarana Laborate mayor	E-mail (w.em. 8kg., Alv. 2k	IS <sub>j</sub>		4 44 41
Note 68E95695	i-Motor Claim Form			
(2) (1) Peparing Only	i-Motor W/O (Wahin O	management business g		
7134 E) (((())	Assessment/Survey Repo			
TP Insurer	Ass't Report by Fax / Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (		101.	K.	
1P Particulars: Veh No: 3	IN/607Z IN	IC ( ) / Non-INC ( )		
Owner/Priver (		Tel:		
Policy No. ( ) Per	ind (	) Cover Type: (		
Confirmed by z (	Date:	Time:	)	
Insured/Driver Liability ( %) [1	Note-Est. Status (WO): N	: 0-20%; P: 21-79%. F: 80-10	·()%0]	
A CONTRACT OF THE CONTRACT OF	Warranty: YES ( ) / NO	( )		+ - + - + - 1
Excess: (\$ ) Loading: \$1,0	00 ( ) / \$2,000 ( )			
General Remarks:- ( ) Walk-In Customer's info	1000年11月			_
Drive-In ( )/ Towed-In ( ); Invoice  Remarks:- (INC horline: 6788 6616)	: YES ( ) / NO (	) ; Towing Co. ( Date&Time Completed	Done by	y
			And the second s	
	7 C/ \			
Apply for Transport Allowance ( )/(	Courtesy Car ( )			
Apply for Transport Allowance ( ) / C     QC Check / Post Repair Inspection	( )			
Apply for Transport Allowance ( )/(	( )			
Apply for Transport Allowance ( ) / C     QC Check / Post Repair Inspection	( )			
1) Apply for Transport Allowance ( ) / C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )			
1) Apply for Transport Allowance ( ) / C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	( )			
1) Apply for Transport Allowance ( ) / C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )			
1) Apply for Transport Allowance ( ) / (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury :	( )			
1) Apply for Transport Allowance ( ) / C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )			
1) Apply for Transport Allowance ( ) / (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury :	( )			
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury :  Date/Time Actions	( )	ce Preparation Checklist	Ant (\$)	
1) Apply for Transport Allowance ( ) / C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( ) 3000] ( )	ce Preparation Checklist Accident Reporting (\$30),	1st Bill	
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions	( ) 3000] ( ) Invoice 1) AR: 2) DA:	Accident Reporting (\$30); Damage Assessment (\$100); INC (\$	1st Bill	
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$\) Injury:  Date/Time Actions  Actions  Claimant's Particulars:-	( ) 3000] ( )  Invoice 1) AR: 2) DA: 3) TF: 4) FT:	Accident Reporting (\$30); Damage Assessment (\$100); INC (\$100); Lowing Fee \$4 Follow-Through Survey	1st Bill 80) 0/\$45 \$120	
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Fime Actions  Claimant's Particulars:-  Driver/Owser.	( ) 3000] ( )  Invoice 1) AR: 2) DA: 3) TF: 4) FT: 5) FT:	Accident Reporting (\$30);  Damage Assessment (\$100); INC (\$100);  Fowing Fee \$4  Follow-Through Survey  Follow-Through Survey (Resurvey)	1st Bill 80) 0/\$45 \$120 \$30	
1) Apply for Transport Allowance ( )/ (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$\)  Injury:  Date/Fime Actions  Claimant's Particulars:-  Driver/Owner.  Contact No:	( ) 3000] ( )  Invoice 1) AR: 2) DA: 3) TF: 4) FT: 5) FT: 60 TR:	Accident Reporting (\$30);  Damage Assessment (\$100); INC (\$100); INC (\$100);  Fowing Fee \$40  Follow-Through Survey (Resurvey)  Iniming against JNC Only (wef 10 Jan 200)  Re-inspection	1at Bill 80) 0/\$45 \$120 \$30 55) \$75	Ant (
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$\) Injury:  Date/Fime Actions  Claimant's Particulars:-  Driver/Owner.  Contact No:	( ) 3000] ( ) 3000] ( )  Invoice 1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fore 6) TR: 7) NI:	Accident Reporting (\$30);  Damage Assessment (\$100); INC (\$100); INC (\$100);  Fowing Fee \$40  Follow-Through Survey (Resurvey)  Iniming against JNC Only (wef 10 Jan 200)  Re-inspection  Idac DA + SMRT Survey	1at Bill 80) 0/845 \$120 \$30 55)	
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$\)  Injury:  Date/Fime Actions  Claimant's Particulars:-  Driver/Owner.  Contact No:  Damaged Portion:	( ) 3000] ( ) 3000] ( )  Invoice  1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fore 6) TR: 7) NI: 8) NTU	Accident Reporting (\$30);  Damage Assessment (\$100); INC (\$100); INC (\$100); INC (\$100);  Fowing Fee \$4  Follow-Through Survey (Resurvey)  Iniming against JNC Only (wef 10 Jan 200)  Re-inspection  Idac DA + SMRT Survey  C Additional Services -	1st Bill 80) 0/\$45 \$120 \$30 5) \$75 \$160	
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$\)  Injury:  Date/Fime Actions  Claimant's Particulars:-  Driver/Owner.  Contact No:  Damaged Portion:	( ) 3000] ( ) 3000] ( ) 3000] ( ) 4   Fr : 1   5   Fr : 2   6   TR : 7   7   N1 : 8   8   NTU   ODt*	Accident Reporting (\$30);  Damage Assessment (\$100); INC (\$100); INC (\$100); INC (\$100);  Follow-Through Survey  Follow-Through Survey (Resurvey)  Islaming against JNC Only (wef 10 Jan 200)  Re-inspection  Idae DA + SMRT Survey  C Additional Services -	1at Bill 80) 0/\$45 \$120 \$30 55) \$75	
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$\frac{1}{1000} \text{Injury:} Date/Fime   Actions   Ac	( ) 3000] ( ) 3000] ( ) 3000] ( ) 4 Pr : 5 Pr : Fore 6 TR: 7) NI: 8) NTU ODe: • NS: • NG:	Accident Reporting (\$30);  Damage Assessment (\$100); INC (\$100); I	1st Bill  80) 0/\$45 \$120  \$30  5) \$75 \$160  \$5 \$10 \$25	
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$\)  Injury:  Date/Fime Actions  Claimant's Particulars:-  Driver/Owner.  Contact No:  Damaged Portion:	( ) 3000] ( ) 3000] ( ) 3000] ( ) 4) F1 : 5) F1 : Fore 6) TR: 7) N1 : 8) NTU ODe* • N5: • N6: • N7: • N8: • N8: • N8: • N8:	Accident Reporting (\$30); Damage Assessment (\$100); INC (\$100); IN	1st Bill  80) 0/\$45 \$120 \$30 55) \$75 \$160	
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$\frac{1}{1} \text{Injury}: \text{Date/Fime   Actions   \text{Actions   \text{Claimant's Particulars:-} Driver/Owner:   \text{Contact No:   \text{Damaged Portion:   \text{Charge-In-Charge):   \text{Charge-In-Charge):   \text{Contact No:   \text{Driver-In-Charge-In-	( ) 3000] ( ) 3000] ( ) 3000] ( ) 4) FT : 5) FT : 6) TR: 7) N1 : 8) NTU OD!* *N5: *N6: *N7: *N8: TP (	Accident Reporting (\$30);  Damage Assessment (\$100); INC (\$100); I	\$5 \$5 \$5 \$20 \$30 \$25 \$5 \$20 \$30 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 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 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	12/04/2018 17:29	
Date Of Accident	12/04/2018 11:30	
Exact Location Of Accident	S AIR FREIGHT CENTER TERMINAL 6(LOADING BAY)	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE9569S	
Insured/Policyholder		
Name Of Registered Owner	M/S SHINYUU COLD CHAIN SOLUTIONS PTE.LTD	
Co Reg No	*	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-64793380	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	HIACE	
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	DMCVSN1739551700	
Cover Note Number		
Driver		
Name of Driver	Driver LOH MUN TUCK	
NRIC No.	S7001236G	

S7001236G NRIC No 09/01/1970 Date Of Birth OUTDOOR Occupation 12/11/1988 Date Of Driving Pass

29 YEARS AND 5 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-86660208 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

BLK 138 POTONG PASIR AVE 3 Address

#04-112 350138

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

NO

0

NO

General Information of the Accident

COLLIDED INTO PARKED VEHICLE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Postcode

NO 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 NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

NO 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

**Details of Witness 1** 

MAZEL Name 96649641 Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

YN1607Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category SONG XIANG ZHONG Name of Driver

G6461183L NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Page 2 of 13

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.

Driver's Signature

(If drivey is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No .:

Date & Tim

hature

Date of Accident	: 12 Apr 2018 Accident Time: 1\30hus (24-HR-Format)
Accident Place	: SATS ATT Freight Center Teinmal 6 (loading Bay)
Vehicle, No. (Car Plate No.)	: GRE9569s. Make/Model: Toyota Hiace.
Insurace Company	: China Taiping. Policy No: DMCVSN 1739551701
Owner or Company Name /IC No.	: m/s shinyuu Cold Chain Solutions Pte Ud.
Owner or Company Contact No.	6 4 79 3380 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Loh Mun Tuck.
DRIVER'S Date Of Birth	: 09-01-1970 DRIVER'S License Pass Date 12 Nov 1988
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling Employee\ Others:
DRIVER'S Address	: Bik 138 Potong Pasir tre 3 #04-112 S(350 138)
DRIVER'S Contact No./ Alt No.	:1) 8666 0208 . 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	salos Omta. Com.sg.
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \Claim Other Party Claim Own Insurance
Number of Passengers (Including I	Priver): - NIL
Was there any video Captured by c Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	ar camera: YES \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Party Driver's Particular (if any)
Vehicle. No: YN 1607	2 · Vehicle. No:
Vehicle Make Model:	Vehicle Make Model:
Name Driver: Song Xiang Z	Long (66461183L) Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

<sup>\*</sup> NEW - Passenger's name & gender:



10 FAMILY CARD NO. S7001236G

REPUBLIC OF SINGAPORE

LOH MUN TUCK

1 3

09-01-1970 SINGAPORE

CHINESE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

12 Nov 1988

NP 428A

Listence Number: S'7001236G Buth Date 09 Jan 1970 toose Date 14 Feb 2003 LOH MUN TUCK



# 中国太平保险(新加坡)有限公司

MISUL/CH SN ANUSSIA Cov.Type: C AUTOSAFE

67

#### CERTIFICATE OF INSURANCE

Mosor 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, 1939 (Malaysia)

CERTIFICATE No.

DMCVSSCI 3/89453/300

Engine No :2KD1007446 Chassia No:EDH2800072526

1. Index Mark and Registration Number of Vehicle

CRESSAGE

2. Name of Policy Holder

M/S SHINYOU COLD CHASH SCRUTTORS PTE LID

3. Effective date of the Commencement of Insurance for 6 JUNE 2017 the purposes of the Regulations, Ordinance or Enactment

4. Date of Expiry of Insurance

5 JUNE 2018

5. Persons or Classes of Persons entitled to drive "

- (1) WHILST THE VEHICLE IN HEIST DEED IS CONSECTION WITH THE POLICYHOLDER'S BUSINESS
  ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DELYING ON THEIR CEDER OF WITH THEIR PERMISSION.
- (2) WHILST THE VEHICLE IS SHING USED FOR SOCIAL, COMMETTO OF PLEASURE PERPOSES ANY PERSON WHO IS DRIVING ON THE POLICYHOLDSN'D ORDER ON MITH THEIR PERPOSESION.

PROVIDED THAT THE PERSON DRIVING IS DERNITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAND 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 RESULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: "

- (1) USE IN CONNECTION WITH THE POLICYMOLDER'S BUSINESS.
- (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER TEAM FOR HIRE OR REWARD) IN COSNECTION WITH THE POLICYHOLDER'S BUSINESS.

- POLICIFOLDER T BUSINESS.

  (3) USE FOR SOCIAL, IXMESTIC OR FLEASURE PURPOSES.

  THE POLICIY DOES NOW COVER.

  (1) USE FOR RACING, FACE-MAKING, RELIABILITY TELAL OR SPEED-TERTING.

  (2) USE WHILST DESWING A TRAILER EXCEPT THE TOWING OR ABY ONE DISABLED MECHANICALLY PROFELIES VEHICLE.

  (2) USE FOR THE CARRIAGE OF PASSINGERS FOR RIPE OR REMARD.

#TRE PURCHASE CO. 1 THENK ONE AUXONOBILE 1 TRADING PTR LITT

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Perty Risks and Compensation) Act (Chapter 183) 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 myerne

. . . . . .

Terry's Office 38 Parbury Avenue #04-02 \$467034 73 Jalan Seaview S438386 Tel/WatsApp: 9127 8514

Countersianed By

Authorisad Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

**Authorised Signatory** 

3 Anson Road #16-00 Springleaf Tower Singapore 079809 Tel: 8389 5111 Fax: 6225 3592 Website: www.sg.cntaiping.com

THE PARTY STANDED STANDED OF CONTRACTOR PROCESSION

W ... 11 ... https://web.whatsapp.com/

1/1

DICIONIS