NATIONAL Assessment Centre	Services person			
Date In 16/04/18	Job description	Date & Linic Completed	Done b	Y.
Ref No NA/07318006967/13	SAS e-filing			
Veh No. P17328P	E-mail (within Star, AIC 2	45)		
D.O.A 13/04/18 1400	i-Motor Claim Form			
OD (IF) Reporting Only	i-Motor W/O (within to	D Zhos TP 4hrs)		
OD (1P) Reporting Only	i-Photo Uploaded			
TP Insurer	Assessment/Survey Rep	The second secon		
	Ass't Report by Fax / H			N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Preferred Wksp / INC Assign Wksp / QW: (m GARAGE	3.00	ax:	
TP Particulars: Veh No:	FU16610 IN	IC () / Non-INC ()		
Owner / Driver: (Tel		
Policy No: () Pen	iod: () Cover Type: (
Confirmed by : (Date:	Time:	(100/3	
	With the second second	: 0-20%; P: 21-79%. F: 80-1	[:0%]	
	Varranty: YES () / NO	()		
Excess: (\$) Loading: \$1,00	00 () / \$2,000 ()			
General Remarks:- () Walk-In Customer: Customer's infor				-
Drive-In ()/ Towed-In (); Invoice:	YES () / NO () ; Towing Co. (Done b	ıv.
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done o	iv
	ourtesy Car ()			
2) QC Check / Post Repair Inspection	0001 ()			
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()			
Injury:				
Date/Time Actions			med Southern Trans	
				TEN VICE AND A
	Invoic	e Preparation Checklist	Ant (\$)	Amt (\$
Na1802363		ocident Reporting (\$30);	1st Bill	Add Bi
Claimant's Particulars :-	2) DA : I	namage Assessment (\$100); INC (\$	80) 0/\$45	
Driver/Owner:		ollow-Through Survey	\$120	
Contact No:	5) FT : F	ollow-Through Survey (Resurvey) iming against INC Only (wef 10 Jan 200	\$30	- 411
Damaged Portion:	6) TR : R	e-inspection	\$75	
		lac DA + SMRT Survey 'Additional Services	4100	
OC Checked by (Engr-In-Charge):	<u>OD*</u>	Courtesy Car / Tpt Allowance	\$5	
	*N6:1	Repair Co-ordination	310	
Auditors' Comments :-		ost Repair Inspection OV / Collect Excess Coordination	\$25 \$5	
at. 1:	<u>TP</u> (N	11) : TP (Non INC) against INC das Mobile	\$20 30	
at. 2/3:	Invoice of	lated ree Charged	WACANG AND DE	Mary
SUST A STATE OF THE STATE OF TH	Invotaes	lated Fee Chargad		

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 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,
- o of this report at the centre and to copies of the report being made available.

By the lodgement of this report to the insurers, yo aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
The state of the s	ACCIDENT STATEMENT
Date Of Report	16/04/2018 15:09
Date Of Accident	13/04/2018 14:00
Exact Location Of Accident	ALONG BEDOK NORTH AVE 3 OUTSIDE BETHESDA
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA7328P
Insured/Policyholder	
Name Of Registered Owner	M/S AN FOO TRANSPORT SERVICE
Co Reg No	53331459C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81538800
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	

Vehicle Particulars

TOYOTA Manufacturer HIACE Model

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

Are you claiming under your own insurance policy NO

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

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

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO Fleet Policy

DMB1SN3087081700 Policy Number

Cover Note Number

Driver

TAN YEW GEE Name of Driver S1442657D NRIC No 30/08/1960 Date Of Birth OUTDOOR Occupation 16/07/1993 Date Of Driving Pass

24 YEARS AND 8 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-94885122 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

Address BLK 37 CIRCUIT ROAD

#06-387

Postcode 370037

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 SIDE SWIPE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

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.

Number of Passengers (Including Driver)

Passenger 1

NAME:

YES

NO

5

1

: UNKNOWN

: MALE

Passenger 2

NAME:

GENDER:

: UNKNOWN

GENDER:

: FEMALE

Passenger 3

Passenger 4

NAME: GENDER: : UNKNOWN : FEMALE

NAME:

: UNKOWN

2

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

MACPHERSON NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-7449999 - FAX NO: 65476366

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180413/2154

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

FU1661D

Vehicle Make/Model/Colour

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)

DETAILS OF INJURED PERSON 1

UNKNOWN Name

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FU1661D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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, frandling 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 Singaporo, for one or more of the zbove Purposes.
- (d) my Personal information will also be collected and used to compile claims. History for the purpose of froud 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.

Low

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

16/04/18

Name: NRIC/FIN No.:

Policyholder's Signature Date & Time:

Reclok North Ave 3 Rethes da Church Beclok North Ave 3 Reclok North Ave 3 Reclok North Ave 3 Reclok North Ave 3 Reclok North Ave 3 Report 10: T/20180413	
Refer to TP Report Report No T/20180413	
Church Company Reclar North Ave Refer to TP Report Report North T/20180413	
Reclote Worth Ave	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to TP Report Report No T/20180413	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to TP Report Report No. T/20180413	
Rectal Number Ave	
Refer to TP Report Report No :- T/20180413	
Refer to TP Report Report No: + T/20180413	13/2154
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Report No. 1 T/20180413	13/2154
Report No. 1 T/20180413	13/2154
Report No. 1- T/20180413	13/2154
	13/2154
DECLARATION	VII. VII. SEE THE SEE
Personal Property of the Prope	the second secon
I/We described the coing particulars are true in every respect.	

Policyholder & Seneture
Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

Name: NRIC/#IN No.:



T/20180413/2154

1 of 3

Report No. T/20180413/2154

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

 Date/Time Report Made:
 Vide Report No.:
 Station Diary No.:

 13/04/2018 19:57
 G/20180413/0122
 30

Informant's Particulars Address: Name of Informant: APT BLK 37 CIRCUIT ROAD #06-387 SINGAPORE 370037 TAN YEW GEE Contact No.: ID Type / ID No .: Mobile: 94885122 NRIC NO / S1442657D Home/Office: Email: Nationality: SINGAPORE CITIZEN Type of Informant: Sex: Age: Date of Birth: 30/08/1960 Driver 57 Male ' Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: Class: **BUS DRIVER**

Seneral Inform	mation of the Accident	"是 是 强	一块作品。		DESCRIPTION OF SECURITION OF S	
Type of Accident:	Injury Attended by Police	Drink Date/Time of		Type of Location Straight Road		
Location: Along Road 1 BEDOK NOR Outside Bethe	TH AVENUE 3				th	
Weather: Clear	- 1	Road	d Surface:		Road Speed Limit:	
Traffic Flow: One Way	170	Traffic Control: Not Controlled		iti.	Traffic Volume:	
Type of Collis	sion: ving Vehicles - Side Swipe	e - Sar	me Direction		Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU1661D	Motorcycle		RXZ	Red	Slightly Damaged	0
PA7328P	Bus/Coach/Mi nibus	36 A	HIACE COMMUTER MANUAL	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	9
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Tel No: 1800-7449999

2 of 3

Report No. T/20180413/2154 ...

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

CONTINUATION OF REPORT

Driver	8	ID No.	S1442657D
Name	TAN YEW GEE	ID NO.	
	and the second s	Contact No.	94885122 -
Related Vehicle	NIL	Contactivo	
		Class of	Class: 3
Hospital/Clinic	NIL	Driving Licence &	Date of Expiry: NIL

Expiry Date NIL Date Discharge Date Treatment | NIL Degree of Injury NIL No. of Days granted Medical Leave NIL

Brief Details.

On 13 April 2018 at about 2:00pm, I was driving vehicle PA7328P along Bedok North Ave 3 and about to turn into Bethesda church. All of a sudden, there was a motorbike which came from the left side. Before turning left, I indicated my left signal. However the motorcyclist did not manage to brake in time and resulted in a collision. Upon collision, some members of public from the church called for ambulance and the motorcyclist was conveyed to hospital by ambulance. After the collision, I discovered that the left side of my van has some dents. I am unsure of the damages that the motorbike had sustained.





3 of 3

Report No. T/20180413/2154

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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 / Sgt 2 CHAN LIP YANG, DEMIAN	Signature Of Informant:		
Signature Of Interpreter: Not applicable	Date/Time: 13/04/2018 19:57		
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN CAN SANGAPORE Contact No.: 65476202	Classification Of Case:		
Authentication Stamp NP168 SIGNAT	TURE		

* Massolution@omail.com * 6241376 (fax)

SINGAPORE ACCIDENT STATEMENT

Accident Date: 13 4 (Time: 14 00 (hh:mm) 24 hr format
Location At along Becker North Ave 3 outside Bethosda
Vehicle Number PA 73+8 P
Insured Name AN FUU TRANSPORT SERVICE
NRIC/FIN 5333/4596 Contact Number 8/53 8800 (Ah Lam
Make 70407A Model HACZ COMMUTER MANUAL
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: (/) Third Party () Reporting
Insurance Company CHINA TOTPING
Type of Policy () Comphensive () Third Party Fire & Theft () TP Only
Policy Number DMBISN 3U8 7U8 1700
Name of Driver TAN YEW GEE ()Same as Insured
NRIC/FIN S 1447657D Contact Number 948 5172
Date of Birth 30-08-1960
Driving Pass Date 01- DEC- 1983
Occupation () Indoor () Outdoor
Gender (Male () Female
Email Address ()NO EMAIL
Address of Driver BLC 37 (IRCUIT ROAD #06-387
S (370037)
Was driver an employee of the Insured's Company? (/) Yes () No
If No, Relationship of the Driver with the Insured Engloyer
() 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 anybody injured in the accident? () Yes () No
If yes, injured detail
Was there any video captured by Car Camera? () Yes (No
Was the Accident reported to the Police? () Yes () No If yes attach police report DETAILS OF 3 rd party Name / Nric Contact
Veh B FU 16610 Meturcycle Veh B FU 16610 Meturcycle
Veh C
Veh D
Veh E
Veh F

Include Driver 5 person - passages (male) XI
passage (famale) X3

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1442657D





TAN YEW GEE



有 義

CHINESE Date of birth 30-08-1960

SINGAPORE

514426571

Driver PA 7328p

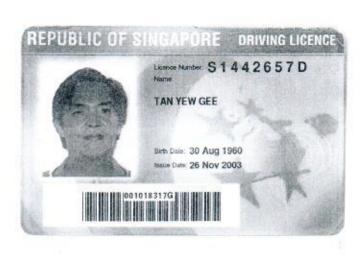
5788673





Date of leasur 24-08-2017

APT BLK 37 CIRCUIT ROAD #06-387 SINGAPORE 370037



Driver PA 7328p

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

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

01 Dec 1983

NP 428A





OCATIONAL LICENCE

Name TAN YEW GEE

Issue Date : 14/5/2014

Please visit www.lta.gov.sg to check the status of this vocational licence

Driver PA 7328P

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type 03 BI

Description

BUS VL

Issue Date

16/07/1993





中国太平保险(新加坡)有限公司

MZ601 N SN AN0420A THIRD PARTY FIRE & THEFT

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.

DMB1SN3087081700

Engine No :1KD1669905 Chassis No: JTFJT02P900001113

 Index Mark and Registration Number of Vehicle

PA7328P

2. Name of Policy Holder

M/S AN FOG TRANSPORT SERVICE

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

4. Date of Explry of Insurance

12 NOVEMBER 2018

5. Persons or Classes of Persons entitled to drive *

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR 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: *

USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.

THE POLICY DOES NOT COVER

- (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- (2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : SWEE SENG CREDIT PTE LTD 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). Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Authorised Signatory