NATIONAL Assessment Centre	DET LINE	Met a namost	MNA 118055612	English Control			
Date In. 27 / 4 / 18 17:37	Job description		Date & Time Completed	Done by			
Res No. MA/CTZ 18007825/64	SAS e-filing	1400 1540					
Vch No. SKP 2016 C	E-mail (within	Shrs, AIC 2hrs)					
D.O.A. 2614119 07:40	i-Motor Clai	m Form	L.				
	I-Motor W/O (Within: OD 2hrs, TP 4hrs)						
OD (IP)' Reporting Only	i-Photo Uplo	aded					
	Assessment/St	nvey Report					
TP Insurer:	Ass't Report b	y Fax / Hand	o Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW: (			Tel: F	ax:	)		
	10 573 53	23c INC (	)/Non-INC( )				
Owner / Driver: (	3		Tel	)			
Policy No: ( • ) Perio	ođ: (	)	Cover Type: (	)			
Confirmed by : (		Date:	Time:	)			
Insured/Driver Liability: ( %) [New	ote-Est Status (	WO): N: 0-2	0%; P: 21-79% F: 80-1	00%]			
Year of Registration: ( ) W	arranty: YES (	)/NO(	)				
Excess: (\$ ) Loading: \$1,00	0 ( )/\$2,000	( )					
General Remarks;-			The second second second second	SAN THEFA			
( ) Walk-In Customer: Customer's inform	nation strictly Co	onfidential & S	trictly NO refer of repairer.				
( - ) Total Loss Case : to e-mail Insurer							
Drive-In ( )/ Towed-In ( ); Invoice:			Towing Co. (	,	)		
			Date&Time Completed	Done	y.		
Remarks:- (INC horline: 6788 6616)	G 7	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Dates Into Souther	A 100 A			
Apply for Transport Allowance ( ) / Co	ourtesy Car (	,					
2) QC Check / Post Repair Inspection	(	)					
3) Upload Resurvey Photo [Repair Cost > \$30	[000]	)					
Injury:							
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Date/Time Actions  M  Claimant's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	141802672	1) AR : Accide 2) DA : Darmag 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Add QD: *N5: Courte *N6: Repair *N7: Fost R	nt Reporting (\$30); te Assessment (\$100); INC ( Fee S Through Survey (Resurvey) tasainst INC Only (wef 10 Jan 20) pection A + SMRT Survey tional Services  ssy Car / Tpt Allowance (Co-ordination epair Inspection	\$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30			
Date/Time Actions  Maintaint's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:  C Checked by (Engr-In-Charge):  Auditors' Comments:-	41802672	1) AR : Accide 2) DA : Darmag 3) TF : Towing 4) FT : Follow 5) i'T : Follow For claiming 6) TR : Re-ing 7) N1 : Idao D. 8) NTUC Add QD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / (	nt Reporting (\$30); te Assessment (\$100); INC ( Fee S Through Survey Through Survey (Resurvey) testion A + SMRT Survey titional Services.  Type Car / Tpt Allowance Co-ordination tepting the specific of the services of the services.	\$30 055 \$160 \$55 \$510	Amt (\$) Add Eitl		
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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number Contact Number

**EMail Address** 

- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	27/04/2018 17:37
Date Of Accident	26/04/2018 07:40
exact Location Of Accident	MARINE PARADE RD AND JOO CHIAT RD JUNC
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SKP2016C
nsured/Policyholder	
Name Of Registered Owner	M/S BRIGHTEN SANDS HOLIDAYS PTE LTD
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91269607
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at ime of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3047111802
Cover Note Number	•
Driver	
Name of Driver	SHA QI
NRIC No	S7964061A
Date Of Birth	12/11/1979
Occupation	INDOOR
Date Of Driving Pass	28/10/2014
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91269607

NOEMAIL

70 MARINE PARADE RD #02-26 Address

449302 Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

#### 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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

YES

NO

3

GENDER:

: CHOZIN WIN

: FEMALE

Passenger 2 : LUO HUIMIN NAME:

> GENDER: FEMALE

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO.

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?

NO

Was there any audio recorded?

NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJQ5323C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

- 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.
- Information provided must be as <u>truthful</u> and accurate as possible. 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)

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, 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 & Times Driver's Signature

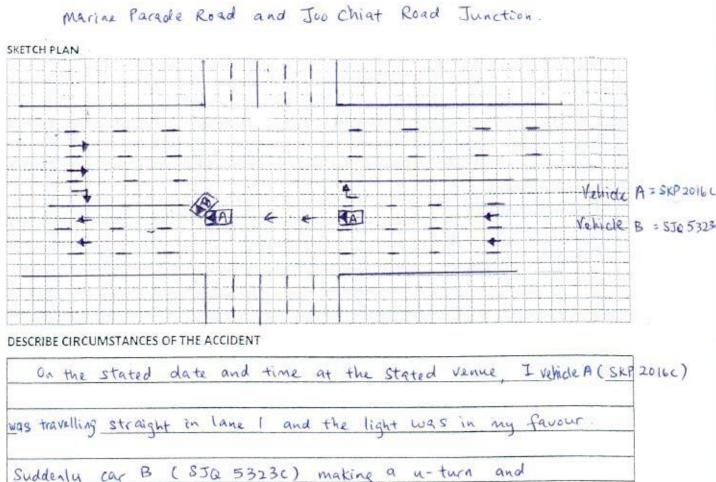
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No ::



15	travelling	strai	ight in	lane 1	and	the	light	was	in	ny	favou	r -
Sud	ldenly	car i	3 (8:	JQ 5323	( )	maki	ng a	u-t	wn	and		
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	W 4110 V =											
		NAME OF TAXABLE PARTY.	and the same						- Hooses			

DECLARATION

I/We designe the foregoing particulars are true in every respect.

Policyholder's Signature

GIAPMC ShotchPlanForm\_va

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident	Accident Time: 0740 (24-HR-Format)					
Accident Place	: Marine Parade Rd and Joo Chiat Rd Junction					
Vehicle, No. (Car Plate No.)	: SKP 2016C Make Model: Toyata Esting					
Insurace Company	China Taiping Policy No: DMPCSN 3047111802					
Owner or Company Name /IC No.	: M/S Brighten Sands Holidays Pte Ltd					
Owner or Company Contact No.	Owner's Hp 91269607 Company Tel					
DRIVER'S Name / IC No.	: Sha Qi S7964061A					
DRIVER'S Date Of Birth	: 12/11/1979 DRIVER'S License Pass Date 28/10/2014					
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Ownse					
DRIVER'S Address	: 70 Marine Parade Road #02-26 S(449302)					
DRIVER'S Contact No./ Alt No.	:1) 91269607 2)					
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)					
Email Address						
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET					
Reporting Type	: Reporting Only Claim Other Party) Claim Own Insurance					
Number of Passengers (Including	Driver): 3					
Any Injury (If YES, Pls state):	vas being used at the time of accident: Private use \ Work purpose  Party Driver's Particular (if any)					
Vehicle: No: \$50, 5323						
Vehicle Make Model: Mazo						
Name Driver:						
IC No. Driver/Contact:						
* NEW - Passenger's name Chozin Win (Femal	(e)					
Luo Humin ( Fema	le) Ethicarz					

. . .

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7964061A





Name

SHA QI



珠

CHINESE

Date of birth

12-11-1979

Country/Place of birth

CHINA





### REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 7 9 6 4 0 6 1 A

SHA OI

Birth Date: 12 Nov 1979



5576141



NRIC No. S7964061A



17-03-2016

70 MARINE PARADE ROAD #02-26 SINGAPORE 449302

NRIC No: \$7964061A

Date: 10/02/2017

## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 28 Oct 2014 of the driver; and other motor vehicles =< 2500kg

NP 428A





### 中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MX4F R SN AN0575A Cov.Type: C

MOTOR PRIVATE CAR

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)

**ORIGINAL** 

		Engine No :2AZC612198
CERTIFICATE No.	DMPCSN3047111802	ChaNo: ACR507079526
CERTIFICATE NO.		100000
Index Mark and Registration	SKP2016C	AUTOSAFE
Number of Vehicle		***************************************
		00000 (10000) 1 (2000)
2 Name of Policy Holder	M/S BRIGHTEN SANDS HOLID	DAYS PTE LTD
3. Effective date of the Commencem	and of No 3010	Named Drivers Ex Sect. I S\$600.00
Insurance for the purposes of the Ordinance or Enactment	Regulations, 30 January 2018	Additional Ex Other than Named Drivers:
Ordinarioe or Enactment		Ex Sect. I - Age <= 25 \$\$3,000.00
4. Date of Expiry of Insurance	29 January 2019	Ex Sect. I - Age >= 26 \$\$500.00
		* Age as at date of accident
		EX ON WINDSCREEN \$\$100.00
5. Persons or Classes of Persons et	ntitled to drive*	
	(2) US	27073 2300
Any person who is driv	ing on the Policyholder's order	or with their permission.
984 WWW.000		edance with the licensing or other laws or
Provided that the pers	on driving is permitted in acco	rdance with the licensing or other laws or
regulations to drive t	he Motor Vehicle or has been so	permitted and is not disqualified by order of a ion in that behalf from driving the Motor Vehicle.
Court of Law or by rea	son of any enactment of regulat	Toll In Chac behalf from driving
6. Limitations as to use:*		
Use for social, domest	ic and pleasure purposes and fo	r the Policyholder's business.
The policy does not co	wer use for hire or reward tuit	ion driving test racing pace-making, reliability
trial, speed-testing,	the carriage of goods other tha	un samples in connection with any trade or business
or use for any purpose	in connection with the Motor T	rade.
		The fax
Excess whichever is ap	oplicable for losses occurring o	outside Singapore (Constructive Total Loss/Theft)
will be doubled.		a the send and spread Definers in the event
One time Waiver of Exc	ess for the first 5\$500 will ap	oply to the Insured and Named Drivers in the event
	The second second (c) DIE LIE	AC UD CANED
at a first the state of the state of the state of	NTURY TOKYO LEASING (S) PTE LTU	enicies (Inimi-Party Risks and Compensation) not Compre
and Section 95 of the	Road Transport Act 1987 (Malaysia), are	not to be included under these headings.
100/s banabar	Cartification	this Codificate relates is issued in accordance with the
I/we nereby	Certify that the policy to which	this Certificate relates is issued in accordance with the
		Compensation) Act (Chapter 189) and Part IV of the Road
Transport Act, 1987	(Malaysia).	
Please see reverse		For CHINA TAIPING INSURANCE (SINGAPORE) PTE. L'
		/ /
		Missan
ued By: DH.GIM.KONG.		Authorised Signatory
Authorise	d Officer	Authorised Signatory