NATIONAL Assessment Centr	e Services (well daylot)		***************************************	
Date In: 19/05/18	Job description	Date & Time Completed	Done	e by
Ref No NA/CTI18009105/13	SAS e-filing			
Veh No GBE/4340	E-mail (within 8hrs, AIC 2hrs)			7/24
DOA 18/05/18 1240	i-Motor Claim Form			
OD (TP) Reporting Only	i-Motor W/O (Within: OI) 2hr	s, TP 4hrs)		
OD (TP) Reporting Only	i-Photo Uploaded			
TP Insurer	Assessment/Survey Report			
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (FURQUE 5	Tel: Fax	;	
	GBC9484M INC()/Non-INC()		
Owner / Driver: (Tel)	
	riod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-100	%]	
	AND THE PROPERTY OF THE PARTY O)		
Excess: (\$) Loading: \$1,00	00 () / \$2,000 ()			
() Walk-In Customer: Customer's infor	THE RESERVED AND THE RE	are to the first of the last section of	San	
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C	ourtesy Car ()	Date&Time Completed	Done	by
2) QC Check / Post Repair Inspection				
3) Upload Resurvey Photo [Repair Cost > \$30	()		-	
Injury:	()		4	
Date/Time Actions				
				-
NA1803150	Invoice Pres	paration Checklist	Anit (\$)	Amt (\$
			1st Bill	Add Bi
laimant's Particulars :-	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$8)			
river/Owner:	3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120			-
ontact No:		5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)		
amaged Portion:	6) TR : Re-inspec 7) N1 : Idac DA +	tion \$75	1000	
	8) NTUC Additio	Contract of the Contract of th		
C Checked by (Engr-In-Charge):	OD* *N5: Courtesy	Car / Tpt Allowance \$5		
• • • • • • • • • • • • • • • • • • •	*N6: Repair Co	-ordination 510		
uditors' Comments :-	*N7: Post Repn *N8: DV / Coll	ir Inspection \$25 act Excess Coordination \$5	-	-
1. 1.	TP (N11): TP (9) N12: Idac Mob	(Non INC) against INC \$20		
1. 2 / 3;	Invoice dated	Fee Charged		star ja
	Lumbur datas	11 01 1	PART SAF	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

- 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.

All the control of th	ACCIDENT STATEMENT		
Date Of Report	19/05/2018 10:39		
Date Of Accident	18/05/2018 12:40		
Exact Location Of Accident	BIDEFORD ROAD		
Country/State of Loss	SINGAPORE		
No or partners to the last	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBE1424D		
Insured/Policyholder			
Name Of Registered Owner	BUGG DESIGN AND SERVICES PTE.LTD		
Co Reg No	200613429H		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-91093787		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	DYNA		
Exact Purpose for which vehicle was being used at time of accident	WORKING		
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	DMCVSN1656031701		
Cover Note Number			
Driver			
Name of Driver	CHEN FAN SIONG		
NRIC No	S7060956H		
Date Of Birth	03/11/1970		
Occupation	OUTDOOR		
Date Of Driving Pass	19/07/2002		
Driving Experience	15 YEARS AND 9 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-91093787		
Fax Number			
Contact Number			
EMail Address	Water WW		

NOEMAIL

BLK 212A PUNGGOL WALK Address

#16-729

821212 Postcode

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

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

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

NO

YES

NO

2

NO

NO

GBC9484M

NAME: : UNKNOWN

GENDER: : MALE

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? NO Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 13

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.
- 3. 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>.
- 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.
- 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:
 - (i) 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.

olicyhologe ago are

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AZ (B) BI

Bide ford Road Vehicle A: GBE 1424D Vehicle B: GBC 9484m

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stat	ed date and	time, I	vehicle	A was	goin	9
straight. Suo	Idenly vehicle	L B cut	into my	1 lane	and	hit
onto my Ve	thide right	pution.				
		el l				

DECLARATION

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

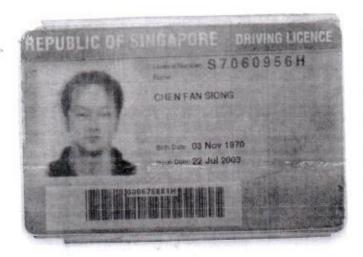
Policyholor's Signatory Date & Time

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

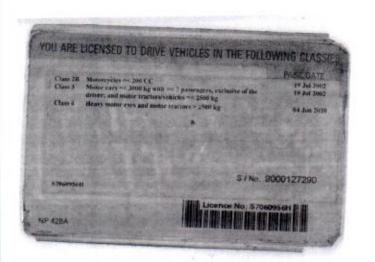
Name: NRIC/FIN No.:

ACCIDENT STATEMENT

A	CCIDENT DATE: 1 / 05 / 2618)(DD/MM/YY	YY), TIME: (12:40)(HH:MM)
LC	OCATION: Bide find Road	
	1 DETAILS OF VEHICLE	
	DETAILS OF VEHICLE GBE 1424D	line.
	DINSONANCE COMITAINI.	
	CIPOLICY NUMBER: 1 MCUSN 165 603	3170
	O)POLICY TYPE: (COMPREHENSIXE) THIRD PA	ARTY / THÍRD PARTY FIRE &THEFT)
	FITYPE: (SALOON / COUPE / MPV /V AN LOR	RY MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERC	CIAL MOTORCYCLE!
	h)PURPOSE OF USING AT ACCIDENT TIME:	SIACT MOTOROTOLE)
	A Section of the sect	UBANICE (VES (GO)
	I) ARE YOU CLAIMING UNDER YOUR OWN INS	CONCINA TALO COLLONIA DEL COMO CONTRA DE CONTR
	IF NO, PLEASE STATE (THIRD PARTY CLAIM) / F	REPORTING ONLY)
	2. INSURED / POLICY HOLDER	to III
	AINAME: Bugg Design and services P	te Lta (MALE / FEMALE)
	DINRIC/FIN/PASSPORT: 2006 134 29 H	CONTACT:
	c)ADDRESS:	Acceptant Debouger
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	OLDER
14 Ho of passona	3. DRIVER	
L.	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(MALE) FEMALE)
Conduding drive	b) NRIC/FIN/PASSPORT: 57060956 H	
(02)	CLADDRESS: BIK 212A Aunggol walk	#16-729.5(821212)
	CADDRESS 11 ZIZI I	
unknown	*d) DATE OF BIRTH: (03 / 1 / 1970) (DD)	
male	FLYEARS OF DRIVING EXPRERIENCE:	years
11.2	4. WAS DRIVER AN EMPLOYEE OF THE INSUR	ED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WIT	
	. a) WEATHER CONDITION: (CLEAR / RAINING /	
	b)ROAD SURFACE: (DRY / WET / OTHERS	
3243	. WAS ANYBODY INJURED (YES /NO)	
	a) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION	
		the state of the s
Alle of a	a) VEHICLE NUMBER: GBC 9484 M	Lorry
4 No of passenger		MODEL:
Clinduding driver) b) DRIVER'S NAME:	()
()	c) NRIC/FIN/PASSPORT:	CONTACT:
9.	THIRD PARTY VEHICLE	
Ho of passenger	d) VEHICLE NUMBER:	MODEL:
		T 4
(Induding drive	f) NRIC/FIN/PASSPORT:	CONTACT:
()		
()	18	
	. 0 4 3	
paya Ubi Indust	ual tark s	16 gg
paga Usi	72 V	196
to see a	email = REFORTIN	3@
#01-25.	TOPQUESO	
	Pax = 6452 458	
51 Ubi Ave 1	40× ≥ 0432 430	600 E
(1408 933)	51 06	











中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Co. Reg. No. 200208384E

MZ300/C R SN AN0576A Cov.Type: C

MOTOR COMMERCIAL VEHICLE

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

CERTIFICATE No.

DMCVSN1656031701

Engine No :1KD2448654 ChaNo:KDY2318017387

Index Mark and Registration

GBE1424D

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

BUGG DESIGN AND SERVICES PTE, LTD.

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

4. Date of Expiry of insurance

09 September 2018

5. 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. : ABWIN 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.

Authorised Signatory

MANA