

NATIONAL Assessment Centre Services: [wef 1 Jan 2005] MMA 118073403

Date In: 616118 12:32	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CTZ18010274164	E-mail (within 5hrs, A/C 2hrs)		
Veh No: GBB1356H	i-Motor Claim Form		
D.O.A: 1416/19 00:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP: <u>Reporting Only</u>	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: Cycl-Jt.	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MA1803598	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	30.00	
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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 withholding 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	06/06/2018 13:32
Date Of Accident	14/06/2017 00:30
Exact Location Of Accident	HAVELOCK RD TWDS OUTRAM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1356H
Insured/Policyholder	
Name Of Registered Owner	RED SWIFT SERVICES LLP
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94679723

Vehicle Particulars

Manufacturer	CITROEN
Model	-
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3064331600
Cover Note Number	-

Driver

Name of Driver	YEO ZHI LU
NRIC No	S8433956C
Date Of Birth	18/10/1984
Occupation	INDOOR
Date Of Driving Pass	22/01/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94679723
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 489A CHOA CHU KANG AVE 5 #04-185
Postcode	681489
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO BICYCLIST
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?	NO
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 HAVELOCK RD AT THE SLIP RD INTO OUTRAM RD. I STOP BEFORE THE ZEBRA CROSSING. SUDDENLY A CYCLIST CROSS THE ROAD WITHOUT USING THE ZEBRA CROSSING AND HIT ONTO MY VEH LEFT REAR PORTION. REMARK: VEH HAVE BEEN SCRAP, PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CYCLIST
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
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

Name	CYCLIST
------	---------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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3. 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**.
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. 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.
7. 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:
 - (i) 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.

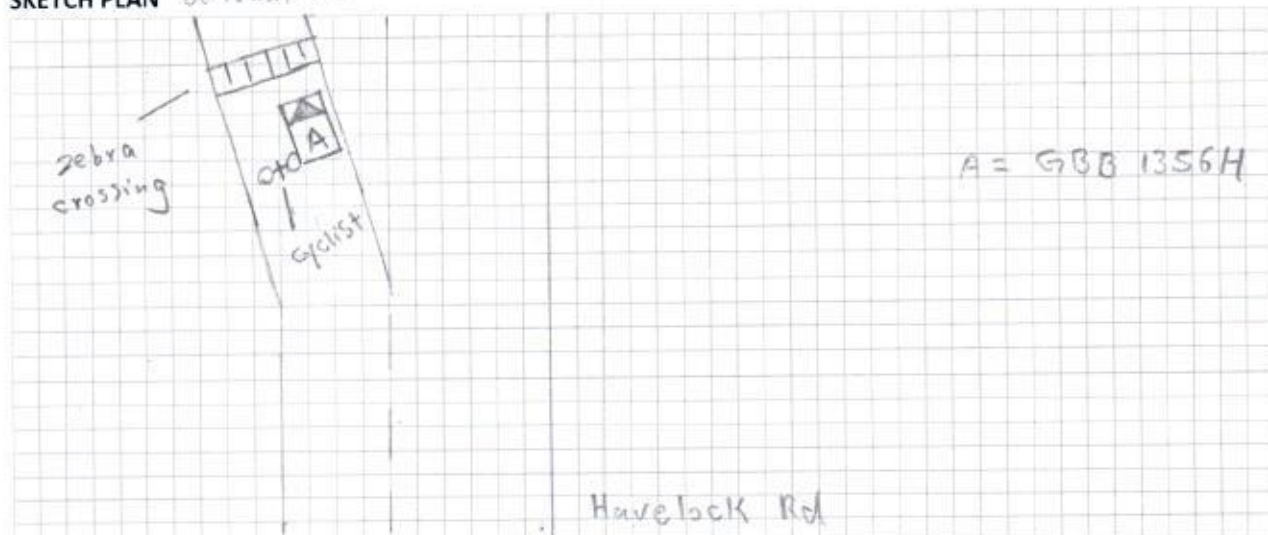


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN *outtram Rd*



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Statement _____

DECLARATION

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



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.:

VEHICLE SALES AGREEMENT (Page 1 of 2)

This VEHICLE SALES AGREEMENT is made on 17 Jan 2018 (Date), between The Buyer and The Seller, under the terms and conditions as set forth.

BUYER DETAILS

Name	Red Swift Rental N Leasing	NRIC No./ID	53376032A	Contact No.	92235056
Address					

SELLER DETAILS

Name	RED SWIFT SERVICES	NRIC No./ID	T14LL3103D	Contact No.	96932262
Address	LLP				

VEHICLE DETAILS

Make/Model	Citroen	Vehicle Reg. No.	G8B1356H	
Engine No.	10DYUL4058897	Original Reg. Date	23 Jul 2008	
Chassis No.	VF7Y4RLKH64129032	Road Tax Expiry	22 Jul 2018	
No. of keys	2	No. of remote control	1	
		Owner's Manual	Yes/No	
Current Mileage	KM		No. of Transfers	3
Max Mileage	KM (Vehicle mileage is to be no greater than this value at point of hand-over to the Buyer)			

REMARKS

Buyer's Signature

Seller's Signature

Page 1 of 2

By using this document, you agree not to hold SgCarMart (SGCM Ptd Ltd) liable for any claims, losses, damages or expenses arising from the usage of this document.

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SGCARMART.COM
THE ONLY PLACE FOR SMART CAR BUYERS

VEHICLE SALES AGREEMENT (Page 2 of 2)

SALES DETAILS

Car Price	\$ 3600/-	Balance Due	\$ /	(Car Price minus Deposit)
Deposit	\$ /	Loan Amount	\$ /	(The loan amount (if Buyer intends to apply for)
Vehicle hand-over date	(Vehicle is to be handed over to the Buyer not later than this date)			

Terms & Conditions

1. All fees & levies imposed by the Land Transport Authority (LTA) directly associated with this Vehicle's ownership transfer are to be borne by the Buyer.
2. The Buyer is to purchase at his own expense, a motor insurance policy for this Vehicle which is valid as of the date of ownership transfer and for not less than the full period of valid road tax.
3. In the event of a breach of this Agreement by the Seller, the Seller is to compensate the Buyer an amount equal to twice the value of the Deposit.
4. In the event of a breach of this Agreement by the Buyer, the Seller will keep the Deposit.
5. In the event that the Buyer is unable to secure a loan for the intended Loan Amount, this Agreement will be voided and the Seller is to refund the Deposit to the Buyer.
6. The Seller is to hand over the keys, remote controls, owner's manual and other documents which are related to this Vehicle, where available, to the Buyer.
7. The Seller is to preserve the condition of this Vehicle as of the Date of this Agreement and with all accessories intact.
8. The Seller is to effect ownership transfer of the Vehicle to the Buyer within 7 days of the Vehicle hand-over date.
9. The Buyer and the Seller acknowledge that each of them has read and understood the terms of this Agreement, and has sought his / her / its own independent legal advice on the terms herein, and executes this Agreement based upon such party's own judgment and independent legal advice (if sought).
10. This Agreement constitutes the entire agreement of the parties relating to the subject matter addressed in this Agreement. This Agreement supersedes all prior communications, contracts, or agreements between the parties with respect to the subject matter addressed in this Agreement, whether oral or written.
11. This Agreement shall be governed by the laws of the Republic of Singapore.



SAVE YOURSELF THE HASSLE!

sgCarMart Connect provides FREE settlement for Paperwork, Loans & Insurance for both the seller & buyer. So once this agreement is signed, send it to us and we'll handle the rest! Call 6744 3540 or visit connect.sgcarmart.com

Buyer's Signature



Seller's Signature



Page 2 of 2

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ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 06 / 17) (DD/MM/YYYY), TIME: (12:30) (HH:MM)

LOCATION: Havelock Rd tuds outrain Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB 1356H
 b) INSURANCE COMPANY: CHINA TRIPOLY
 c) POLICY NUMBER: JMCV 3064331600
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CITROEN DEARLE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: ON THE WAY HOME
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: RED SWIFT SERVICES LLP (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: J 8233561 CONTACT: 94699723
 c) ADDRESS: BLK 1955 D PINEGOL ROAD #09-546 J 824195

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: YEO WAI LU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: J 8233561 CONTACT: 94699723
 c) ADDRESS: BLK 468A BHOA CHU KAN LAY AVE 5 #04-185

*d) DATE OF BIRTH: (18 / 10 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: Cyclist MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:


f) NRIC/FIN/PASSPORT: CONTACT:

Waiting police Report, chop, CI, Veh

Email = redswift.transport@outlook.sg take photo

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8433956C





Name
YEO ZHI LU
楊治陸

Race
CHINESE

Date of birth
18-10-1984

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8433956C
Name
YEO ZHI LU

Birth Date 18 Oct 1984
Issue Date 22 Jan 2014

002268154D



4792785



NRIC No. S8433956C



Date of issue
25-10-2011

APT BLK 489A CHOA CHU KANG AVENUE 5 #04-185
SINGAPORE 681489

NRIC No: S8433956C Date: 30/08/2015

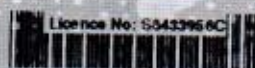
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 22 Jan 2014

NP 428A

Licence No: S8433956C





中国太平
CHINA TAIPING

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

3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co. Reg. No. 200206384E

ORIGINAL

THE SCHEDULE

Agency AN0132A Class of Policy MOTOR COMMERCIAL VEHICLE Policy Number DMCVSN3064331600
Account AN0132A Issued on 28/06/2016 in SINGAPORE
Client 3175323 Acceptance Date 28/06/2016

Period of insurance from 1130 hours on 28/06/2016 to 2400 hours on 06/07/2017

Insured's Name.... RED SWIFT SERVICES LLP
Address. BLK 195D PUNGGOL ROAD
#09-546
SINGAPORE 824195

Business/Occupn... ONLINE SALES

Financial interest LAKE VIEW CREDIT PTE LTD AS HP OWNER

Premium	Base Annual Premium.....	S\$1,695.00		
	No Claim Discount	S\$0.00		
	Total Annual Premium	S\$1,695.00	Premium Due	S\$1,736.79
			Premium GST	S\$121.58
			Total Due	S\$1,858.37

Risk No. 001 MOTOR COMMERCIAL VEHICLE
ORIGINAL REGISTRATION DATE: 23-07-2008
1. Registration GBB1356H Make/Model .. CITROEN DISPATCH 2.0L
Type of Cover Third Party, Fire & Theft No. of seats 3 Body Type VAN
Engine No. ... 10DYUL4058897 Capacity cc's 0 Yr of Manuf/Regn 2007/2008
Chassis No... VF7XURHKH64128032
Tonnage 1.19 Certificate Ref. MZ300/C
Sum Insured..Market value at the time of loss

The following clauses and endorsements apply to this policy

Subject to Endt. 3(q).

MODIFIED VEHICLES (FOR COMMERCIAL VEHICLES/BUSES/RENTAL VEHICLES)

It is hereby declared and agreed that the Company shall not be liable for any claims under SECTION I or II or both if the vehicle has been modified without prior notice/declaration to the Company.

Subject otherwise to the terms, exceptions and conditions of the Policy.

MEMORANDUM : CONDITION NO. 4 - NOTIFICATION OF ACCIDENTS

It is hereby noted and agreed that Condition No. 4 of the Policy is amended to read as follows:-

Notification Clause

- a) In the event of any accident involving the Motor Vehicle, irrespective of whether it would give rise to a claim, the Insured shall, together with the Motor Vehicle, call at the Company's Approved Authorised Workshop and/or Reporting Centre and report the accident within 24 hours of the accident or by the next working day thereof.
- b) In case of theft or other criminal act which may give rise to a claim under this policy the Insured shall give immediate notice of the occurrence to the Company and the police and co-operate with the Company in securing the conviction of the offender.

For Further Enquiry, Please Call Your Nearest Agent
LAKE VIEW USED CARS TRADING At 67459995

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