

Date In: 3/7/18 14:41	Job description	Date & Time Completed	Done by
Ref No: MA/C72 18012051/64	SAS e-filing		
Veh No: GBF 72945	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 29/6/18 18:40.	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SLP 6616H.	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

Claimant's Particulars:-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee	\$40/\$45		
	4) FT: Follow-Through Survey	\$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
Auditors' Comments:-	6) TR: Re-inspection	\$75		
	7) NI: Idac DA + SMRT Survey	\$160		
Cat 1:	8) NTUC Additional Services:-			
	QI*:			
Cat 2/3:	*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	\$0		
	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	03/07/2018 14:41
Date Of Accident	29/06/2018 18:40
Exact Location Of Accident	KARIKAL LANE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF7294S
Insured/Policyholder	
Name Of Registered Owner	M/S GARDEN HOME GIFTS & SOUVENIRS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93359117
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	DMCVSN1715501801
Cover Note Number	-
Driver	
Name of Driver	CHUNG TAI KIT
Passport No/FIN	G6104551T
Date Of Birth	14/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	29/10/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93359117
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 274A EAST COAST RD
 Postcode 428942
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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? NO
 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. NO
 Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name MARINE PARADE NEIGHBOURHOOD POLICE POST
 Police Station Address **ROAD:** BLK 74 MARINE DRIVE #01-35 , **POSTCODE:** 440074 , **COUNTRY:** SINGAPORE
 Police Station Contact **TEL NO:** 1800-4409999 - **FAX NO:** 64474182
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH DRIVER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP6616H
 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

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5. **Any false reporting may be referred to the Police for investigation**.
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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: 3/11/18, 1500PM



Driver's Signature

(If driver is not the policyholder)

Date & Time: 3/11/18, 1500PM

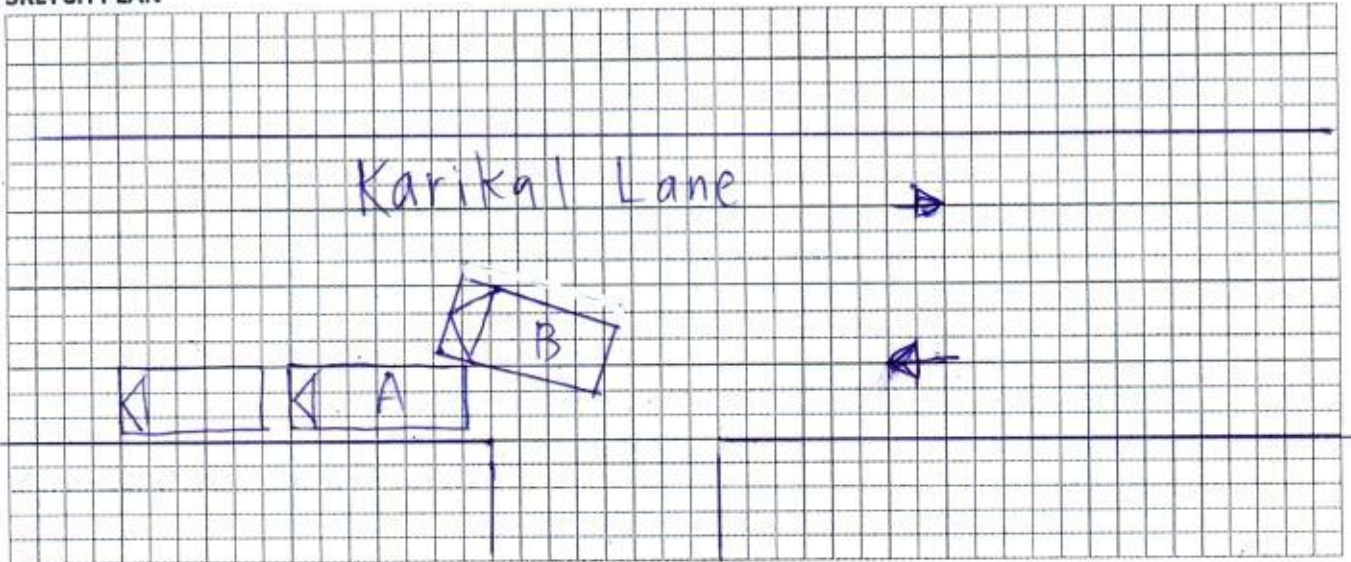


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report /

DECLARATION

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



Policyholder's Signature
Date & Time: 3/11/16, 1:50 PM

Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/11/16, 1:50 PM

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

VEHICLE NO: GBF72945

Model: Toyota Hiace

DATE OF ACCIDENT	29, 6, 18	
TIME OF ACCIDENT	1840 hrs	AM/PM
LOCATION OF ACCIDENT	Karikal lane	
Exact Purpose use during accident		
NAME OF OWNER	Garden Home Gifts & Souvenirs P/L	
TELP NO		
NRIC	2006094052	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only	
INSURANCE CO.	Ching Tai Ping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.		
NAME OF DRIVER	As above / If No: Chung Tai Kit	
NRIC	8661045517	Any passengers: 1
DATE OF BIRTH	14 / 1 / 1986	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	29 / 10 / 2008	
GENDER	Male / Female	
CONTAC NO.	93359117	Office: Home:
ADDRESS		
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other :	
ROAD SURFACE	Dry / Wet / Other :	
ANY INJURIES	No / If yes : Who?	
CONTAC NO.		
POLICE REPORT	No / If yes : Where?	
VEHICLE B NO.	9LP6616H	Any Passenger :
NAME		
CONTAC NO.		
VEHICLE C NO.		Any Passenger :
VEHICLE D NO.		Any Passenger :
VEHICLE E NO.		Any Passenger :
VEHICLE F NO.		Any Passenger :
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP		
TELP NO	BLUWEL AUTOMOTIVE SERVICE PTE LTD	
CONTACT PERSON	1 KAKI BUKIT AVE 6	
FAX NO.	BLK C #01-55 (MAIN OFFICE)/28/37/53/56	
	SINGAPORE 417883	
	TEL: 6745 2088 FAX: 6841 2088	
	E-mail: bluwel2088@yahoo.com.sg	



**SINGAPORE
POLICE FORCE**



T/20180629/2179

Police Station Of Origin:
Marine Parade NPP
74 Marine Drive #01-35 SINGAPORE 440074
Tel No: 1800-4409999

2 of 3

Report No. T/20180629/2179

CONTINUATION OF REPORT

Driver			
Name	CHUNG TAI KIT	ID No.	G6104551T
Related Vehicle	GBF7294S (Van)	Contact No.	93359117
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/06/2018 at about 2330hrs, I parked my vehicle (GBF7294S) along Karikal Lane. On 27/06/2018 at about 0930hrs, I came back to retrieve my vehicle and discovered that the rear right side of my vehicle has scratch marks and the cover for the rear light had dropped off. I went to view my in-car camera footage and discovered that on 27/06/2018 at 0630hrs, a vehicle bearing registration plate number SLP6616H had side swiped my vehicle while passing by it. I wish to state that my in car camera had captured that my vehicle had shook when the vehicle (SLP6616H) had drove past and it also captured that the left front mirror of the vehicle (SLP6616H) had bend inwards subsequently. The vehicle (SLP6616H) then left the location subsequently.



**SINGAPORE
POLICE FORCE**



T/20180629/2179

Police Station Of Origin:
Marine Parade NPP
74 Marine Drive #01-35 SINGAPORE 440074
Tel No: 1800-4409999

3 of 3

Report No. T/20180629/2179

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 3 CHANG WEI LIANG, GLEN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Signature Of Informant:

Date/Time:

29/06/2018 20:26

Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification No: **G6104551T**

CHUNG TAI KIT

Birth Date: **14 Jan 1986**
 Issue Date: **02 Oct 2013**
 Valid Till: **28 Oct 2018**

002230354H





WORK PERMIT
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer:
GARDEN HOME GIFTS & SOUVENIRS PTE. LTD.

Name:
CHUNG TAI KIT

Work Permit No.
4 02912545

Sector:
MANUFACTURING






K0514130

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	29 Oct 2008
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	29 Oct 2008

NP 428A

Licence No: G6104551T



VISIT PASS
 Immigration Regulations

22-04-2018

Name:
CHUNG TAI KIT

FIN:
G6104551T

Date of Birth:
14-01-1986

Nationality:
MALAYSIAN

Sex:
M

Download SGWorkPass App to check status




YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





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
 AN0421A
 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.	DMCVSN1715501801	Engine No :1KD2668139 ChaNo:KDH2010211114
1. Index Mark and Registration Number of Vehicle	GBF7294S	
2. Name of Policy Holder	M/S GARDEN HOME GIFTS & SOUVENIRS PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23 February 2018	Excess Sect I S\$500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	22 February 2019	
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. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD <small>* 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.</small>		

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.

Issued By: XITESSE SOLUTIONS
 Authorised Officer


 Authorised Signatory