

Date In: 16/8/18 13:28	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/MSG 18014916/64.	E-mail (within 5hrs, AIC 2hrs)		
Veh No: GY 6467H	i-Motor Claim Form		
D.O.A: 15/8/18 11:00.	i-Motor W/O (Within: OD 2hrs, 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: () Tel: () Fax: ()

TP Particulars:	Veh No: SLM 93865	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%, P: 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 repaler.
 () 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

MA1805161

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$) In Bill	Ant (\$) 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		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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	

Auditors' Comments:-

Int. 1:

Int. 2 / 3:

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	16/08/2018 13:28
Date Of Accident	15/08/2018 11:00
Exact Location Of Accident	BLK 83 MARINE PARADE CTR CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GY6467H
Insured/Policyholder	
Name Of Registered Owner	JIN TAI GROUP PTE LTD
Co Reg No	200514555K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67353027
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	8VCT1802160
Cover Note Number	-
Driver	
Name of Driver	SU FANHU
NRIC No	G8608638M
Date Of Birth	22/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	08/05/1999
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96343153
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	11 PASIR RIS WAY
Postcode	518257
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?	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)	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

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	SLM9386S
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

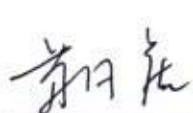
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

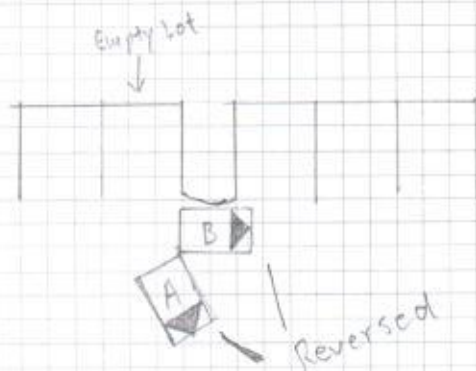
 仁泰集團有限公司
JIN TAI GROUP PTE LTD

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



A = GY 6467 H
B = SLM 9386 S

Blk 83 Marine Parade Ctr carpark.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

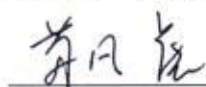
Please Refer to statement

DECLARATION

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

 仁泰集團有限公司
JIN TAI GROUP PTE LTD

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.:

I WAS SEARCHING A CARPARK LOT AT BLK 83 MARINE PARADE CENTRAL.
WHEN I NOTICED A VEH MOVING OFF FROM THE LOT AND I PREPARE TO
REVERSING INTO THE LOT, SUDDENLY VEH B (BEARING NO SLM9386S)
ALSO REVERSING INTO THE LOT, CAUSE WE BOTH VEH HAD A MINOR
COLLISION.

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 8 / 18.) (DD/MM/YYYY), TIME: (11 : 00.) (HH:MM)

LOCATION: BIK 83 Marine Parade Ctr. carpark.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GY 6467H
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: Jin tai Group pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 67353027
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Su Fanhu (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96343153
c) ADDRESS: 11 Pasir Ris way #22 CS 18252

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8.5 / 1999

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SLM 92865 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: _____

warning chop & vch take photo.

Email = jintaitong @ 163.com

fax =

VIDEO = No.

中华人民共和国机动车驾驶证

Division 1 - motor of the People's Republic of China

370921197904220636

苏凡虎 性别男 国籍中国

山东省宁阳县伏山镇陈庙村中心街31号



出生日期 1979-04-22

初次领证日期 1999-05-08

A2

准驾车型

有效期限 10年

有效期至 2009-05-08

Valid From

中华人民共和国机动车驾驶证副页

370921197904220636

姓名 苏凡虎 档案编号 370906515493

记录 请从2012年起, 每两年于05月提交身体条件

证明。请于2020年05月08日前九十日内申请

换领新驾驶证。



37020011367137



JC Translation Pte Ltd

BUSINESS REG NO.: 201714256K

36 Lorong 31 Geylang #03-01

Choon Moey Mansions

Singapore 388034

Tel: 6693 3489

Email: enquiry@jctranslationsg.com

TRANSLATION

THE PEOPLE'S REPUBLIC OF CHINA DRIVING LICENCE

LICENCE NO. 370921197904220636

Name Su Fanhu Gender Male Nationality Chinese National

Address 31 Zhongxin Street Chenmiao Village Fushan Town Ningyang County Shandong Province

TRAFFIC MANAGEMENT BUREAU PUBLIC SECURITY BUREAU OF TAIAN CITY SHANDONG PROVINCE

Date of Birth 22 April 1979
Date When Licence First Obtained 08 May 1999
Licensed to Drive Vehicles in Code(s) A2
Valid from 08 May 2010 Valid For 10 Years

[Photograph Affixed]

This is a translation by
JANET CHEN

JC TRANSLATION PTE LTD
Singapore

Date: 27 JAN 2018

SUPPLEMENTARY PAGE OF DRIVING LICENCE OF THE PEOPLE'S REPUBLIC OF CHINA

LICENCE No. 370921197904220636

Name Su Fanhu File No. 370900515499

Record: Please submit the certificate of physical condition in May every two years from 2012.

Please apply for a new licence in 90 days before 08 May 2020.

804

This is a translation by

JANET CHEN



JC TRANSLATION PTE LTD
Singapore

Date: 27 JAN 2018

[Barcode] *3720014367137*




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


Employer
JIN TAI TONG CHINESE MEDICINE SHOP WHITE SANDS

Name
SU FANHU

Work Permit No.
O 77770348

Sector
SERVICE



 **K0133592**

VISIT PASS
Immigration Regulations

09-02-2019

Name
SU FANHU

Download SGWorkPass App to check status

FIN
G8608638M

Date of Birth
22-04-1979

Sex
M

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

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





**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. Tel: 65 6827 7800
 4 Shenton Way # 21-01 SGX Centre 2, Singapore 068807
 Tel: +65 6827 7898, Fax: +65 6827 7800
 www.msig.com.sg

MOTOR VEHICLE COVER NOTE

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)

30 May 2018

Third Party

1A0625

COVER NOTE No. : 8VCT1802160

1. Index Mark and Registration Number of Vehicle : GY6467H

2. Chassis Number of Vehicle : JN1SF4F23Z0854281

3. Name of Policyholder : JIN TAI GROUP PTE LTD

4. Effective date of the Commencement of Insurance for the purposes of the Act : 21 Jun 2018 00:01AM

5. Date of Expiry of Insurance : 20 Jun 2019

6. Persons or Classes of Persons entitled to drive*

(a) 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.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to Use*

Use in connection with the Policyholder's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(i) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(ii) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

*Limitations rendered inoperative by Section 8 of the Motor Vehicle (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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).



For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

Not valid unless countersigned by Authorized Person

IMPORTANT NOTICE

This temporary Cover Note is valid for a maximum of 14 days only.

You must exchange the Cover Note for the Certificate of Insurance from the Insurer within 14 days from the date of this Cover Note.

If you are involved in an accident, full details must be forwarded immediately to the Company.