NATIONAL Assessment Ce	ntre Services well Jamos M	NA18/06627	
Date In: 17/8/18 -17:15	Jeb description	Date &Time Completed	Done by
RCINO: NA C718015241 /24	SAS e-filing		
Veh No: ABH 43046	E-mail (within 8hrs, AIC 2hrs)		100
D.O.A : K/8/18-20:00	i-Motor Claim Form		
on : fn ()	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)	
OD / P Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
ir lisurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: Fa	c:)
TP Particulars: Veh No: J	JH 67 YOY . INC	()/Non-INC()	16
Owner / Driver: (William Parising	Tel:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	%) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-10	0%]
Total of Hogan about () Warranty: YES ()/NO ()	
	\$1,000()/\$2,000()		- W
General Remarks:			er Silver
() Walk-In Customer: Customer's	information strictly Confidential & S	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail In	surer URGENTLY.		
Drive-In ()/ Towed-In (); Inv	voice: YES () / NO ();	Towing Co: ()
Remarks:- (INC hotline: 6788 661	6)	Date& Timb Completed	Done by
) / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()		
Injury:		7 81 7	
Date/Time Actions		A CONTRACTOR OF THE STREET	Selonous.
	A STREET AND LISTED TO A SWARE		
199			Amt (S) Amt (S)
VA18 05 17 7		eparation Checklist	TRBIII Add Bill
laimant's Particulars :-	1) AR : Accider 2) DA : Dameg		
river/Owner:	3) TF : Towing	Fee . \$40/\$	
	5) FT : Follow-	Through Survey (Resurvey) 5:	
ontact No:	For claiming	against INC Only (wef 10 Jan 2005)	75
amaged Portion:		+ SMRT Survey 510	Control of the last of the las
	8) NTUC Addit	tional Services:-	
C Checked by (Engr-In-Charge):	*N5: Courtes) Corr Tperror	13
NAMES AND ADDRESS OF THE PROPERTY OF THE PARTY OF THE PAR		Co-ordination 5 pair Inspection 5	
uditors' Comments :-	*N8: DV / C	ollect Excess Coordination	15
1.1:	TP (N11) : T 9) N12: Idna M		20
1. 2/3;	Invoice dated	Fee Charged	and the same of th
	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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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

A THE SHALL BE A STATE OF THE S	ACCIDENT STATEMENT
Date Of Report	17/08/2018 15:15
Date Of Accident	15/08/2018 20:00
Exact Location Of Accident	JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH4304G
Insured/Policyholder	
Name Of Registered Owner	M/S CHEE SHENG TYRES ENTERPRISE PTE LTD
Co Reg No	201722703M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96467137
Alternative Phone No	OFFICE-96467137
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150 5MT
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	DMCVSN3038111800
Cover Note Number	
Driver	
Name of Driver	TEV OUEE AN

Name of Driver	TEY CHEE AN
Passport No/FIN	G8366421K
Date Of Birth	23/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2011

Driving Experience 7 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98338497

Fax Number

Contact Number OFFICE-98338497

EMail Address NOEMAIL

BLK 212 CHOA CHU KANG CENTRAL Address

#06-126

680212

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 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) NO soliciting/offering accident claims assistance. 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

REFER TO 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 SJH6740Y Vehicle Make/Model/Colour TOYOTA WISH

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver VIJAY KUMAR SACHDEV

NRIC/Passport Number S1430799J Contact Number 81321017

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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:
 - 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.

CHEE SHENG TYRES ENTERPRISE PTE LTD

(Co. Reg. No: 201722703M) Blk 351 Choa Chu Kang Central, #11-353 Singapore 680351

Policy 8883-84874.0646 7137

Date & Time:

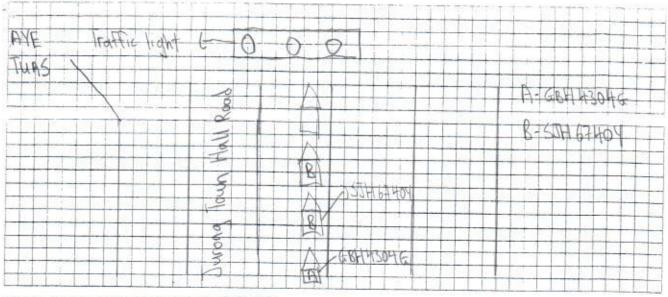
横

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCOMSTANCES OF THE ACCIDENT
On the 15 08/18 at about 20.00 hrs, I was driving along Jurong Town Hall Road, while waiting for the traffic light to turn to green, I was waiting. As the traffic light there had a slope uphill my whide was at a distance behind the vehicle
55H 67404 which ups infront of my lehide. About a few seconds later, the vehicle STH 67404 which was infront of me came reversing down towards my vehicle. I
did horn him but he just continued reversing and knocked anto the Front of my wehicle.
Deflicie.

DECLARATION

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

CHEE SHENG TYRES ENTERPRISE PTE LTD

(Co. Reg. No: 201722703M)
Blk 351 Choa Chu Kang Central,

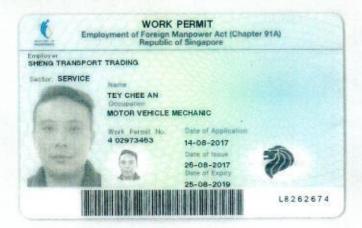
#317353 Singapore 680351 Tel: 8833 8497 / 9646 7137

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

Name: NRIC/FIN No.:

GIARMC SketchPlaniform_V3

Date of Accident	: 15 08 18 Accident Time: 20 00 (24-HR-Format)		
Accident Place	: Jurong Town Hall Road		
Vehicle. No. (Car Plate No.)	: GBH 43046 Make/Model: Toyota		
Insurace Company	: China Taiping Policy No: DM WSN 3038111800		
Owner or Company Name /IC No.	: Chee Sheng Tyres Enterprise Pte Lts		
Owner or Company Contact No.	Owner's Hp96467137 Company Tel		
DRIVER'S Name / IC No.	: Tey thee An G8366421K		
DRIVER'S Date Of Birth	23 03 1985 DRIVER'S License Pass Date 15 01 2016		
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee Others:		
DRIVER'S Address	: Choa Chy Kang Central, 81k 212, #06-126 Singapore 680212		
DRIVER'S Contact No./ Alt No.	:1) 98338497 2)		
DRIVER'S Occupation	: INDOOR \QUTDOOR (e.g. working inside or outside office)		
Email Address	: glbert_gohehotmail.com		
Weather & Road Surface	:CLEAR & DRY RAINING & WET AFTER RAIN & WET		
Reporting Type	: Reporting Only \Claim Other Party\ Claim Own Insurance		
Number of Passengers (Including D	river): 01		
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	r camera: YES NO s being used at the time of accident: Private use Work purpose		
Other F	Party Driver's Particular (if any)		
Vehicle. No: 55H 6740Y	Vehicle. No:		
Vehicle Make Model: Toyota Wie	Vehicle Make\Model:		
Name Driver: Vijay Kumar Sa	Name Driver:		
IC No. Driver/Contact: 51430799	IC No. Driver/Contact:		
Hp: 81321			
* NEW - Passenger's name &			
*: There was no passenger	in my whide at		
the time of the acc	ilent		







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc
Class 3 Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver

NP 428A



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

MZ300/C N SN AN0597A COMPREHENSIVE

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)

CERTIFICATE No.

DMCVSN3038111800

Engine No : 1KD2798408

Chassis No: JTFAT35Y10K210419

1. Index Mark and Registration Number of Vehicle

GBH4304G

2. Name of Policy Holder

M/S CHEE SHENG TYRES ENTERPRISE PTE LTD

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

04 JUNE 2018

4. Date of Expiry of Insurance

03 JUNE 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 ENACIMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use 1

- (1) USS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN COMNECTION 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 FURCHASE CO. + ABS FINANCIAL 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. 172 Sin Ming Drive

Singapore 575720

Tel: 8933 9400 Fax: 8466 0678

Countersigned By:

Authorised Officer

Authorised Signatory