

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MMA 118110695

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 27/8/11P 13:58 | Job description | Date & Time Completed | Done by |
| Ref No: MA/CTZ 18015497164 | SAS e-filing | | |
| Veh No: G8H 2193Y | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 25/8/11P 12:35 | i-Motor Claim Form | | |
| OD: TP / 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: SJK 2739M | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

MA 1805458

| Claimant's Particulars:- | Invoice Preparation Checklist | Amt (\$) Est Bill | Amt (\$) Add Bill |
|---------------------------------|---|----------------------|----------------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | 20.00 | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments:- | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Ref 1: | For claiming against INC Only (wef 10 Jan 2005) | | |
| Ref 2/3: | 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 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 | 27/08/2018 13:58 |
| Date Of Accident | 25/08/2018 12:35 |
| Exact Location Of Accident | SERANGOON RD TWDS BOON KENG |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | GBH2193Y |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S LINKAGE SINGAPORE PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-67598888 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| 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 | 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 | DMCVSN1807951800 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN LEEM TIEN |
| NRIC No | S7826905G |
| Date Of Birth | 12/09/1978 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/02/1996 |
| Driving Experience | 22 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87878188 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|----------------|
| Address | 21 JALAN SUASA |
| Postcode | 678511 |
| 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 | COLLISION - CHANGE/CROSS LANE |
| 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 | SJK2739M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ABU LUQMAN BIN ABU BAKAR |
| 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.

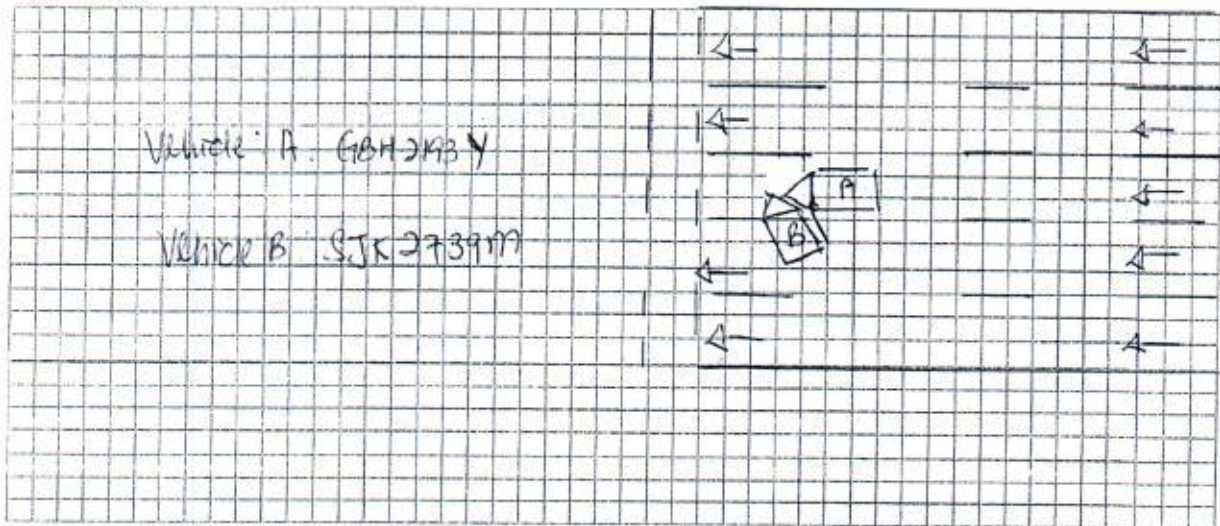


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I was driving on the
stated venue. While I was on a straight road at lane 3
Suddenly, vehicle B (SJK2739M) cut into my lane and
collided with my vehicle GBH2193Y. causing damages
to the left side of my car.

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.:

Date of Accident : 25/8/2018 Accident Time: 12.35pm (24-HR-Format)
Accident Place : Serangoon Road towards Boon Keng
Vehicle No. (Car Plate No.) : GBH2193Y Make/Model: Toyota Hiace
Insurance Company : China Taiping Policy No: DMCVSN1807951800
Owner or Company Name /IC No. : M/s Linkage Singapore Pte Ltd
Owner or Company Contact No. : 67598888 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Tan leem Tien 878269059
DRIVER'S Date Of Birth : 12/9/1978 DRIVER'S License Pass Date 13/2/1995
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 21 Jalan Suasa
DRIVER'S Contact No./ Alt No. : 1) 87878188 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : eric@linkage.com.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): No

Other Party Driver's Particular (if any)

| | |
|---------------------------------------|------------------------------|
| Vehicle No: SJK 2739M (NTU) | Vehicle No: _____ |
| Vehicle Make/Model: Honda Stream | Vehicle Make/Model: _____ |
| Name Driver: Abu Lugman Bin Abu Bakar | Name Driver: _____ |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

* NEW - Passenger's name & gender:

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S7826905G**
 Name
TAN LEEM TIEN
(CHEN LINZHAN)
 Birth Date **12 Sep 1978**
 Issue Date **23 Dec 2003**

001059187C

REPUBLIC OF SINGAPORE

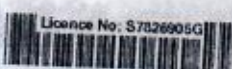

 IDENTITY CARD NO. **S7826905G**


Name
TAN LEEM TIEN
 Race
CHINESE
 Date of birth
12-09-1978
 Country of birth
SINGAPORE
 Sex
M

S7826905G

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
 PASS DATE
13 Feb 1995

Licence No. **S7826905G**


4294

4293264


 NRIC No. **S7826905G**


 Date of issue
16-10-2008

21 JALAN SUASA
SINGAPORE 878511
 NRIC No: **S7826905G**
Date: **24/01/2017**



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

M2300/CN SN
AN0582A
Cov.Type: C
AUTOSAFE

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. | DMCVSN1807951800 | Engine No : 1KD2749451 Chassis No: KDH2010232996 |
| 1. Index Mark and Registration Number of Vehicle | GBH2193Y | |
| 2. Name of Policy Holder | M/S LINKAGE SINGAPORE PTE. LTD. | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 8 MARCH 2018 | EXCESS SECT 1S\$500.00 EX ON WINDSCREENS\$100.00 |
| 4. Date of Expiry of Insurance | 7 MARCH 2019 | |
| 5. Persons or Classes of Persons entitled to drive * | | |
| <p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.</p> <p>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.</p> | | |
| 6. Limitations as to use: * | | |
| <p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER.</p> <p>(1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p> | | |
| <p>HIRE PURCHASE CO. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC</p> <p>* 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.</p> | | |

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



Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com