NATIONAL Assessment Centre	Services (mel 1 marge)						
Date In 03/09/18	Job description	Date &Time Completed	Done	by			
Rei No NIA/CTE 18016018/13	SAS e-filing						
Veh No GBB8577R	E-mail (within 8hrs, AIC 2hrs)						
D.O.A. 03/09/18 1240	i-Motor Claim Form			- 4-3446			
OD (1) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)						
OD (1) 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: (MUP SOON	Tel: Fax					
	A84814 INC)/Non-INC()					
Owner / Driver: (Tel:)				
	iod: (Cover Type: ()				
Confirmed by : (Date:	Time:)				
	lote-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-100	%]				
	/arranty: YES () / NO ()					
Excess: (\$) Loading: \$1,00 General Remarks:-	00 () / \$2,000 ()	operation of the first					
() Walk-In Customer: Customer's information	The first partition of the	Section Control of	0.11	-10-000			
	ourtesy Car ()	Date&Time Completed	Done				
2) QC Check / Post Repair Inspection	()		Enough & - oct				
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()		Market and a				
Injury:							
Date/Time Actions		and the second	T				
		MIT 1970(21, 32,460; 7945, 9-72)					
NA1805581	Invoice Pro	eparation Checklist	Amt (\$) Ist Bill	Amt (\$) Add Bill			
laimant's Particulars :-	1) AR : Accider	The state of the s					
Priver/Owner:	3) TF : Towing	3) TF : Towing Fee \$40		7 3 3 4 1			
Contact No:	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30					
	For claiming against INC Only (wef 10 Jan 2005)						
Pamaged Portion:	7) N1 : Idac DA	+ SMRT Survey 516					
C Cheeled by 20	8) NTUC Addit	8) NTUC Additional Services:-					
C Checked by (Engr-In-Charge):	*N5: Courtes	*N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10					
auditors' Comments :-	*N7: Fost Re	*N7: Post Repair Inspection \$25					
at. 1:		*N8: DV / Collect Excess Coordination \$5 TP (N11): TP (N n INC) against INC \$20					
at. 2/3:	9) N12: Idae M	obile 3					
11. 673.	Invoice dated	Fee Charged		加州			

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 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

By the loagement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available		
The second secon	ACCIDENT STATEMENT		
Date Of Report	03/09/2018 15:15		
Date Of Accident	03/09/2018 12:40		
Exact Location Of Accident	OLD TOH TUCK ROAD		
Country/State of Loss	SINGAPORE		
C	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBB8577R		
Insured/Policyholder			
Name Of Registered Owner	D'SWIFT		
Co Reg No	2		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-87666752		
Vehicle Particulars			
Manufacturer	RENAULT		
Model	TRAFIC		
Exact Purpose for which vehicle was being used at time of accident	WORKING(TRAVELLING TO CAR WORKSHOP)		
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		
Float Policy	NO		

Fleet Policy NO

Policy Number DMCVSN1813251800

Cover Note Number

Driver

Name of Driver CHUA HONG WEI
NRIC No S9222119I

 Date Of Birth
 19/06/1992

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/03/2016

Driving Experience 2 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87666752

Fax Number Contact Number

EMail Address NOEMAIL

BLK 45 HOLLAND DRIVE Address

#04-351

Postcode 270045

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

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?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

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

NO

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

MY VEH WAS STATIONARY OUT OF SUDDEN I FELT A STRONG IMPACT FROM MY VEH REAR PORTION.

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 PA8481Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:
 - (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

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921. TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: GBB	8577R	MAKE/MOD	DEL:	REMAUT	TRAFIC	2
DATE OF ACCIDENT	3 /0 / 2018 7MONTH/YEAR	TIME		HR HC	MIN	AM/ PM
LOCATION OF ACCIDENT	OWD TO	on TUC	KA	LOAD		
EXACT PURPOSE USE DURING	ACCIDENT	WORKIN	S/TR	GUELLIN S	10	car ourthup.
CAR OWNER						
NAME OF CAR OWNER CONTACT NO	D/ Su 66 6752	IIFT			-	
NRIC -						
CLAIM TYPE		OD		THIRD PAR	RTY	REPORTING ONLY
INSURANCE COMPANY (HI	NA TAIAN					
TYPE OF COVERAGE		COMPREHE	NSIVE	THIRD PAR	RTY	THIRD PARTY FIRE & THEFT
POLICY NO M	CV 9N 181325	1800			4411	
ACCIDENT DRIVER		AS ABOVE		IF NOT- KI	NDLY FILL IN B	ELOW
NAME OF DRIVER	CHUA HONC	WEI				
NRIC	7)1776A			NO OF PASSEN	GER/S	
DATE OF BIRTH	P.06.19/2			TOTAL	224	*
OCCUPATION SE	LF IMPLOYE	0		OUTDOOF		INDOOR
	ا کاملہ 30 ر د		- 8	y	1000000	
GENDER				MALE		FEMALE
	766 6752		,			
ADDRESS BL	K 45 HOW	AND DRIVE	404	-351 (9)	270049	
DRIVER OWN ANY VEHIC	NO/ IF YES- REGISTRA					
RELATIONSHIP EMPLO	OYEE/ IF NOT:	25				
WEATHER CONDITION		CLEAR		RAINING	OTHER	
ROAD SURFACE		DRY		WET	OTHER	
ANY INJURIES		NO/ IF YES- NAM	ME:			
CONTACT NO			9			
POLICE REPORT		NO/ IF YES- LOC	ATION:			
VIDEO FOOTAGE		NO/ YES				
3RD PARTY INFO	11 - 11 - 11 - 11 - 11 - 11 - 11 - 11					-
VEHICLE B NO	A 84814			NO OF PASSEN	IGER/S	
NAME	ED HAW	S004 3	3731	7952B.	8	- <u>8</u>
CONTACT NO						_
VEHICLE C NO				NO OF PASSEN	IGER/S	
VEHICLE D NO				NO OF PASSEN	IGER/S	
VEHICLE E NO				NO OF PASSEN	IGER/S]
VEHICLE F NO			000 Inc.	NO OF PASSEN	IGER/S	
ANY WITNESS						
WITNESS CONTACT NO						

HU? SOON

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S92221191



GBB 85877R DRIVER IC

[] 001

ATTHI : RESLINDA





19-196-1902 SINGAPORE

5668377





04-11-2016

APT BLK 48 HOLLAND DAINE #04-381 SINGAPORE 210045







中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

M2301/CN 5N AN0597A 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.

DMCVSN1813251800

Engine No :M9RM786C004242 Chassis No:VF1FLBHBHAY330049

1. Index Mark and Registration Number of Vehicle

GBB8577R

2. Name of Policy Holder

D'SWIFT

3. Effective date of the Commencement of Insurance for 17 APRIL 2018 the purposes of the Regulations, Ordinance or Enactment

4. Date of Expiry of Insurance

16 APRIL 2019

- 5. Persons or Classes of Persons entitled to drive *
 - (1) WHILST THE VEHICLE IS BEING USED IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR
 - (2) WHILST THE VEHICLE IS BEING USED FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES 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 POLCTY DOES NOT COVER.

 - (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
 - (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.
 - (3) USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD.

HIRE PURCHASE 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 TOR TRADER PTE LTD

Reg. No.: 201537467C 172 Sin Ming Drive

Singapore 575720

Tel: 6933 9400 (Fax: 6456 0678

Countersigned By:

W. Authorised Officer For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory