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D.O.A: 9/10/8-10:50	i-Motor Claim Form	<u> </u>		
OD TP / Reporting Only	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)		
0	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QV	V: (Tel: Fax		
TP Particulars: Veh No:	JH 937918 INC	()/Non-INC()	9	
Owner / Driver: (Tel:)	
Policy No: (Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
	%) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 30-100)%]	
Year of Registration: () Warranty: YES ()/NO()		
	:\$1,000()/\$2,000()			THE STATE
General Remarks:-			000 5	
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() Total Loss Case : to e-mail]		N to a		
				
Drive-In ()/ Towed-In (); In	nvoice: YES() / NO();	Towing Co: ()
Remarks: (INC hotline: 6788 66	16)	Date&Time Completed	Done by	,
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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 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. 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	09/10/2018 16:55	
Date Of Accident	09/10/2018 10:50	
Exact Location Of Accident	JUNC SIMS WAY & SIMS AVE	
Country/State of Loss	SINGAPORE	
CONTROL OF SECURITION	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH7281T	

100mm	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH7281T	
Insured/Policyholder		
Name Of Registered Owner	ASIAN DESIGN PTE LTD	
Co Reg No	201617554W	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-92714941	
Alternative Phone No	OFFICE-92714941	
Vehicle Particulars		

Control of the Contro	
Manufacturer	ТОУОТА
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at	WORKING

Are you claiming under your own insurance for repair to your vehicle?	policy Y	ES

If No, Please state action to be taken

venicle Category	COMMERCIAL VEHICLE
Insurance Company	

mountaines company		
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	

Policy Number	DMCVSN3061621800
CATTOR OF THE PROPERTY OF THE PARTY OF THE P	

Cover Note Number

time of accident

Driver	
Name of Driver	HOUNG LEE HING
NRIC No	S7975536B
Date Of Birth	19/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	21/08/2002
Driving Experience	16 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65 02714041

Mobile Number	(LOCAL) +65-92714941
Fax Number	

Contact Number OFFICE-92714941 EMail Address NOEMAIL

Address BLK 116 SERANGOON NORTH AVENUE 1

#03-497

Postcode 550116

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

role .

Vehicle -

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface WET

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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: :

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 3 SIMS WAY. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B 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

SH9329B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME:

GENDER: ;

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
- 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:

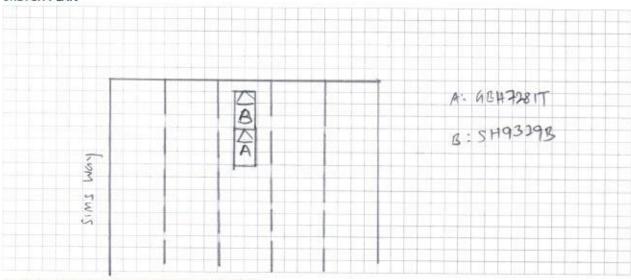
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.	

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

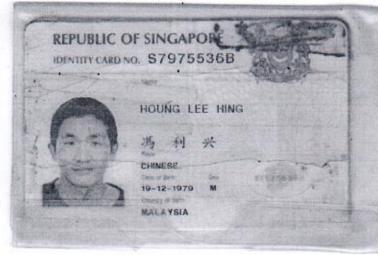
(If driver is not the policyholder) Date & Time:

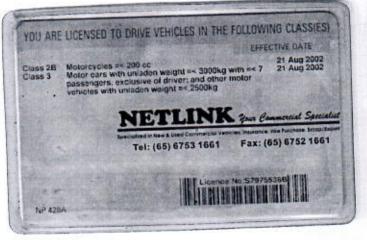
Reporting Centre Personnel's Signature

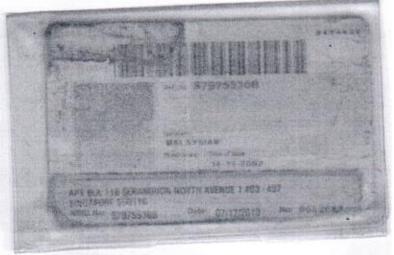
Name:

NRIC/FIN No.:











中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ ROU/CE UN AN0420A Cev.Type:

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.

DMCVSN3061621800

Engine No : !KD2820185

Chausia NoiJTFAT J5746K211404

 Index Mark and Registration Number of Vehicle

CHUIZZETT

2. Name of Policy Holder

ASIAN DESIGN PTE LTD

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

14 SEPTEMBER 2018 EXCESS SECT 1

4. Date of Expiry of Insurance

13 SEPTEMBER 2019

Persons or Classes of Persons entitled to drive *

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OF 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 OF HAS BEEN SO REPMITTED AND IS NOT DISCHALIFIED BY OPDER OF A CODET OF LAW OF BY PEACON OF ANY ENACTMENT OF RESULATION IN THAT BEHALF FROM DEIVING THE MOTOR VEHICLE.

6. Limitations as to use: *

(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

THE USE FOR THE CAPPIAGE OF PASSENGERS FOTHER THAN FOR BIRD OF REMARCS IN CONNECTION WITH THE NOTICE THE DEPTH DESIGNATION.

(*) USE FOR SOCIAL, DOMESTIC OF PLEASURE PURPOSES.

THE POLICY DOES NOT GOVER.

(1) THE FOR HIPK OF PERAPO OF PACING, PACE-MAKING, RELIABILITY TRIAL OF SPEED TESTING.

(x) OSE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VERICLE.

HIPE PURCHASE CO. : MAYBANK AS HI 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

Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory