Duta Inc	1 (17636 II) 25 24	100 (100 (100 (100 (100 (100 (100 (100	Mark 1999
Date In: 9/10/18-13:48	Job description	Date & Time Completed	Done by
Rei No: NA CTZI 8018302/24	SAS e-filing		
Veh No: 43C6237E	E-mail (within Shrs, AIC	2hrs)	
D.O.A: 1/10/18-20:30	i-Motor Claim Form		
OD (TP)' Reporting Only	i-Motor W/O (Within:	OD 2hrs, TP 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Re Ass't Report by Fax / I	· · · · · · · · · · · · · · · · · · ·	
Preferred Wksp / INC Assign Wksp / QW: (	Ass t Report by Pax / I		Fax:
TP Particulars: Veh No: 604	4544 I	NC( )/Non-INC( )	rax.
Owner / Driver: (	03.001	Tel:	
Policy No: ( ) Pe	eriod: (	) Cover Type: (	
Confirmed by : (	Date:	Time:	<u> </u>
		I: 0-20%; P: 21-79%. F: 80-	100%]
	Warranty: YES ( )/NO		
The state of the s	000()/\$2,000()		
General Remarks	The source of th		NAME OF STREET
	A CHARLEST SERVICE	past Toxini de de la	West States
( ) Walk-13 Customer's into	mation strictly Confidentia	& Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insure	er URGENTLY.		1980 - 19 - 1985 - 1985 - 1985 - 1985 198
Drive-In ( )/ Towed-In ( ); Invoice	:: YES( ) / NO(	); Towing Co: (	. )
Remarks:- (INC horline: 6788 6616)	CONTRACTOR SERVICES AND CONTRACTOR OF THE PROPERTY OF THE PROP	Date&Time Completed	Done by
<ol> <li>Apply for Transport Allowance ( )/C</li> </ol>	100 mm (m. 150 mm) 45		
77 - PPS to Transport Allowance ( )/C	Courtesy Car ( )	and the same of th	
2) QC Check / Post Repair Inspection	Ourtesy Car ( )		
	( )		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3	( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	( )		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions	( ) 000] ( ) Inveice	Preparation Checklist.	Ant (S) Ant (fit Bill Add B
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions	( ) 000] ( ) Invoice	cident Reporting (\$30);	fûBiji Add B
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  JAU 6446  stimant's Particulars:-	Invoice  1) AR: Ac 2) DA: Da 3) TF: To	cident Reporting (\$30); mege Assessment (\$100); INC (\$8 wing Fee \$40	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  JAUTO 6446  alimant's Particulars:- iver/Owner:	Invoice  1) AR: Ac 2) DA: De 3) TF: To: 4) FT: Fol	cident Reporting (\$30); mege Assessment (\$100); INC (\$50); wing Fee \$40 low-Through Survey	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  JANO 6446  alimant's Particulars:- iver/Owner:	Invoice  1) AR: Ac 2) DA: Dc 3) TF: To: 4) FT: Fol 5) FT: Ful	cident Reporting (\$30); mege Assessment (\$100); INC (\$8 wing Fee \$40	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  JAUFO 6446  atimant's Particulars:- iver/Owner:  ntact No:	Invoice  1) AR: As 2) DA: Ds 3) TF: To 4) FT: Fol 5) FT: Ful For clair 6) TR: Re 7) N1: Ida	cident Reporting (\$30); mege Assessment (\$100); INC (\$8 wing Fee \$40 low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2005 inspection c DA + SMRT Survey	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  JAUPO 6/46  Stimant's Particulars:- iver/Owner:  ntact No:  maged Portion:  Checked by (Engr-In-Charge):  ditors' Comments:-	( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	cident Reporting (\$30); mege Assessment (\$100); INC (\$8 wing Fee \$40 low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2005 inspection c DA + SMRT Survey additional Services:- urlesy Car / Tpt Allowance pair Co-ordination	FABill   Add B
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions	( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	cident Reporting (\$30); mage Assessment (\$100); INC (\$8 wing Fee \$40 low-Through Survey low-Through Survey (Resurvey) mine against INC Only (wef 10 Jan 2005 inspection a DA + SMRT Survey Additional Services:  cartesy Car / Tpt Allowance pair Co-ordination at Repair Inspection / Collect Excess Coordination ): TP (Non INC) against INC the Mobile	FABill   Add B

## 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.

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
AND THE REPORT OF THE PARTY OF THE PARTY.	ACCIDENT STATEMENT
Date Of Report	09/10/2018 13:48
Date Of Accident	05/10/2018 20:30
Exact Location Of Accident	BELILIOS LANE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC6237E
Insured/Policyholder	
Name Of Registered Owner	M/S STAR ROSE CON & ENG PTE LTD
Co Reg No	201230080G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96839045
Alternative Phone No	OFFICE-96839045
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD
Exact Purpose for which vehicle was being used at time of accident	WORKING

time of accident Are you claiming under your own insurance policy

for repair to your vehicle?

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

DMCVSN1517001803 Policy Number

Cover Note Number

Driver

Name of Driver RENGAN BOSE NRIC No S7581846G Date Of Birth 15/03/1975 Occupation OUTDOOR Date Of Driving Pass 07/06/1997

**Driving Experience** 21 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96839045

Fax Number

Contact Number OFFICE-96839045

EMail Address NOEMAIL Address

12 BELILIOS LANE

Postcode

219957

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

n

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ROCHOR NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 11 KAMPONG KAPOR ROAD, POSTCODE: 208678, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2949999 - FAX NO: 63918583

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181009/2006.

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

GBA6566R

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

## 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
- 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.

Date & Time:

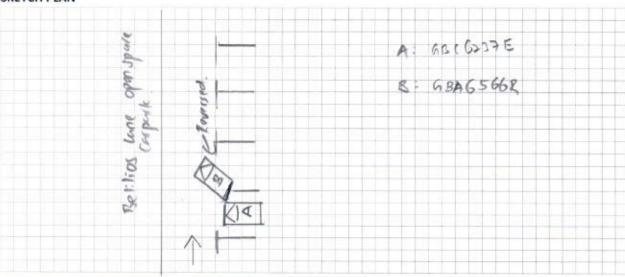
Policyholder's Signature Date & Time:

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature





# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

softer to	potice report	-7   2018 1000   2006.	
	1		

# 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.:



2

# ACCIDENT STATEMENT

ACCIDENT DATE: 5 /12 / 17 )(D	D/MM/YYYY), TIME:( > : > .)(HH:MM)
LOCATION: Delition lane	
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: MSC 6)	37E
b)INSURANCE COMPANY:	
C)POLICY NUMBER:	
d)POLICY TYPE: (COMPREHENSIVE	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	THE WHILE IN THE WHILE IN
f)TYPE:(SALOON / COUPE / MPV /	VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE /	COMMERCIAL / MOTORCYCLEL
THE WE USE OF USING AT ACCIDEN	IT TIME:
i) ARE YOU CLAIMING UNDER YOU	OWN INCIDANCE IVES INDI
IF NO, PLEASE STATE (THIRD PART)	CLAIM / REPORTING ONLY
2. INSURED / POLICY HOLDER	
A)NAME:	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT: 96839 045
c)ADDRESS:	
* CONTINUE TO 3 4 15 DDD 150	
* CONTINUE TO 3.d IF DRIVER ALSO PRIVER  DRIVER	POLICY HOLDER
(Including dia ) a) NAME: 2 mgm Bose	
care in a contract of the cont	(MALE / FEMALE)
	C219957) CONTACT: 96839045
STATE OF THE STATE	CZ[-1/31/
*d)DATE OF BIRTH: ( 15/3 /16	NDD/MM/VVVVI
e)OCCUPATION: (INDOOR / OUTD)	DORI
f) YEARS OF DRIVING EXPRERIENCE:	The second secon
4. WAS DRIVER AN EMPLOYEE OF T	HE INSURED'S COMPANY? (FE) (6)
IF NO, RELATIONSHIP OF THE DR	IVER WITH INCLIDED.
5. G) WEATHER CONDITION: (CI KAP / R	AINING / OTHERS
DIROAD SURFACE: (ORY / WET / OT)	HERS
O. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO	
IF YES, PLEASE STATE WHICH POLIC	E STATION:
Me of passenger a) VEHICLE NUMBER: GBA 6566	Will produce out
Indian I DEIVERS NAME: VIDA 0300	RMODEL:
C) NRIC/FIN/PASSPORT	
Induding driver) b) DRIVER'S NAME:  ( ) NRIC/FIN/PASSPORT:  9. THIRD PARTY VEHICLE	CONTACT:
THE PARTY OF THE PER	
No of passanger d) VEHICLE NUMBER:	MODEL:
Induding driver ) DRIVER'S NAME:	
Induding driver f) DRIVER'S NAME:	CONTACT:
	*

email =

far -

VIDEO =





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

Report No. T/20181009/2006

	 ACCIDENT

	e Report M		Vide Report No.:	Station Dialy 100		
Informar	t's Particu	lars	是是一种政府是法院的政府是有自然的			
Name of	Informant:		Address: 12 BELILIOS LANE SINGAPO	RE 219957		
RENGAN BOSE ID Type / ID No.: NRIC NO / S7581846G		16G	Contact No.: Home/Office:	Mobile: 96839045		
Nationali INDIAN	-		Email:			
Sex: Male	Age:	Date of Birth: 15/03/1975	Type of Informant: Vehicle Owner	LO S-J Nomo:		
Race: Indian Occupation:			Language:	Institution / School Name:		
			Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/10/2018 20:30	Type of Location Car Park	
Weather:		Road Surface:	R	oad Speed Limit:	
Cloudy Traffic Flow: One Way		Traffic Control: Not Controlled	N	raffic Volume: loderate	
Type of Collis	sion: cle Against - Parked \	/ehicle	а	inyone conveyed by imbulance:	

Details of V	ehicle Invo	lved	Marin Monay No. 50	State State of		
Vehicle No.	A SPECIAL PROPERTY OF THE PARTY	Make	Model	Color	Condition	No of Passenger
GBA6566R						0
GBC6237E	Lorry	San Maria				0



Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999



2 of 3

Report No. T/20181009/2006

CONTINUATION OF REPORT

# Brief Details.

On 4/10/2018 at about 2300hrs I had parked my lorry vehicle(GBC6237E) at the carpark of Belilios Lane carpark lot on the left side of lot 33. This carpark lot is located just outside of my shop.

However, on 5/10/2018 at about 2030hrs one member of public came to my shop and informed me that another lorry(GBA6566R,V2) had hit unto my lorry while trying to park unto carpark lot 33.

I went out to my vehicle however the lorry driver of V2 was not around anymore and V2 was parked beside my lorry. As I had no one manning my shop, I did not wait until V2's driver came back, I took down

My lorry sustained scratches and dent on driver side door, the window of my driver door was also unable to be wind down due to the damage. I do not know who is the driver of V2. That is all.



Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

T/20181009/2006

3 of 3

Report No. T/20181009/2006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

Sgt 2 BENEDICT KOH HAO

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP/GIA/ Staff Sgt WONG SIEU LUI Contact No.: 65476151

Authentication Stamp

St 12

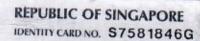
Singapore Police Force

Signature Of Informant:

Date/Time:

09/10/2018 01:13

Classification Of Case:







RENGAN BOSE

ரெங்கன் போஸ்

INDIAN Opto of Bern 15-03-1975

INDIA

Scx M



Uconce Number: \$7581846G

Name:

RENGAN BOSE

Birth Date: 15 Mar 1975

Issue Date: 14 Apr 2003

# YOU ARE LICENSED TO DRIVE VITTO LAS IN THE FOLLOW OF CLASS(ES)

PASS DATE

Class 3

Motorcycles not exceeding 200 cc Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms Licence No: S7581846G

NP 428A



CERTIFICATE No.

1. Index Mark and Registration

Number of Vehicle

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

Co. Reg. No. 200208384E

MZ300/C R SN AN0495A Cov.Type: C

MOTOR COMMERCIAL VEHICLE

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)

DMCVSN1517001803

GBC6237E

**ORIGINAL** 

Engine No :ZD30323945K

ChaNo: JN1SC2F24Z0855073

AUTOSAFE

-----

2. 1	Name of Policy Holder	M/S STAR ROSE COM	N & ENG	PTE LTD	
	Effective date of the Commencement of Insurance for the purposes of the Regulatio Ordinance or Enactment	29 April 2	2018		
4. 1	Date of Expiry of Insurance	28 April 2	2019		
5. 1	Persons or Classes of Persons entitled to d	five"			
1	Any person who is driving on	the Policyholder's	s order	or with their permi	ssion.
1	Provided that the person driv regulations to drive the Moto Court of Law or by reason of	r Vehicle or has b	been so	permitted and is no	nsing or other laws or t disqualified by order of a rom driving the Motor Vehicle.
6. Li	mitations as to use.*				
1	<ol> <li>Use in connection with th</li> <li>Use for the carriage of p</li> <li>Policyholder's business.</li> </ol>	assengers (other t	than for		connection with the
	(3) Use for social, domestic The Policy does not cover.	or pleasure purpos	ses.		
	(1) Use for hire or reward or	racing, pace-maki	ing, re	liability trial or s	peed testing.
					chanically propelled vehicle.
ŀ	HIRE PURCHASE CO. : TAN CHONG	CREDIT PTE LTD AS	5 HP OW	NER	
	<ul> <li>Limitations rendered inoperati and Section 95 of the Road Tran</li> </ul>	ve by Section 8 of the Manager	Motor Vel sia), are r	hicles (Third-Party Risks a not to be included under the	nd Compensation) Act (Chapter 189) ase headings.
	I/We hereby Certification of the Motor Vehice Transport Act, 1987 (Malaysi	les (Third-Party Risk	which	this Certificate relates compensation) Act (Cha	is issued in accordance with the pter 189) and Part IV of the Road
	Please see reverse			For CHI	NA TAIPING INSURANCE (SINGAPORE) PT
ed B	LIM LEE CHOO				Ginn