NATIONAL Assessment Centr	e Services part savos.	the state of the s	1
Date In: 20/11/18 14:19	Jeb description	Date &Time Completed	Done by
Ref No. NAI C72 180 209561 44.	SAS c-filing		
Vch No: YP 49455	E-mail (white this, AIC 2hrs)		
D.OA 19/11/18 11:20.	I-Motor Claim Form	U)	
The second secon	1-Motor W/O (Within: OD 2)	his, TP 4hix)	
D 1P / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Profested Wksp / INC Assign Wksp / QW; (Parties and the Control of the Contr	Tol: Fa	ox:)
TP Particulars: Veh No: G	BB 1180 Y INC	()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Per	iod: (Cover Type: ()
Confirmed by : (. Date:	Time:)
Insured/Driver Liability: (%) [1	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-10	00%] -
The state of the s	Varranty: YES ()/NO ()	
Execss: (\$) Loading: \$1,00	THE RESERVE OF THE PROPERTY OF THE PARTY OF	on manual of the contract of	Mahirim
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() Walk-In Cuscomer : Customer's Infor	mation strictly Confidential & S	strictly NO refer of repairer.	
() Total Loss Case : to e-mall Insure			
Drive-In ()/ Towed-In (); Invoice:		Towing Co: (,
Remarks: (18/2/00/00/2007/98/6616))		Dites Limit Completed (in the Done by
1) Apply for Transfort Allowance ()/Co	ourtesy Car ()	77	
2) QC Check / Post Repair Inspection	()		
 Upload Resurvey Photo [Repair Cost > \$30 	000] ()		
Injurý:			
Date Const. (Actions 1997)	g dependence version street de la gran		Charles State of Party of the Control of the Contro
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river/Owner:	4) FT : Follow-	Through Survey 51	30
ontact No:	Por claiming.	atainst ING Only (wof 10 Jan 2005)	
amäged Portion:	6) TR: Re-inspe	eution	60
	8) NTUC Addit	ional Services:-	
Checked by (Engr-In-Charge):	OD: *N5: Courtor	A C'93 L The Little of Cale and Control of Control	\$5
CONTRACTOR OF THE PROPERTY OF THE ACTION OF THE PROPERTY OF TH	*NG: Repair (Cu-ordination	525
uditors Comments :	電影製SES電影で計 'NB: DV/Ce	ellect Excess Coordination	33 (20)
L. L.	TP (N11) : T 9) N12: Idae M	obile	30
2/3;	Involce dated	Fee Charged	CAMPACITAN
	Involce dated	Les Outilités	

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

建设有数据表现的行动和全线	ACCIDENT STATEMENT
Date Of Report	20/11/2018 14:19
Date Of Accident	19/11/2018 11:20
Exact Location Of Accident	KJE TWDS TUAS
Country/State of Loss	SINGAPORE
Company of the Company of D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP4945S
Insured/Policyholder	
Name Of Registered Owner	M/S MENTAL LINK HARDWARE PTE LTD
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62692238
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER
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?	YES
If No, Please state action to be taken	
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	DMCVSN3094151700
Cover Note Number	*
Driver	
Name of Driver	TAN CHUNG ENG
NRIC No	S6905691A
Date Of Birth	27/02/1969
Occupation	OUTDOOR
Date Of Driving Pass	20/11/1986
Driving Experience	31 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96328989
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 66 CHESTNUT AVE #23-12

Postcode 679520

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 - 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

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

COMMERCIAL VEHICLE

NO

NO

NO

YES

NO

GBB1180Y

1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 13

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.

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				-
		KJE TOWARDS	โนคร	
A) Ab 4,	9458			7-1-1-1-1
B) G8B	1180Y	ADIBD		
DESCRIBE CIRCUI	MSTANCES OF THE ACCIDE	ENT		
0.	19/11/18 at a	bout 11:30 am.	L was	driving along
KZE to	wards Tuas.	Vehicle B	infront	su fo
suddenly	Stope I	immediately	brake	but etill
hit ih	rear.			
7	o injury in	unluxal.		
	7 1			

DECLARATION

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

Policyholter's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

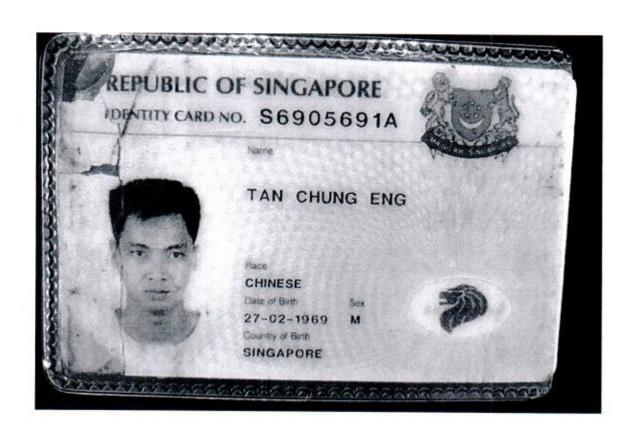
Reporting Centre Personnel's Signature Name:

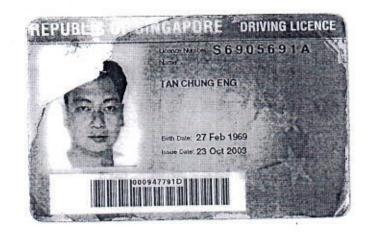
NRIC/FIN No .:

PLEASE COMPLETE FORM IN FULL.

Date of Accident Accident Time	:	19/11/2018 11:20 AM			
Accident Place	:	KJE TOWARDS TUAS			
Vehicle Reg. No. Vehicle Make/Model	:	49452 No. of Passengers (Including Driver):			
Insurance Company Policy Number:	:	CHINA TAI PING MS SPORE P.L.			
Name of Owner	:	METAL LINK HARDWARE P. L. ICNO .: 300714513E			
Contact No. of Owner	*:	6369 238 (HP) (ALT No.) → MANDATORY			
Name of Driver	:	TAN CHUNG ENG IC No.: 96905691 A			
Contact No. of Driver	: 9	(ALT No.) → MANDATORY			
Driver's Date of Birth	1:	57.03.1969 Driver's License Pass Date: 16.08.1993			
Relationship bet. Owner & Driver	ï	Spouse \ Father \ Mother \ Son \ Daughter or Others: ELDLOYEE			
Driver's Address	:	66 CHESTNUT AVE # 23-15 (S) 679520			
Occupation	:	Indoor \ Outdoor (e.g.Indoor: work in a building)			
Fax No. \ Email Add	:	metallink @ singnet. com. og			
Weather &					
Road Surface	:	Cler Raining Wet Dry			
Reporting Type	:	Reporting Only \ Claiming Other Party \ Claim wn Ins.			
Was there any video Exact purpose for wh	capture ich vehi	l by car camera: Yes \ No cle was being used at the time of accident: Private \ Official			
	Oth	er Party Driver's Particulars (if any)			
Vehicle Reg. No. :G	BBII	80 Y Vehicle Reg. No.:			
Vehicle Make \ Model		Vehicle Make \ Model :			
Name DRIVER :					
IC no. DRIVER :	1.5	IC no. DRIVER :			
DRIVER'S contact & a					







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

PASS DATE

Class 3

Motor Cars and Motor-Tractors the weight of which unladen does not exceed 2500 kilograms. Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms. Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms.

20 Nov 1986

25 Aug 1990

16 Aug 1993



中国太平保险(新加坡)有限公司

M2100/C N SK ANDZIGA CONFREHENSIVE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Third-Party Roks) Rules, 1959 (Malaysia)

Engine No (49100)6980 Changis No. PERSIEAZIOSE DMCVSN3094151700

CERTIFICATE NO.

1. Index Mark and Registration Number of Vehicle

2. Name of Policy Holder

3. Effective date of the Commence the purposes of the Regulations, Ordinance or Enactment.

4. Date of Expliny of Incurance

N/S METAL LINE BARDWARE FTE LTD

8 DMCVSN 3094151700

27 DECEMBER 2018

YPAPANE.

Persons of Classes of Persons entitled to drive *

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S CROER OR WITH THEIR PERHISSION

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OF CTREE LAWS OR A COURT OF LAW OF MY REACTIONS OF ARE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISCOLLIFIED BY ONDER OF A COURT OF LAW OF MY REACTIONS OR REDCLATION IN THAT BEHALF WEOM DRIVING THE HOTOR VEHICLE

5. Limitations as to use: "

(1) USE IN COMMECTION WITH THE POLICYHOLDER'S BOSINESS.
(2) USE FOR THE CARRIAGE OF MASSEMBERS (OTHER THOM FOR HIRE OR REWARD) IN COMMECTION WITH THE POLICYHOLDER'S BUSINESS.

(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.

THE POLICY BORN BOT COVER.

(1) USE FOR RIRE OF FEMARO OF RACING, PACE-MAKING, RELIABILITY TRIAL OF SPEED TESTING.

(2) USE MELLOT DRAWING A TRAILES EXCEPT THE TONING OF ANY CHE DISABLED MECRAPICALLY EMOPPLIED VEHICLE.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Fishs 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 (Theis-Party Rosks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Melaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Countersigned By

Authorised Signatory

MAMA

3 Anson Road #16-00 Springleaf Tower Singapore 879909 Tel: 6389-6311 Fax: 6225-3592 Website: www.sg.cutsiping.com



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

3 Anson Road #16-00 Springled Tower Singapore 079909 To: 6389 6111 Fins: 6822 1033 Website: www.ng.ortoping.com Cu: Reg. No. 2002083846

ORIGINAL

THE SCHEDULE

Agency	AN0216A	Class of Policy	MOTOR COMME	ERCIAL VEHICLE	Polic	y Number		DMCVSN3094151700	
Account	AN0216A	Issued on	08/12/2017	in SINGAPORE					
Client	3201675	Acceptance Date	08/12/2017						
Period o	f Insuranc	e from 28/12/2017	to 27/12/20	018 , both dates	inclusive				
Insured'	s Name		METAL LINK	HARDWARE PTE LTD)				
Address.	Address.	[
			SHINGDA BUI	LDING					
			SINGAPORE 7	28660					
Business	Occupa	HARDWARE CO							
Windscreen @ S Promotion Disc NCD Protector		Base Annual Prem	ium		S\$1,869.60				
		To Claim Discount20.00%		\$\$373.92-					
		Windscreen 8 \$2,000			\$\$100.00				
					s\$200.00-	ē.			
		NCD Protector			\$\$80.00				
		Total Annual Pres	mium		\$\$1,475.68	Premium	Due	\$\$1,475.6	
						Premium	GST	S\$103.3	
						Total Du	ie	\$\$1,578.9	
Risk No. 001		MOTOR COMMERCIAL							
05.1.35233900		ORIGINAL REGISTRATION DATE: 28-12-2016		28-12-2016					
1. Registration YP4945S			Make/Model						
		Comprehensive		No. of seats	2	Body Typ	e	. LORRY	
		4P10C36980 FEB21EA21028		Capacity cc's	0	Yr of Ma	nuf/Reg	gn 2016/2016	
				Tonnage	2.72	Certific	ate Ref	f. MZ300/C	
Sum	Insured1	Market value at the	he time of 1	oss					

The following clauses and endorsements apply to this policy Subject to Endts. 2, Y, 25, 57, 72 & W(\$2,000/-).

Excess Sect I

EX ON WINDSCREEN

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of S\$2,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 66 years old and above (Age as at Date of Accident).

8\$550.00

\$\$100.00

Once this \$\$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.

MODIFIED VEHICLES (FOR COMMERCIAL VEHICLES/BUSES/RENTAL VEHICLES)

It is hereby declared and agreed that the Company shall not be liable for any claims under SECTION I or II or both if the vehicle has been modified without prior notice/declaration to the Company.

Subject otherwise to the terms, exceptions and conditions of the Policy.

MEMORANDUM : CONDITION NO. 4 - NOTIFICATION OF ACCIDENTS

It is hereby noted and agreed that Condition No. 4 of the Policy is amended to read as follows:-

Continued on page 2

Pay 408 124 568