NATIONAL Assessment Centi	Jeb description		Date & Time Completed	Done b	y.
Date In: 11/19 - 11:25	SAS e-filing				
Ref No: HA GAZ19000671/24	E-mail (within St	irs AIC 2hrs)			148
Veh No: GOH857A	i-Motor Claim				
D.O.A: 11/19-11:00			TP 4hrs)		
OD (TP)' Reporting Only	i-Motor W/O		, / P 4015)		
	i-Photo Uploa	198	-		
TP Insurer:	Assessment/Sur				
Tr insurer.	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (- Hans at the second consistence		Tel: Fax:		
TP Particulars: Veh No: SLK	618T	INC (
Owner / Driver: (Tel:		
Policy No: () P	eriod: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)			0%; P: 21-79%. P: 80-100	%)	
Year of Registration: ()	Warranty: YES ()/NO()		
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) Walk-In Customer: Customer's in		ifidential & St	nctly NO rater of reparter.	w .	
) Total Loss Case : to e-mail Insu	L. C. SERVICE SCHOOL SERVICES			<u> </u>)
Drive-In ()/ Towed-In (); Invoi	ce: YES () / N	0();1	owing Co: (,
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	Done	by
) Apply for Transport Allowance ()/	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()	<u> </u>			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			
Injury:					74-947706024T
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	-				
		- SUPERIOR STATE			
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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

ACCIDENT STATEMENT
11/01/2019 11:25
10/01/2019 11:00
NEWTON CIRCUS
SINGAPORE
DETAILS OF OWN VEHICLE
GBH857D
RGB COLOR PTE LTD
198201419K
NOEMAIL
OFFICE-89999999
ТОУОТА
DYNA 150 5MT
COMMERCIAL USE
NO
THIRD PARTY
COMMERCIAL VEHICLE
GREAT AMERICAN INSURANCE COMPANY
COMPREHENSIVE
NO
MOMVC000007538-00-000

Passport No/FIN F8404929T Date Of Birth 04/12/1980 Occupation OUTDOOR Date Of Driving Pass 31/03/2009

Driving Experience 9 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94844920

Fax Number

Contact Number OFFICE-94844920

EMail Address NOEMAIL Address

BLK 622 BEDOK RESERVOIR ROAD

#09-1502

Postcode

470622

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 (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

YES

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)

3

Passenger 1

NAME:

: TANG HAI JIAN

GENDER:

: MALE

Passenger 2

NAME:

: JIA WEI

GENDER:

: MALE

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

REFER TO 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

SLK618T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SARAH TAN LAY KEONG

NRIC/Passport Number

S1780020E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN CHEE KEONG

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? GBH857D
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name TANG HAI JIAN

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? GBH857D

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance? Address

Postcode

DETAILS OF INJURED PERSON 3

Name JIA WEI

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? GBH857D

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

NO

Address Postcode

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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.:

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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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre. Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability,
- 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 traffic police department for investigation.

Water restain 10 10 2000 17 19	ACCIDENT DETAILS	THE RESERVE OF THE PARTY OF THE
Date of accident	10/01/19	(DD/MM/YY)
Time of accident	1100	(HH:MM)
Exact location of accident	Newton etter circus	

DESCRIPTION OF CHARGO	DE	AILS OF	VEHICLE
Vehicle registration number		GBH	8570
Vehicle make and model	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T	systa Pyna
Type of vehicle	Saloon 🗷		CRV D Van D Others:
Vehicle category	Private 🗆	Comm	erclal d Motorcycle 🗆
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes Third part cla	No e	If no, please select: Reporting only a

是在对对对对自己。1000年以	INSURANCE INI	ORMATION	计划包据据的 数
Insurance company	ઉત્તર	at American Mourance	
Policy number	nom	NVC000007538-00-00	,0
Type of policy	Comprehensive >	Third party fire & theft	TP only [

Name	RGB	color	PTE	170	Male 🗆	Female
NRIC / Fin / Passport number						
Contact						
Address						

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name	lan the keony Male or Female o					
NRIC / Fin / Passport number	F8404929T)					
Contact	94844920					
Address	BIK 622 Bedsk reservoir ROOK #89-1502					
Email address						
Date of birth	04/21/06					
Occupation	Indoor Outdoor					
Driving date pass	31103 2009					

	ENERAL IN	DRMATION C	F THE ACCIDENT	LALLES TO BE SHOWN
A CONTRACTOR OF THE PROPERTY O	Yes			
Was driver an amployee of	16 no rola	lonship of the	driver and insured:	
the insurad's company?	Yes D	No E		
Accident captured by camera?	Clear 🗹	Raining 🗆	Others:	10
Weather condition	1	Wet	O CITO O	
Road surface	Dry			(Inclusive of driver)
No of passenger		3		
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Was other vehicle damaged?	Yes z	No 🗆		
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Vehicle registration number	SLICE'S
Vehicle make model	- 1 10 K0000
Name	Sarah Ten Lay keeng
NRIC / Fin / Passport number	2(1800500
Contact	
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Vehicle registration number	
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Name	
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Vehicle registration number	
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Vehicle registration number	
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Name	
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WORK PERMIT

Employment of Foreign Menpower Act (Chapter 91A) Republic of Singapore

Employer RGB COLOR PTE LTD

Sector: MANUFACTURING



Name TAN CHEE KEONG Occupation DISPLAY ARTIST

Work Permit No. 4 00428905

11-11-2015

16-11-2017 Date of Expiry 03-12-2019



L8448292



VISIT PASS Immigration Regulations

YAN CHEE KEONG



Date of Buth Ser 04-12-1980 M

MALA YEIAN

F8404929T 16-17-2017 Date of Expiry 03-12-2019



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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 31 Mar 2009 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg





GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M903700817 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third0Party Risks and Compensation)Rules, 1960 - Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy Details

Certificate Number

MOMVC000007538-00-000

Cover

Commercial Vehicle (Comprehensive)

Policyholder Name

RGB Color Pte Ltd

Chassis Number

JTFAT35Y50K209547

NCD Entitlement

Nil

Engine Number

: 1KD2765798

Hire Purchase

HITACHI CAPITAL ASIA PACIFIC PTE, LTD.

Registration Number

: GBH857D

Period of Insurance

: From 12/01/2018 (00:00) To 11/01/2019 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

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 or so has been Vehicle 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

Limitations as to Use

- Use in connection with Policyholder's business
- b) Use for carriage of passengers (other than for hire and reward) in conection with the Policyholder's business This Policy does not cover:
- Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- * 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

Excess (Section 1)

SGD 600.00

Excess (Section 2)

N/A

Windscreen Excess

SGD 100.00

ADDITIONAL EXCESS

Please refer overleaf

Driver Details

Named Driver 01

Any persons who is driving on the policyholder's order or with their permission

Name of Intermediary

OKI

Date of Issue

16/01/2018

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company

Authorised Signatory

mlow