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	Assessment/Sur				
TP Insurer:			Owner/Wksp	30 000	-
Profurred Wksp / INC Assign Wksp / QW: (MACHINE THE PARTY OF THE	Telt	Fax:)
TP Particulars: Veh No: YM	56X7X.	, INC(.)/Non-INC()	
Owner / Driver: (200		Tel:)
Policy No: () Peri	od: ()	Cover Type: ()
Confirmed by : (Date:	Times)
Insured/Driver Liability: (%) [N	ote-Est. Status (V	70): N: 0-2	0%; P: 21-79%. I	2: 80-100%	<u> </u>
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1) Apply for Transport Allowance ()/Co	ourtesy Car ()			
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3) Upload Resurvey Photo [Repair Cost>\$30	000] () : .	<u> </u>		
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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		
Date Of Report	16/03/2019 12:54		
Date Of Accident	12/10/2018 09:15		
Exact Location Of Accident	ALONG PIE TOWARDS TUAS		
Country/State of Loss	SINGAPORE		
D	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBF7093E		
Insured/Policyholder			
Name Of Registered Owner	MAINLAND ENGINEERING PTE LTD		
Co Reg No	200204229D		
Email Address	TAY08323@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-93892951		
Alternative Phone No	OFFICE-93892951		
Vehicle Particulars	PARTY OF THE PARTY		
Manufacturer	ТОУОТА		
Model	HIACE		
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES		
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	TOKIO MARINE INSURANCE SINGAPORE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	19-MT001028-R01		
Cover Note Number			
Driver			
Name of Driver	KAW THIAM WAH		
NRIC No	S7387766J		

Date Of Birth 12/09/1973 Occupation OUTDOOR Date Of Driving Pass 17/03/2010 **Driving Experience**

8 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93892951

Fax Number

Contact Number OFFICE-93892951

EMail Address TAY08323@GMAIL.COM Address BLK 533 BEDOK NORTH STREET 3

#06-752

Postcode 460533

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 SIDE SWIPE

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?

NO

Was any injured conveyed to hospital by

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)

2

Passenger 1

ambulance?

NAME:

: COLLEQUE

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

PLEASE REFER TO SKETCH PLAN

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

YM5687X

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

BRAR SUKHJIVAN SINGH

NRIC/Passport Number

G6952522P

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 15

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.

MAINLAND ENGINEERING PTE, LTD 2 SIMS SE #02-02 GEMINIO SIMS INGAPORE 387298 TEL 6548 1131 FAX: 6648 1221-245

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	HONEY PIR	VOUARD TUB	3	
144.			[8-> -	
			AN	
	(A)	9BF 7093E Ym 5687X		
	8)	Ym 5687X		
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ON 12/10/	ros an about	CSILSAM, I WA	8 TRAVELLANK	Acons P
1 LOUN	TUBS & WAS	GNI FYTRAMA	RIGHHAT WANK	, SUDDIFILL
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		every respect.		1 1
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e & Time 6848 11	PORE 387298 Driver's Sig 31 FAX: 6848 11@fdriver is	gnature	Reporting Centre Perso	nnel's Signature
HIERONIA SECON	Date & Tim	not the policyholder)	Name:	ILI MOUTO

ACCIDENT STATEMENT

ACCIDENT DATE: 12 10 20 8)(DD/MM/YYY	Y), TIME: () (HH:MM)
LOCATION: DWING PIE TOWARD A	100
COCATION. 18 VOLUME (II) (COMPANY)	цр
1. DETAILS OF VEHICLE	
alvehicle NUMBER: GBF 7093F	53 = 1/1
DINSURANCE COMPANY: YOKU WASCI	uh
CIPOLICY NUMBER: 19-M7001028-RO	
d)POUCY TYPE: (COMPREHENSIVE / THIRD PA	
OMAKE & MODEL: 10 YOUR HIACK	KIT / THIRD PARTY FIRE &THEFT)
1)TYPE: (SALOON / COUPE / MPV (VAN / LORE	Y LHOTOROVOLE LOTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERC	MOTORCTELE / OTHERS)
h)PURPOSE OF USING AT ACCIDENT TIME:	ALT MOTORCYCLES
I) ARE YOU CLAIMING UNDER YOUR OWN INSU	DANCE WES MICH
IF NO, PLEASE STATE (THIRD PARTY CLAIM / RI	EBOBLING ONLY
2. INSURED / POLICY HOLDER	CONTING ONET
AINAME: MATINIAND ENGINHERING	PIC (MALE / FEMALE)
b)NRIC/FIN/PASSPORT: 200201290	CONTACT:
c)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	DLDER
Who of passange, DRIVER Chow Thor WAY	
(Including disease) alname: No 14/101- WOH	(MALE / FEMALE)
C) O/MAC/FIN/FASSPORT:	CONTACT: 48075
c)ADDRESS:	
"d) DATE OF BIRTH: (12 /0) / 1973 1(DD/A	ALA MOVOUS
e)OCCUPATION: (INDOOR / OUTDOOR)	am/TTTT)
FIDATE DEDRIVING PASC 17/03/3	- 010x
4. WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANYZ (VES (MO)
IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED:
5. a) WEATHER CONDITION: [CLEAR / RAINING / C	THERS
DIROAD SURFACE: (DRY / WET / OTHERS	i de
6. WAS ANYBODY INJURED (YES / NO)	,
7. a) REPORTED TO POLICE (YES / NO)	50.02
IF YES, PLEASE STATE WHICH POLICE STATION:	- *
8 THIRD DARTY VEHICLE	
Me of passenger of VEHICLE NUMBER: W 5687X	MODEL;
Including driver) b) DRIVER'S NAME: BROK SUFFIJIVAN	SAUGH
() NRIC/FIN/PASSPORT: 9 1102522 P	_CONTACT:
the of passanger of Delver's NAME	_MODEL: "
Industrial Action (6) DRIVER'S NAME	16.8
() NRIC/FIN/PASSPORT:	_CONTACT::

email = fantay tay 08323 @guad. con









