NATIONAL Assessment C	entre Services	feet 1 Jan'05] MH	PHICOPIA		
Date In: 17/4/19-14:14	Jeb description		Date &Time Completed	Doi	ie by
Ref No: 44/17214006878724	SAS e-filing				
Veh No: GOES 496C	E-mail (within 8	hrs, AIC 2hrs)			
D.O.A: 16/4/19-11:32	i-Motor Clair	Form			
OD / TP / Reporting Only	l-Motor W/O	(Within: OD 2hrs,	rP 4hrs)		
tapat [iiig 9 iiiy	i-Photo Uplos				
TP Insurer:	Assessment/Sur	vey Report			
	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	l: (Tel: F	ax:	
	1BE 686 U	, INC ()/Non-INC()	-	
Owner / Driver: (Tel:)	
Policy No: (Period: () (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W	O): N: 0-20%	6; P: 21-79%. P: 80-1	00%]	
Year of Registration: () Warranty: YES ()/NO()			
	\$1,000 ()/\$2,000 ()			
General Remarks:-				35.	
() Walk-In Customer: Customer's	s information strictly Conf	idential & Stric	ly NO refer of repairer.	76.0	ent
() Total Loss Case : to e-mail In	surer URGENTLY.		*	-	
Drive-In ()/ Towed-In (); In	voice: YES () / NO) () : Toy	ring Co: (
Remarks: (INC hodine: 6788 661			Date&Time Completed	Done	by
Apply for Transport Allowance (QC Check / Post Repair Inspection)/Courtesy Car ()				
Upload Resurvey Photo [Repair Cost	()				
PROPERTY AND ADDRESS OF THE PARTY OF THE PAR	> \$3000] ()			-	
Injurý:					
Date/Time Actions			e in Adams of	Yang Sarah	- C
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MAI 90 28 ዓ 6 alimant's Particulars :-	1) 2)		orting (\$30);	fa Bill	A
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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.
- 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,		
White the second second	ACCIDENT STATEMENT	0.0020
Date Of Report	17/04/2019 14:54	
Date Of Accident	16/04/2019 11:30	
Exact Location Of Accident	YISHUN AVE 6	
Country/State of Loss	SINGAPORE	
in the state of th	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE5476C	
Insured/Policyholder		
Name Of Registered Owner	M/S SPAN COATINGS	
Co Reg No	53380550C	
Email Address	NOEMAIL	

Mobile Phone No.

Alternative Phone No. OFFICE-68443329

Vehicle Particulars

Manufacturer NISSAN

Model CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5

Exact Purpose for which vehicle was being used at

time of accident

WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken REPORTING ONLY 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 DMCVSN3002711900

Cover Note Number

Driver

Name of Driver YEO KIM LENG NRIC No S1299338B Date Of Birth 08/09/1958 Occupation OUTDOOR Date Of Driving Pass 15/09/1978

Driving Experience 40 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98537199

Fax Number

Contact Number OFFICE-98537199

EMail Address NOEMAIL

BLK 418 WODDLANDS STREET 41 Address

#09-119

730418

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

Postcode

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

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, AS TRAFFIC LIGHT WAS GREEN ARROW, I DID NOT NOTICED THAT VEHICLE B WAS IN STATIONARY POSITION. AS A RESULT, MY VEHICLE 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE6861S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE Name of Driver

NRIC/Passport Number F7784512R

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MANICKAM PILLAI SELVAM

Page 2 of 11

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)
 - (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.
- 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 Signatur Date & Time:

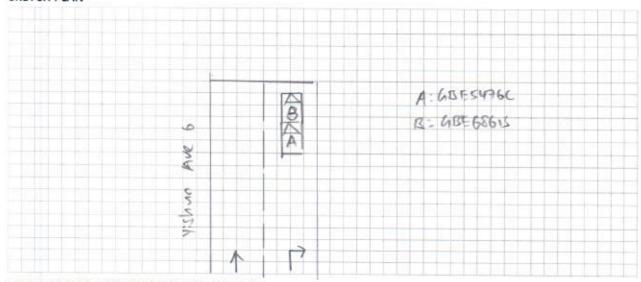
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Perso 's Signature Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

peter	to	statement.				
			_/			
				171		

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

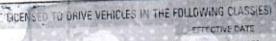
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



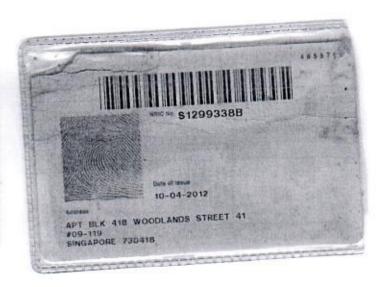




Motor Cars=<3000kg with =<7 passengers, exclusive 15 Sep 1978 of the driver; and other meter vehicles =< 2500kg



NP 428A





中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

M2300/c N SN AN0420A COMPRESENSIVE

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.

DMCVEN3002711900

Engine No : ZD30007525N

Chassis No: JN1SC2F24Z0858041

-dex Mark and Registration

Number of Vehicle

GBE5476C

2. Name of Policy Holder

M/S SPAN COATINGS

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

07 JANUARY 2019 (08:54 HOURS) 10 JANUARY 2020 4. Date of Expiry of Insurance

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 VEHICLE OR HAS BEEN SO 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.

6 Limitations as to use: *

THE USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

1) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE

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

THE POLICY DOES NOT COVER.

(1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.

12) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE

HIRE FURCHASE CO. : GF MOTOR TRADING ENTERPRISE AS HP 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/Wo horaby Cartis	
The release Certification to the service of the ser	
I/We hereby Certify (half) the desired to which this Certificate re (Third-Party Risks and Cotal ensalion) (AVChapter 189) and Part IV of	Hates is issued in accordance with the provisions of the Motor Vehicles the Road Transport Act, 1987 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

- 'unlersigned By:

Authorised Officer

Authorised Signatory