NATIONAL Assessment Centre Services. feet 1 Jan'031 MNA 119054849 Done by Date In: Date & Time Completed Job description 29 14 119 11:12 Ref No! SAS c-filling MAI CTZ 19007463/14 Veh No: E-mail (within this, AIC 2hrs) GBA 8675X D.O.A I-Motor Claim Form 2614/19 10:30. I-Motor W/O (Winin: OD 2hrs, TP 4brs) OD / TP / Poorung Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: ( TP Particulars: Veh No: INC ( )/Non-INC ( 1138 H. Owner / Driver: ( Tcl: Policy No: ( Period: ( Cover Type: ( Confirmed by : ( Time: Dates Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: ( Warranty: YES ( )/NO( Execus: (S Loading: \$1,000 ( )/\$2,000 ( Goueral Romanikas in a manager ) Walk-In Customer's Customer's Information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mall Insurer URGENTLY. Drive-In ( )/Towed-in ( ); Invoice: YES ( ) ; Towing Co: ( Cambrels: - Cinc manner 6700 go 1508 1) Apply for Transport Allowance ( )/ Courtesy Car ( 2) QC Check / Post Repair Inspection .) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Dute Line / Action MA1903195 Chimanna Particulars is 1) AR 1 Analdent Reporting (530); INC (\$40) 2) DA : Damege Assessment (\$100); \$40/\$4. 3) TI' t Towing Pee Driver/Owner: 4) FT : Pollow-Through Survey 5) PT : Pollow-Through Burvey (Resurvey) Contact No: Por plaining against INC Only (wof 10 Jan 2003) 6) TR: Re-Inspection Damaged Portion: 7) NI I Idao DA + SMICT Survey 3160 8) NTUC Additional Services:-OD:
\*N5: Countery Cer / Tpt Allowenus QC Checked by (Engr-In-Charge): \* NG: Repair Co-redination 510 \* N7; Post Repair Inspection \$25 \*Na: DV / Collect Excess Coordination 33 TE (NII): TP (Kim INC) against INC \$20 9) N17: Idao Mobile 14 2/3: Fee Charges Involve dated MARKET N Involce dated Fee Charged

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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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.
- 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

With the contract the cold and the	ACCIDENT STATEMENT
Date Of Report	29/04/2019 11:12
Date Of Accident	26/04/2019 10:30
Exact Location Of Accident	31 SIGLAP HILL RD CARPARK
Country/State of Loss	SINGAPORE
Day of the	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA8675X
Insured/Policyholder	
Name Of Registered Owner	RED SWIFT VAN
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92235056
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	EXPERT
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3059621801
Cover Note Number	•
Driver	
Name of Driver	KWAN WEI CHERN (GUAN WEIJING)
NRIC No	S7932599F
Date Of Birth	19/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	05/03/1999
Driving Experience	20 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92235056
Fax Number	
Contact Number	

NOEMAIL

BLK 310A PUNGGOL WALK #11-508 Address

821310 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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 NO COLLISION Weather Conditions AFTER RAINED

WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle)

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) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

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

I RECEIVED A CALL ON 27 APRIL, THE CALLER CLAIMS I HAD HIT ONTO HIS VEH ON 26 APRIL AT 31 SIGLAP HILL RD CARPARK, I WAS WENT TO THE SAY PLACE ON THE STATED DATE BUT I CANNOT RECALL THE INCIDENT, BECAUSE I NEVER FELT ANY IMPACT OR FOUND ANY DAMAGE ON MY VEH, THE CALLER MENTIONED HIS CAR CAMERA HAVE CAPTURE THE INCIDENT.

### Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SCZ1138H

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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.
- 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:

ROC

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Unable		
to		
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## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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**DECLARATION** 

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

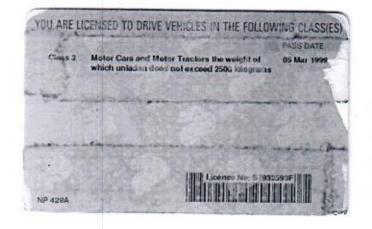
Policyholder signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:











# 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 AN0132A Cov.Type: F

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

otor 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) Motor Vel

**ORIGINAL** 

CERTIFICATE No.

DMCVSN3059621801

Engine No :10DYUL4040633 Chano:VF3XURHKH64075873

1. Index Mark and Registration

GBA8675X

Number of Vehicle

2. Name of Policy Holder

RED SWIFT VAN

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

12 October 2018

4. Date of Expiry of Insurance

11 October 2019

5. 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:\*
  - (1) Use in connection with the Policyholder's business.
  - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
  - (3) Use for social, domestic or pleasure purposes.

The Policy does not cover.

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing,
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : LAKE VIEW CREDIT PTE LTD 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/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles Whird-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: \_\_\_\_LAKE-VIEW\_(USED\_CARS)\_TRADING Authorised Officer

Authorised Signatory