NATIONAL Assessment Cont.	re Services (per 12/75)			
Date In: 06/05/19	Jeb description	Date &Tune Completed	Done	ру
Ref No NA/CTI 19007878/13	SAS e-filing			-
Veh No GBJ20415	E-mail (within 8hrs, AEC 2hrs)	•		
DOA 04/05/19 1345				
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD (IP) Reporting Only i-Photo Uploaded				17970 ·
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:		
TP Particulars: Veh No:	B 1443692 INC ()/Non-INC ()		11-2-51
Owner / Driver: (Tel:)	
	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-100	%]	opinioesac
	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,0	000 () / \$2,000 ()			
General Remarks:-		And the same of the	ile .	
() Walk-In Customer: Customer's info	ormation strictly Confidential & S	trictly NO rafer of repairer.		
() Total Loss Case : to e-mail Insur	rer URGENTLY.	THE RESERVE THE PARTY OF THE PA		
Drive-In () / Towed-In (); Invoic		Fowing Co. (1
		- y		
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by
	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()		57060	
Injury:	P			
Date/Time Actions				-
Date Time Actions			March Services	ogeli neg
	The country of the co		1 /	123.76
NA1803375	Invoice Pre	eparation Checklist	Amit (S)	Amt (\$)
laimant's Particulars :-	1) AR : Acciden	The state of the s		
2) DA : Damage Assessment (\$100); INC (\$80) Driver/Owner: 3) TF : Towing Fee \$40/\$45				
4) FT : Follow-Through Survey \$120				
ontact No:	For claiming	against INC Only (wef 10 Jan 2005)		
amaged Portion:	6) TR : Re-inspe	section \$75 + SMRT Survey \$160	-	
	8) NTUC Additi	The state of the s		
C Checked by (Engr-In-Charge):	OD* *N5: Courtes	y Car / Tpt Allowance \$5		
	*N6: Repair C	Co-ordination \$10		
uditors' Comments :-		pair Inspection \$25 ollect Excess Coordination \$5	-	
at. 1:		The Care of Contamination 32		
	in terrestriction for the second of the seco	P (Non INC) against INC \$20		
it. 2 / 3;	TP (N11): TI 9) N12: Idac Mc [nvoice date]	The state of the s		

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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	06/05/2019 09:44
Date Of Accident	04/05/2019 13:45
Exact Location Of Accident	MANDAI AVE TWDS MANDAI RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ2041S
Insured/Policyholder	
Name Of Registered Owner	MR GOLD TAT LEE PTE.LTD
Co Reg No	Acceptance of the property of the control of the co
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68464168
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE
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	THIRD PARTY
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	DMCVSN3008931900
Cover Note Number	

Dilvei	
Name of Driver	KANG MENG HWEE(JIANG MINGHUI)
NRIC No	S7000203E
Date Of Birth	09/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1995
Driving Experience	23 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92375395

Fax Number Contact Number

EMail Address NOEMAIL Address BLK 18D CIRCUIT RD

#13-228

Postcode 374018

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

8

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

3

involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?
Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190504/2122

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

TRAFFIC POLICE HAS SEEN THE VIDEO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

BHA3692

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

PHAN KIAN MENG

NRIC/Passport Number

4 06735567

Contact Number

97748537/96167688

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJR9172P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

NRIC/Passport Number

Contact Number

Name of Driver

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:
 - (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
- (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.

GOLDDITATLLEELPTELLTD

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.:

DECLARATION TO THE TOTAL PROPERTY OF THE PROPE

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

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

06/05/19

Name:

NRIC/FIN No .:





1 of 3

Report No. T/20190504/2122

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	e/Time Report Made: 05/2019 18:38		Vide Report No.: L/20190504/0116	Station Diary No.:	
Informa	nt's Partic	ulars	AND SERVED SEAL PROPERTY.		
Name of Informant: KANG MENG HWEE			Address: APT BLK 18D CIRCUIT ROAD #13-228 MACPHERSON RESIDENCY SINGAPORE 374018		
ID Type / ID No.: NRIC NO / S7000203E		03E	Contact No.: Home/Office:	Mobile: 92375395	
Nationality: SINGAPORE CITIZEN		EN	Email: jasonkang228@gmail.com		
Sex: Male	Age: 49	Date of Birth: 09/01/1970	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Van driver			Driving Licence Information Class: 2B.3.4	Date of Expiry:	

	mation of the Accident	15:1	10.5	1
Type of Accident:	Non-Injury Attended by Police	e Drink Date/Time of Accident: No 04/05/2019 13:45		Type of Locatio Straight Road
Location:				
MANDAI AVE	ENUE			
COOK The section for the second contract the	TWDS MANDAI ROAD			18
MANDAI AVE Weather:		Road Surface:		Road Speed Limit:
Weather:		Road Surface:		Road Speed Limit:
- Council Charge San Charles Inches Labor Technique		Control of the Contro		
Weather: Clear		Dry		Road Speed Limit: Traffic Volume: Light
Weather: Clear		Dry Traffic Control:		Traffic Volume:
Weather: Clear Traffic Flow: Type of Collis		Dry Traffic Control: Not Controlled		Traffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
BHA3692	Car					0
GBJ2041S	Van	TOYOTA	HIACE DX 2.8 AUTO	Silver		0
SJR9172P	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	White		0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190504/2122

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS TRAVELLING ALONG LANE 1/3 OF MANDAI AVE TOWARDS MANDAI ROAD WHEN THE CARS IN FRONT OF ME SUDDENLY BRAKED CAUSING ME TO BRAKE TOO, AND SUDDENLY I THEN FELT AN IMPACT ON MY REAR. I THEN MAKE A CHECKED AND REALISED THAT A MALAYSIAN VEHICLE COLLIDED INTO MY VEHICLE REAR PORTION. AFTER THE COLLUSION, BOTH OF US GET OUT OF OUR VEHICLE, AND WE SAW A TRAFFIC POLICE CAME TO ATTEND OUR INCIDENT. WHILE TRAFFIC POLICE IS ATTENDING TO OUR CASE, SUDDENLY WE HEARD A IMPACT AGAIN AND REALISED THAT THERE'S ANOTHER VEHICLE THAT COLLIDED INTO THE MALAYSIAN VEHICLE AND AFTERWHICH THE VEHICLE SWORE FORWARD AND COLLIDED INTO MY VEHICLE REAR PORTION AGAIN.

THAT'S ALL.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20190504/2122

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / TONG HWEE SIONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/05/2019 18:38
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case: SINGAPORE POLICE FORE
Authentication Stamp NP168 Signature:	











中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ300/C N SN AN0671A COMPREHENSIVE AUTOSAFE

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)

ERTIFICATE NO.

DMCVSN3008931900

Engine No : 1GD8343671

Chassis No: GDH2012003374

Index Mark and Registration Number of Vehicle

GBJ2041S

Name of Policy Holder

MR GOLD TAT LEF PTE. LTD.

· Effective date of the Commencement of Insurance for

29 JANUARY 2019

EX SECT. I

he purposes of the Regulations, Onlinance or Enactment

(09:56 HOURS)

EX ON WINDSCREEN

28 JANUARY 2020

Date of Expiry of Insurance

. Porsons 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 LOTHER 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.

*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 (Third-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.

Countersigned By:

Authorised Officer

LIFA 2018010582

Authorised Signatory