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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 compenies 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.
- 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.
- 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.

ROUGH STREET	ACCIDENT STATEMENT
Date Of Report	13/05/2019 20:30
Date Of Accident	10/05/2019 22:25
Exact Location Of Accident	BT TIMAH OUTSIDE THE NEXUS CONDO A/F BUS STOP
Country/State of Loss	SINGAPORE
The state of the party of the p	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ2466A
Insured/Policyholder	
Name Of Registered Owner	FASTRAG SERVICES
Co Reg No	53372832X
Email Address	ALVINTANSM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92218155
Alternative Phone No	OFFICE-92218155
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	REGIUS ACE-3.0 GL (A)
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	DMCVSN3016681900
Cover Note Number	
Driver	
Name of Driver	TAN SHIUAN MENG, ALVIN
NRIC No	S9444525F
Date Of Birth	27/11/1994

 NRIC No
 S9444525F

 Date Of Birth
 27/11/1994

 Occupation
 OUTDOOR

 Date Of Driving Pass
 31/03/2015

Driving Experience 4 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92218155

Fax Number

Contact Number OTHERS-92218155

EMail Address ALVINTANSM@GMAIL.COM

Address

BLK 9 JALAN RUMAH TINGGI

#15-459

Postcode

150009

Was driver an employee of the Insured's Company YES

was driver an employee of the insured's company of

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?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

YES

NO 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TIONG BAHRU NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2739999 - FAX NO: 62785651

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190511/2084

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBG5996H

Vehicle Make/Model/Colour

TOYOTA HIACE

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

GOH CHIN KEONG

NRIC/Passport Number

\$75108861

Contact Number

91943577

Address

Postcode

Insurance Company Name

Page 2 of 20

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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's

Name:

NRIC/FIN No.

SKETCH PLAN	ALONG	BUKN	Loury	LOAD	emside	HEYUC	(orl
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GIARLIC SketchPlanForm_V3





Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

1 of 4 Report No. T/20190511/2084

Tel No: 1800-2739999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2019 14:14		//ade:	Vide Report No.:	Station Diary No.: 28	
Informa	nt's Partic	ulars			
Name of	Informant: IUAN MEN	(a serioser	Address: APT BLK 618 ANG MO KIO A SINGAPORE 560618	AVENUE 4 #06-1055	
	/ ID No.: D / S94445	25F	Contact No.: Home/Office: Mobile: 92218155		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 24	Date of Birth: 27/11/1994	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: DELIVERY DRIVER		₹	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 10/05/2019 22:25	Type of Location Straight Road
Location: Along Road 1 BUKIT TIMAH Outside The N Weather:	ROAD Jexus Condo, After B	us Stop (B42041) Road Surface:		and Canad Link
Clear		Dry	K	oad Speed Limit:
Traffic Flow: Traffic Control: One Way Not Controlled Type of Collision:				-ff- \/.
One Way		Not Controlled	N	affic Volume: o Traffic

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG5996H	Van	ТОУОТА	HIACE	Blue	Slightly Damaged	0
GBJ2466A	Van	ТОУОТА	REGIUS ACE	Black	Slightly Damaged	0

STEEL STATE OF STATE
Use of Pedestrian Crossing: NA





2 of 4

Report No. T/20190511/2084

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

CONTINUATION OF REPORT

Driver						
Name	GOH CHIN KEONG			ID No	P.	S7510886I
Related Vehicle	GBG5996H (Van)			Conta	ct No.	91943577
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	scharge NIL		
No. of Days gran	of Days granted Medical Leave NIL			Degree of Injury NIL		
Driver						
Name	TAN SHIUAN MENG, ALVIN			ID No	į.	S9444525F
Related Vehicle	GBJ2466A (Van)			Conta	ct No.	92218155
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o			

Brief Details.

On 10/05/2019 at about 2225hrs, I was travelling along Bukit Timah Road towards Clementi Road. I was driving on the second lane from the left, on the left side of the road divider. While I was outside The Nexus condo and after the bus stop (Bus Stop No.: B42041), there was a blue van (GBG5996H) driving on the right side of the road, on the right side of the road divider. There was an exit filter road along the road divider and the exit is for the left side of the road to the right side of the road. The van travelled from the right side of road and went into the left side of the road. As I could not brake in time, I hit onto the left side of the van.

Subsequently, both of us alighted from our vehicle and exchanged our particulars. He told me that he will pay for the damages on my van privately.

On 11/05/2019 at about 0900hrs, I went to checked the damages on the van and I told him about it. He then told me that I can just proceed to inform my insurance about the matter.

I wish to inform that the front right of my van had dents and scratches while his van has dents and scratches above the rear left wheel.

I wish to further inform that the van ignored the sign as the exit filter was only for exiting from the left side of the road to the right side of the road.

My van has a working in-car camera and it managed to capture the footage of the accident.





3 of 4

Report No. T/20190511/2084

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128 Tel No: 1800-2739999

CONTINUATION OF REPORT





4 of 4

Report No. T/20190511/2084

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

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: A / Sgt 2 LEOW JUN CONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/05/2019 14:14
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

· CI / I/C / INS CART

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Ť	DETAILS OF VE	HICLE		
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177		COMPANY:	hing Taiping	
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2.,	INSURED / POL	Fast Rag Ses	ivien	(AAALE (EEMALE)
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	c) ADDRESS:	1301 OK1		
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-17	C) ADDRESS: D	III / Jakon /	און עלבויון מאנייווי	12- 131 -(190954)
	*d)DATE OF BIF	TH: (27 / 11	1 1994 1(DD/N	AM/YYYY)
+0	e)OCCUPATIO			
	1) DATE OF DR		31/03/15	6
4.		AN EMPLOYEE		D'S COMPANY? (YES / NO)
			HE DRIVER WITH	
5.			AR / RAINING / C	OTHERS
- 2	b)ROAD SURFA	CE: (DEX / WE	(VO)	
7	WAS ANYBODY a)REPORTED TO	POLICE INES	(80)	TANKS TO THE STATE OF THE STATE
4.1		the state of the s	POLICE STATION:	Tiony Bahns NPP
8.	THIRD PARTY VE	HICLE		With the state of
No of passenger	a) VEHICLE N	4 17	G 5996 H	MODEL: HIACE
Including driver)	b) DRIVER'S N	NAME: Goh	Chin keong	054164
()		ASSPORT:S	75 10 886 I	_CONTACT: 91943577
	THIRD PARTY VE			W. V. de W. Carlos
tho of passenger	d) VEHICLE N			_MODEL:
Induding driver)	e) DRIVER'S N	PASSPORT:		CONTACT:
()	IJ IAKIO/FIN/F	ASSFORT:		_CONTACT:
		30		

email = alvintaism @gmail.com VIDEO REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9444525F





TAN SHIUAN MENG, ALVIN

陈 宣 Rese CHINESE

Date of birth 27-11-1994 Country/Place of birth SINGAPORE



5787758





03-08-2017

APT BLK 618 ANG MO KIO AVENUE 4 #06-1055 SINGAPORE 560618



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

EFFECTIVE DATE

Class 3 Motor care with unladen weight =< 3000kg with =< 7 31 Mar 2015 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

N SN AN0652A 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)

CERTIFICATE No.

DMCVSN3016681900

Engine No : 1GD8341358

Chassis No: GDH2011014542

1. Index Mark and Registration. Number of Vehicle

GBJ2466A

2. Name of Policy Holder

M/S FASTRAQ SERVICES

3. Effective date of the Commencement of insurance for he purposes of the Regulations, Ordinance or Enactment

04 MARCH 2019 (14:11 HOURS) 4. Date of Expiry of Insurance

03 MARCH 2020

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.

3. 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. : TOKYO CENTURY LEASING (S) PTE LTD AS HP OWNER

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compansation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Maleysia), 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:

horised Officer

20180

Authorised Signatory