the part of their : MWA119073837 Done by Date & Time Completed Ass't Report by Fax / Hand to Owner/Wkon Fax)/Non-INC (Cover Type: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Walle-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

 QC Check / Post Repair Inspection .) 1) Upload Resurvey Photo [Repair Cost > \$3000] Injury :

NATIONAL Assessment Centre Services. per min.

616/19 17:05

GBJ 5825 C

416119

" Preparing Only

referred Wissp / BIC Assign Wissp / GW: (

)/ Towed-In (

1) Apply for Transfort Allowance (

Confirmed by : (

Insured/Driver Liability: (

Year of Registration: (

MAI CTZ190 11003/14.

17:45.

Veh No:

) Total Loss Case : to e-mail Insurer URGENTLY.

Commerce of the Committee of the Commerce of t

Loading : \$1,000 (

Goudeal Religion bears & State of the State

); Invoice: YES (

) / Courtesy Car (

Jeb description

SAS c-filling

E-mail (within 5hrs, AIC 2hrs)

Assessment/Survey Report

1-Motor W/O (Within: OD Thu, TP 4hrs)

Dates

)/NO(

INC (

Tcl:

) ; Towing Co: (

Fee Charged

I-Motor Claim Porm

I-Photo Uploaded

SHC 3263C.

Warranty: YES (

)/\$2,000 (

) / NO (

Period: (

Date In

P Particulars:

Policy No: (

Hacess: (5)

Drive-In (

Chyner / Driver:

MA1904212 1) All I Annident Reporting (530); Chamant's Particulars 5.00 INC (\$50) 2) DA 1 Damege Assetsment (\$100); 240/245 Driver/Owner: 1) Tr t Towing Pee 4) FT : Follow-Through Survey \$120 5) PT : Pollow-Through Burvey (Resurvey) 230 Compact No: Per staining at a lust INC Only (well 10 Jan 2005) 6) TR : Re-inspection Damaged Portion: 7) NI : Idao DA + SMICT Survey \$160 8) NTUC Additional Servicesi-OIL:
*NS: Courtery Car / Tpt Allowance OC Checked by (Engr-In-Charge): 55 . No: Repair Co-ordination \$23 *N7; Post Repair Impention Auditors Comments *NS: DV / Collect Ilxuess Coordination 23 TP (NII): TP (Non INC) against INC 9) NIII: Idao Mobile \$20 Fee Churged Involve dated

Involce dated

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 <u>truthful and accurate</u> 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

AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	ACCIDENT STATEMENT
Date Of Report	06/06/2019 17:05
Date Of Accident	04/06/2019 17:45
Exact Location Of Accident	TAMPINES RD OUTSIDE MASJID EN-NAEEM
Country/State of Loss	SINGAPORE
for the state of t	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ5825C
Insured/Policyholder	
Name Of Registered Owner	M/S LK TAN AIR-CONDITIONING SERVICE
Co Reg No	Section 2017 representation of the control of the c
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96816404
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	DMCVSN1923751900
Cover Note Number	3
Driver	
Name of Driver	TAN LAY KOON (CHEN LAIKUN)
NRIC No	S7508910D
Date Of Birth	30/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1997
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96816404
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 334C ANCHORVALE CRES #16-10 Postcode 543334 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured OWNER 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) 2 involved in the accident 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) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **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 ATTACHED STATEMENT. 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 SHC3263C Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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>.
- 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.
- 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: 1

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

TCH PLAN		
& A everseol		A: GBJ S825 C B: SHC 3263 C.
CRIBE CIRCUMSTANCES	Tompines Rof.	
Pleme	Refer to	Statement
declarente foregoing partic	culars are true in every respect.	prod
holder's Signature & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMO Sketchronecover VI

D

I WAS DRIVING ALONG TAMPINES RD ON THE EXTREME LEFT LANE, WHILE APPROACHING ENTRANCE OF MASJID EN-NAEEM, MY VEH WAS STATIONARY DUE TO TRAFFIC CONGESTED, SUDDENLY VEH B (BEARING NO SHC3263C) REVERSING OUT FROM THE SAID MASJID AND HIT ONTO MY VEH LEFT REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 4 / 6 / 19.)(DD/MN	M/YYYY), TIME:(17 : 45)(HH:MM)
LOCATION: Tampines Rol Aft	er June Houggang Ave :
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: GBJ 58	×25c
b)INSURANCE COMPANY: CTZ	
C)POLICY NUMBER:	
d)POLICY TYPE: (COMPREHENSIVE / THIR	
e)MAKE & MODEL:	TO PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /VAN /	LODBY (MOTOROVO) - 1
g) VEHICLE CATEGORY: (PRIVATE / COM/	MERCIAL (MOTORCYCLE / OTHERS)
h) PURPOSE OF USING AT ACCIDENT TIME	E. Marking
I) ARE YOU CLAIMING UNDER YOUR OWN	N INSTRANCE IVES INC.
IF NO, PLEASE STATE (THIRD PARTY CLAI	M / REPORTING ONLY
2. INSURED / POLICY HOLDER	
A)NAME: M/S LK Tan Air-Cond	Service .
57 MG7 M7 A55 OK1	CONTACT: 96 81 64 94
C)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER
Ho of passing DRIVER	
(Including driver) a)NAME: Tan Lay Koon.	(MALE / FEMALE)
() C)ADDRESS:	CONTACT:
C/ADDRESS,	
"d)DATE OF BIRTH: (/)	
e)OCCUPATION: (INDOOR / OUTDOOR)	(DD/MM/YYYY)
f) YEARS OF DRIVING EXPRERIENCE:	010 11000
4. WAS DRIVER AN EMPLOYEE OF THE IN	1997
IF NO, RELATIONSHIP OF THE DRIVER	SURED'S COMPANY? (YES / NO)
5. G)WEATHER CONDITION: (CLEAR / RAININ	WITH INSURED: Owner.
DINOAD SURFACE: (DRY WET / OTHERS	13 / OTHERS
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATE	TION:
A Me of passenger of VEHICLE NUMBER: SHC 3263	MODEL:
- MEHATING Chiver) D) DRIVER'S NAME:	
C) NRIC/FIN/PASSPORT:	CONTACT:
7. IFIKU PARIY VEHICLE	
THO OF PASSENGER OF DRIVER'S NAME.	MODEL:
Indudica deliver DRIVER'S NAME:	
(Industing driver) f) DRIVER'S NAME:	CONTACT:
100 E	
10.2	Ĩ
2 2	100
vorting police Report (mail =	
fax =	š:
VIDEO = NO	







SINGAPORE POLICE FORCE

SAFEGUARDING EVERY DAY

Private & Confidential

TAN LAY KOON

APT BLK 334C ANCHORVALE CRES #16-10 SINGAPORE 543334

> SINGAPORE 408865 SINGAPORE POLICE FORCE www.police.gov.sg 10, UBI AVENUE 3 TRAFFIC POLICE Tel: 65470000

working days from the date of application at Traffic Police at the time of application unless you made a special request to collect licence by registered post within 10 to 14 You will receive your photocard driving

of your photocard driving licence You can drive while awaiting the delivery

Please turn overleaf for important notes

S7508910D

(3)

C001491121

06/06/2019

(Please do not detach)



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

MZ300/CE SN AN0650A Cov. Type: C

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.

DMCVSN1923751900

Engine No :1KD2857251

Chassis No: JTFHT02P400249218

 Index Mark and Registration Number of Vehicle

GBJ5825C

2. Name of Policy Holder

M/S LK TAN AIR-CONDITIONING SERVICE

 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (11:04 HOURS)

30 MAY 2019

EXCESS SECT I EX ON WINDSCREENs\$100.00

Date of Expiry of Insurance

29 MAY 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.

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. : UNITED OVERSEAS BANK LIMITED 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 (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse

> Elaine Lee 97489011

Countersigned By:

Authorised Officer

Authorised Signatory

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.