	Centre Services	4211				
Date In 12/06/2019	7:02 Job description		Date & Time Comple	ted	Done b	Ņ.
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VehNo XE5888L		na Slars, ATC 2lars,				
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		Survey Report	ar and a second			
TP Insurer		by Fax / Hand	to Owner/Wksp			100
Preferred Wksp / INC Assign Wksp /			Tel:	Fax:		
TP Particulars: Veh ?	A = =	7 Q INC)/Non-INC ()		
Owner / Driver: (Tel:)	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est Status	(WO): N: 0-2	0%; P: 21-79%. F:	80-100%]	
Year of Registration: () Warranty: YES ()/NO()	THE VAN HE		
Excess: (\$) Load	ing:\$1,000()/\$2,00	00()				
General Remarks:-			Madania.		A BETTAL	
() Walk-In Customer : Custo	mer's information strictly (Confidential & S	trictly NO refer of repa	irer.		===16= Gen=1/(=:iii==1)
() Total Loss Case : to e-m	ail Insurer URGENTLY	'.			A STATE OF THE STA	A STATE OF THE STATE OF
Drive-In () / Towed-In (; Invoice: YES () /	NO();	Towing Co. ()
Remarks:- (INC horline: 678)	8 6616)	2018 S (2018) - 10 P	Date&Time Comple	343	Done	bu
1) Apply for Transport Allowance	THE PROPERTY OF SHAPE OF STATE	<u> </u>	Date& Time Compile	Str	Done	uy
2) QC Check / Post Repair Inspecti		1				·
3) Upload Resurvey Photo [Repair)				
and the second s						
futum .	- 24-12-4 - 17-11 - 22-2 - 11-12 - 24-12-2					
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Injury: Date/Time Actions				11,77,177		
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Date/Time Actions	A1904274	Invoice Pr	eparation Checklist		Anit (5)	Amt (\$) Add Bill
Date/Time Actions		1) AR : Accide	nt Reporting (\$30);	NC (\$80)	655000000	
Date/Time Actions Claimant's Particulars:		1) AR : Accide 2) DA : Damag 3) TF : Towing	nt Reporting (\$30); e Assessment (\$100); 1 Fee	NC (\$80) \$40/\$45	655000000	
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Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No:		1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 J	\$40/\$45 \$120 \$30 an 2005)	655000000	
Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No:		1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 J	\$40/\$45 \$120 \$30	655000000	
Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	A1904274	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae D/ 8) NTUC Addi	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 J.	\$40/\$45 \$120 \$30 an 2005) \$75	655000000	
Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	A1904274	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae D/ 8) NTUC Addi OD* *N5: Courte	at Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 J. ection a + SMRT Survey tional Services:- sy Car / Tpt Allowance	\$40/\$45 \$120 \$30 an 2005) \$75 \$160	655000000	
Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC: Checked by (Engr-In-Charge	A1904274	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idac D/ 8) NTUC Addi OD* *N5: Courte *N6: Repoir	at Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jection a + SMRT Survey tional Services:-	\$40/\$45 \$120 \$30 en 2005) \$75 \$160	655000000	
Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC: Checked by (Engr-In-Charge Auditors' Comments:-	A1904274	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae D/ 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / C	at Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 J cotion A + SMRT Survey tional Services:- sy Car / Tpt Allowance Co-ordination apair Inspection ollect Excess Coordination	\$40/\$45 \$120 \$30 an 2005) \$75 \$160 \$5 \$10 \$25	655000000	
Date/Time Actions	A1904274	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae D/ 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / C	at Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 J. ection a + SMRT Survey tional Services sy Car / Tpt Allowance Co-ordination upair Inspection ollect Excess Coordination P (Non INC) against INC	\$40/\$45 \$120 \$30 an 2005) \$75 \$160 \$5 \$10 \$25 \$5 \$20 30	1st Bill	

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 12/06/2019 17:36

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 <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 aforesaid.

District Control of the Control of the	ACCIDENT STATEMENT
ate Of Report	12/06/2019 17:02
ate Of Accident	10/06/2019 19:55
xact Location Of Accident	NICOLL DR
ountry/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
ehicle Registration Number	XE5888L
nsured/Policyholder	
ame Of Registered Owner	M/S CSB LOGISTICS PTE LTD
o Reg No	251
mail Address	OPS@CHONGSENG.COM.SG
lobile Phone No	(LOCAL) +65-97510948
Iternative Phone No	OFFICE-97510948
ehicle Particulars	
lanufacturer	MERCEDES-BENZ
lodel	
xact Purpose for which vehicle was being used a me of accident	at WORK
re you claiming under your own insurance policy or repair to your vehicle?	y NO
No, Please state action to be taken	REPORTING ONLY
ehicle Category	COMMERCIAL VEHICLE
nsurance Company	
ame of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
olicy Number	DMCVSN1914751900
over Note Number	
Oriver Control of the	
ame of Driver	LIM KHOON HWEE
RIC No	S7723269I
ate Of Birth	22/08/1977
occupation	OUTDOOR
ate Of Driving Pass	01/04/2008
riving Experience	11 YEARS AND 2 MONTHS
ender	MALE
lobile Number	(LOCAL) +65-97510948
ax Number	
ontact Number	OTHERS-97510948

OPS@CHONGSENG.COM.SG

Address

2 JALAN ANAK PATONG

Postcode

489318

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

NO COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

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?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

NO

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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

GBB3767S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

- Please report <u>correctly</u> 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</u> and accurate as <u>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.
- 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)

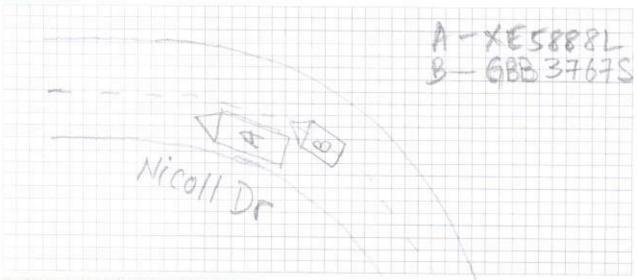
I understand, acknowledge, agree and consent that:

- (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:

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

Name: NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	Vehicle A was Driving along Nicoll Dr Leff lane of Sudden Vehicle B drive near to the back of lehicle A and hit onto the right back side of Vehicle The damage was slightly damage at the Left head Vehicle B & No Damage to Vehicle A.
00	it of Sudden Vehicle B drive near to the back of
V	The dozone was statistic do man at the last to
of	Vehicle B & No Damage to Vehicle A.

DECLARATION

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

Policyholder's Signature

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

Reporting Centre Personnel's Signature

NRIC/FIN No .:

GIANNE StreethFlank-oom VI

2











中国太平保险(新加坡)有限公司

M2301/CE - SN AN0450A Cov. Type: C 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.

DMCVSN1914751900

Engine No :470913C046559 Chassis No: WDB96340320335438

1. Index Mark and Registration Number of Vehicle

XE5888L

Name of Policy Holder

M/S CSB LOGISTICS PTE LTD

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

2 APRIL 2019

EXCESS SECT I\$1,500.00

Date of Expiry of Insurance

11 MARCH 2020

- Persons or Classes of Persons entitled to drive *
 - (1) WHILST THE VEHICLE IS BEING USED IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION.
 - (2) WHILST THE VEHICLE IS BEING USED FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES 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 POLCIY DOES NOT COVER.

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

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

(3) USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD.

HIRE PURCHASE CO. : HL BANK 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory