

18/06/2019 10:16

NA/AWA19010733/n4

GBH7726C

17/06/2019 09:30

TP Reporting

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 2hrs, AIC 2hrs)		
I-Motor Claim Form		
I-Motor W/O (within: OD 2hrs, TP 4hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/VK312		

Particulars: Vch No: **988 8241J** INC () / Non-INC ()

Driver: Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: Date: Time: ()

Insured/Driver Liability: % (Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Access (\$): Loading: \$1,000 () / \$2,000 ()

Remarks: Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Reservey Photo [Repair Cost > \$3000] ()

Driver's Name: ()

Driver's Address: ()

Driver's Phone: ()

MNA1904531

INVOICE / FEE / CHARGE	AMT (\$)	PAID (\$)
1) AIC: Accident Reporting (\$30)		30.00
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) IPT: Follow-Through Survey (Resurvey)	\$30	
Perclaiming status UNC Only (yes 10 Jan 2025)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
• NS: Courtesy Car / Tpl Allowance	\$5	
• NR: Repair Coordination	\$10	
• NI: Post Repair Inspection	\$25	
• NB: DV / Collist Excess Coordination	\$5	
TP (NI) / TP (NC) INC against INC	\$20	
9) NI: Idao Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Comments/Particulars: ()

Driver/Owner: ()

Insurance No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Auditor's Comments: ()

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 withholding 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	18/06/2019 10:16
Date Of Accident	17/06/2019 09:30
Exact Location Of Accident	KAKI BUKIT RD 1 NEAR KB INDUSTRIAL BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7726C
Insured/Policyholder	
Name Of Registered Owner	SHOWER DYNAMIC PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68440682

Vehicle Particulars

Manufacturer	FIAT
Model	-
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	BVCPSB0092891800
Cover Note Number	-

Driver

Name of Driver	TAN GEOK TEE @TAN YOKE KUAN
NRIC No	S1327713C
Date Of Birth	24/07/1958
Occupation	INDOOR
Date Of Driving Pass	01/07/1983
Driving Experience	35 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94380682
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	103 SUNBIRD RD
Postcode	487180
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	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) involved in the accident	2
Was any body injured in the Accident?	YES
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)	2
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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CCTV FROM BUILDING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB8241J
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)

DETAILS OF INJURED PERSON 1

Name	TAN GEOK TEE @TAN YOKE KUAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBH7726C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding 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. 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.
7. 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:
 - (i) 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.:

Hand-drawn map of Kaki Bukit Rd 1 showing the location of KB Industrial Building. The map includes a vertical road on the left with an upward arrow, a horizontal road at the top with a downward arrow, and a horizontal road at the bottom labeled 'Kaki Bukit Rd 1'. The KB Industrial Building is located between the top and bottom horizontal roads. Two buildings are marked with 'A' and 'B' and a small triangle icon. Building 'A' is on the left side of the road, and Building 'B' is on the right side. A curved arrow points from the bottom horizontal road towards Building 'A'.

A = GBH 7726
B = GBB 8241

Please Refer to Statement

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.:

I WAS TRAVELLING ALONG KAKI BUKIT RD 1, I SWITCH ON MY RIGHT INDICATOR TO TURNING INTO KB INDUSTRIAL BUILDING. SUDDENLY VEH B OVERTAKE MY VEH FROM THE RIGHT, AS THE RESULT, VEH B HIT ONTO MY VEH RIGHT FRONT PORTION.



ORIGINAL

MEDICAL CERTIFICATE

EMD2019117291

Name TAN GEOK TEE @TAN YOKE KUAN		NRIC No. S1327713C
This is to certify that the above-named is unfit for duty for a period of <u>2</u> days from <u>17-Jun-2019</u> to <u>18-Jun-2019</u> inclusive.		
Type of medical leave granted : <input type="checkbox"/> Hospitalization Leave <input checked="" type="checkbox"/> Outpatient Sick Leave Admitted on : _____ Discharged on : _____ <input type="checkbox"/> Maternity Leave Delivered on : _____ <input type="checkbox"/> Sterilization Leave Operated on : _____		
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u> Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 17-Jun-2019	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  DEEPAK VERMA , 62733Z

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 6 / 19) (DD/MM/YYYY), TIME: (09:30) (HH:MM)

LOCATION: Kali Bukit Rd 1 near KB Industrial Building

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 7726C
 b) INSURANCE COMPANY: AWA
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Shower Dynamic Pte Ltd. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 6844 4285
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Geok Tee. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 9438 0682
 c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: not

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
 b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 90B 8241J MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

wee hoe

Email = sdpl.mary@gmail.com

fax =

VIDEO = Yes. No.

* No of passengers
 (including driver)

(2)

/
 M.

* No of passengers
 (including driver)

()

* No of passengers
 (including driver)

()

waiting chop & CI

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1327713C



Name
TAN GEOK TEE
@TAN YOKE KUAN
陳玉治

Race
CHINESE

Date of Birth
24-07-1958

Country of Birth
SINGAPORE

Sex
F

S1327713C



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1327713C

Name
TAN GEOK TEE

Birth Date 24 Jul 1958

Issue Date 16 Apr 2004

001197523F




0312076



NRIC No. S1327713C



Blood Group B+ Date of issue 15-04-1992

103 SUNBIRD ROAD
SINGAPORE 1648

NRIC No: S1327713C Date: 26-03-1993 No: 0235454

103 Sunbird Rd
487180.


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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 01 Jul 1983

NP 428A

Licence No: S1327713C



ORIGINAL

THE SCHEDULE

Agency	B367SD2	Class of Policy	COMMERCIAL VEHICLE PLUS (SCH 1)	Policy Number BVCPSB0092891800
Account	B367SD2	Issued on 21/09/2018	in SINGAPORE BRANCH	
Client	0585923	Acceptance Date	20/09/2018		

Period of insurance from 1459 hours on 20/09/2018 to 2400 hours on 19/09/2019

Insured's Name....	SHOWER DYNAMIC PTE LTD
Address.	10 KAKI BUKIT ROAD 1
	#03-21 KB INDUSTRIAL BUILDING
	SINGAPORE 416258

Business/Occupn... GLASS & GLAZING WORKS

Premium	BASIC ANNUAL PREMIUM.....	SGD1,159.20		
	Total Annual Premium	SGD1,159.20	Premium Due	SGD1,159.20
			Premium GST	SGD81.14
			Total Due	SGD1,240.34

Risk No. 001	COMMERCIAL VEHICLE (SCH 1)	
1. Registration	GBH 7726 C	Make/Model .. FIAT FIORINO CARGO 1.3MT E6 GLAZED
Type of Cover	Comprehensive	Body Type ... VAN
Engine No. ..	225A20006489499	No. of seats 2
Chassis No. .	ZFA22500006H34011	Capacity cc's 0
Tonnage/Max..	Laden Weight (Kgs) 1700.00	Yr of Manuf/Regn 2017/2018
Attachments..	NONE	Certificate Ref. MZ300/C
Hire Purchase Owner ..	MALAYAN BANKING BERHAD	

Estimated Value MARKET VALUE WITH COE/PARF

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS RISK:

2. EXCESS - OWN DAMAGE CLAIMS
RIOT & STRIKE, FLOOD, LLP, W/S25,57,72(b),89
MEMORANDUM

1. IT IS HEREBY DECLARED AND AGREED THAT INDEMNITY PROVIDED UNDER ENDORSEMENT 89 IN THE POLICY IS DELETED AND REPLACED BY THE FOLLOWING :

BREAKAGE OF GLASS IN WINDSCREEN OR OTHER WINDOWS:

THE COMPANY WILL PAY THE REPAIR OR REPLACEMENT COST WITHOUT AFFECTING YOUR NO CLAIM DISCOUNT IN THE EVENT OF ACCIDENTAL BREAKAGE TO THE MOTOR VEHICLE WINDSCREEN OR OTHER WINDOWS IN THE MOTOR VEHICLE AND THERE IS NO OTHER DAMAGE TO THE MOTOR VEHICLE. AN EXCESS OF \$5100 IS APPLICABLE FOR EACH AND EVERY CLAIM.

IT IS A CONDITION THAT ALL REPAIRS OR REPLACEMENT TO THE ACCIDENTAL DAMAGE OF WINDSCREEN OR OTHER WINDOWS IN YOUR MOTOR CAR SHALL BE CARRIED OUT BY OUR QUALITYPLUS WORKSHOPS OR THE MANUFACTURER'S APPOINTED WORKSHOP.

2. IT IS HEREBY DECLARED AND AGREED THAT THE LIMIT OF LIABILITY PROVIDED UNDER SECTION 1-2 IN THE POLICY IS INCREASED TO S\$300.

3. IN THE EVENT OF ANY ACCIDENT INVOLVING THE MOTOR VEHICLE, IRRESPECTIVE OF WHETHER IT WOULD GIVE RISE TO A CLAIM, THE INSURED MAY CALL MARS AT 6333 2222 IMMEDIATELY OR NOT LATER THAN 24 HOURS, WHICHEVER IS MOST PRACTICABLE, TO REPORT THE ACCIDENT.

MEMORANDUM 1

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