Laporet Car. NATIONAL Assessment Centre Services. : MIMA 1190 86003 Done by Date & Time Completed Jeb description Date In: 2/7/19 14:06 Ref No. SAS c-filing MAI C72 19011676/ 44 Voh No E-mail (within Shrs, AIC 2hrs) GBA 8675X i-Motor Claim Form DOA 15 16 119 11:00. I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD TP / Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksn Fax: Proformed Wiesp / INC Assign Wiesp / QW: (IP Particulars: Veh No: INC ()/Non-INC (Wall Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: (Confirmed by : (Dates Time:) Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (Couchal Komheler & Koring a Zawa) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.)/Towed-In (Drive-In (); Invoice: YES () ; Towing Co: (Remarks: 4 (INC 1160mis 6708f616) NS 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date/Lime Actions MA1904913 1) AR : Annident Reporting (530); 2) DA : Damege Assessment (5100); Chambails Particulars INC (\$10) \$40/\$45 3) TF : Towing Pee Driver/Owner: 4) FT : Follow-Through Survey \$120 330 5) PT : Follow-Through Burvey (Resurvey) Contact No: Por glaiming against INC Only (wof 10 Jan 2005) 6) TR : Re-inspection \$75 Damaged Portion: 2160 7) NI : Idao DA + SMRT Survey 5) NTUC Additional Services:-OII: QC Checked by (Engr-In-Charge); 5 *NS: Courtery Car / Tpt Allowance 310 *No: Repair Ca-ordination \$25 * N7; Post Repair Inspection

*NS: DV / Collect Excess Coordination

TP (NII) : TP (N'in INC) against INC

9) N12: Idao Mobile Involve doted

Involce dated

31, 1:

31 2/3:

33

\$20

Fee Charged

Fee Charged

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.

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

Date Of Report 02/07/2019 14:06 Date Of Accident 15/06/2019 11:00 Exact Location Of Accident TREVISTA CONDO 25 LOR 3 TOA PAYOH Country/State of Loss SINGAPORE PETAILS OF OWN VEHICLE Vehicle Registration Number GBAB675X Insured/Policyholder Name Of Registered Owner RED SWIFT VAN CO Reg No - Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-96932262 Vehicle Particulars Manufacturer PEUGEOT Model EXPERT-2.0 D HDI (M) Exact Purpose for which vehicle was being used at time of accident time of accident time of accident to your vehicle? If No, Please state action to be taken REPORTING ONLY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Policy No DMCVSN3059621801 Cover Note Number WWAN WEI CHERN (GUAN WEIJING) NRIC No S7932599F Date Of Birth 19/10/1979 Occupation OUTDOOR Date Of Driving Pass 05/03/1999 Driving Experience Driver Drive	and the second second second	ACCIDENT STATEMENT			
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Date Of Driving Pass 05/03/1999 Driving Experience 20 YEARS AND 3 MONTHS	Date Of Birth	19/10/1979			
Driving Experience 20 YEARS AND 3 MONTHS	Occupation	OUTDOOR			
25 TEXTS AND S MONTHS	Date Of Driving Pass	05/03/1999			
The state of the s	Driving Experience	20 YEARS AND 3 MONTHS			
MALE	Gender	MALE			
Mobile Number (LOCAL) +65-96932262		(LOCAL) +65-96932262			
Fax Number	ax Number				
Contact Number	Contact Number				
EMail Address NOEMAIL	Mail Address	NOEMAIL			

Address

BLK 310A PUNGGOL WALK #11-508

Postcode

821310

OWNER

NO

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

2523

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)

1

involved in the accident

290

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

4

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

I WAS DRIVING ALONG TREVISTA CONDO (25 LOR 3 TOA PAYOH), WHILE TURNING UP TO THE MULTI STOREY CARPARK, THERE WAS ANOTHER VEH TURNING DOWN FROM THE CARPARK, THE VEH WENT INTO MY LANE, I TRY TO AVOID COLLISION WITH THE VEH THEN I SWERVED TO LEFT A BIT BUT MY VEH LEFT SIDE GRAZED ONTO THE WALL, CAUSING SOME PAINT DROP ON THE WALL.

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

Vehicle Make/Model/Colour

WALL

Details Of Properties

Vehicle Category

NA/UNKNOWN

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 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.

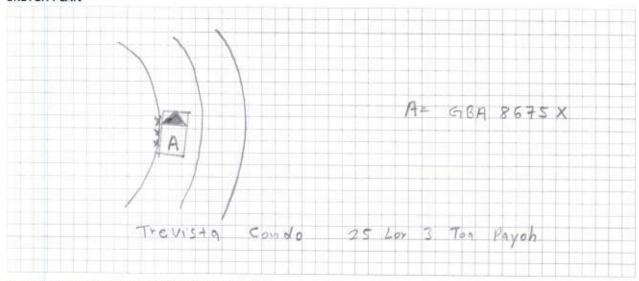
ROC: \$33671430 \rightarrow

Policyholder's Signature Date & Time: Anha

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

Please	Refer	+0	Statement
			/
		/	
		/	

DECLARATION

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

Policyholder's Signature Date & Time:

О (ROC: 53387143D)

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



KWAN WEI CHERN (GUAN WEIJING)

瑋

CHINESE

19-10-1979

Country of birth





23-12-2005

APT BLK 310A PUNGGOL WALK #11-50B SINGAPORE 821310

NRIC No: \$7932599F

Date: 15/09/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) PASS DATE

For LKK/NAC Use Only

3816251

NP 428A



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Co. Reg. No. 200208384E

MZ300/C R SN AN0132A Cov.Type: F

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMCVSN3059621801

Engine No :10DYUL4040633 Chano: VF3XURHKH64075873

Index Mark and Registration

Number of Vehicle

GBA8675X

2. Name of Policy Holder

RED SWIFT VAN

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

12 October 2018

4. Date of Expiry of Insurance

11 October 2019

5. 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.: LAKE VIEW CREDIT PTE LTD 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 (Malays)

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: _____LAKE-VIEW_(USED_CARS)_TRADING Authorised Officer

Authorised Signatory