NATIONAL Assessment Cer	tre Services	MEI 1 774,021 WIT	المراهاالم		
Date In: 26/8/14-15:23	Job description		Date & Time Completed	Done	pi.
Re[No: 44 (02/90/5029/24	SAS e-filing				
Veh No: Jepzer	E-mail (within 8	ihrs, AIC 2hrs)			
D.O.A: 51819-11:10	i-Motor Clair	n Form			
	i-Motor W/O	(Within: OD 2hrs	s, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploa	aded			
	Assessment/Su	rvey Report			
TP Insurer:	y Fax / Hand	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:			Tel: F:	ax:	CONTRACTOR OF
TP Particulars: Veh No: St	238176	. INC (	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %	) [Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: 5	\$1,000 ( )/\$2,000	( )		CHECKE TO THE	
A deposit de la cale d		24 15 40 15 15 15 15 15	487466.02.24.2.2	Latt Text to	
( ) Walk-In Customer: Customer's	information strictly Cor	nfidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Ins	surer URGENTLY.				
Drive-In ( )/ Towed-In ( ); Inv	oice: YES ( ) / N	O( );T	owing Co: (		)
Remarks; (INC hotline: 6788 6610	n v		Date&Time Completed	Done	by
1) Apply for Transport Allowance (		)			-
2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost	> \$3000] (	)	344		
Injury:				The second second	
		·	- 1. (62)	1823 B. P. J. W.	er Continue
Date/Time Actions		100000000000000000000000000000000000000	A CONTRACTOR OF THE CONTRACTOR	SEASON IN	
	- 1			W	
The second second			1.00	Anit (S)	Amt (3)
A1906417			paration Checklist	Tit Bill	Add Bill
laimant's Particulars:-		1) AR : Acciden 2) DA : Damage	t Reporting (530); Assessment (5100); INC (58	0)	
river/Owner:		3) TF : Towing I	Fee . 540	V\$45 \$120	
		4) FT : Follow-T 5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
ontact No:			seainst INC Only (wef 10 Jan 2005	\$75	
maged Portion:		6) TR : Re-inspe 7) N1 : Idao DA	+ SMRT Survey	\$160	
	4	8) NTUC Additi	onal Services:-		
Checked by (Engr-In-Charge):		*N5: Courtes	Cer / Tpt Allowance	\$5	
10 W/00 _003 8 98 30 L W 3 WW _070000 - 20 ct 100		*N6: Repair C	Co-ordination onit Inspection	\$25	
uditors' Comments :-		*N8: DV / Co	llect Excess Coordination	\$5	
_1;		TP (N11) : TI 9) N12: Idea Ma	P (Non INC) against INC	30	t i
2/3:		Invoice dated	Per Chargea		<b>油料</b>
transferonau fich		Invoice dated	Fee Charged	SECTION AND ADDRESS OF THE PARTY OF THE PART	

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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 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

aroresaid.	
	ACCIDENT STATEMENT
Date Of Report	26/08/2019 15:23
Date Of Accident	25/08/2019 23:10
Exact Location Of Accident	BLK 616 BEDOK RESERVOIR RD CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP280T
Insured/Policyholder	
Name Of Registered Owner	M/S SEOW KHIM POLYTHELENE CO PTE LTD
Co Reg No	199308593E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	VERNA 1.4M
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMPCSN6010911913
Cover Note Number	
Driver	

Name of Driver TAN LIM GEN (CHEN LINJING) NRIC No S7616904G Date Of Birth 05/06/1976 Occupation **INDOOR** Date Of Driving Pass 22/11/2011 Driving Experience 7 YEARS AND 9 MONTHS Gender MALE

Mobile Number (LOCAL) +65-81134651

Fax Number

Contact Number OFFICE-81134651

EMail Address NOEMAIL

BLK 616 BEDOK RESERVOIR ROAD Address

#11-1126 470616

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

2

NO

YES

NO

3

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1

NAME:

GENDER: : FEMALE

Passenger 2

GENDER: : FEMALE

NAME:

NO

NO

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO 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 SLQ3887G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Page 2 of 12

## 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:

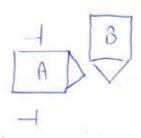
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Date & Time:

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

NRIC/FIN No .:

Reporting Centre Personner's Signature



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

- ° .						
	Personal Particulars		19			
	Date of Accident: 25 8 19 T	ime of Accident:	09 000			
	Exact Location of Accident: Bedok	4	BIK 616			
	Owner's Name: Seow Khim Rolythelese	G PL NRICNO:	HP No:			
			169046 HPNO: 8113465			
	Date of Birth: 5 6 1976 Driving Licence Passing D					
	Address: (16 Bodok Reservoir Re					
	Relationship of Driver with Insured: Dopbyce Email					
		& Model: Hyund				
	Insurance Co: China Taiping Coverage					
			12			
	*Purpose of Reporting? Own Damage Claim	1 / 3rd Party Claim / Not C	laiming, Just Reporting Only			
_	*Exact Purpose of The Vehicle Was Being U	sed At Time Of Accid	ent: Private Use / Work			
(177)	*Weather Condition? Gear / Raining / Oth	ners: W	et / 6ry / Others:			
	* Any passenger inside vehicle involved? (Y	es / No) If yes, Vehic	le No & How many pax:			
38	A: 1 +2 B. 1+	Oc:	D:			
	*Was Anybody Injured ? (Yes / No) If yes,					
	Name / NRIC / In Vehicle:					
	EV	-				
	*Was The Accident Reported To The Police					
	No O Yes, Which Police Station?	- Company				
	*Does the Driver Own Any Other Vehicle?					
-	No O Yes, Vehicle Registration No:	Insurer:				
	*Was any foreign vehicle involved? (Yes /	(o) if yes, vehicle No &	Category:			
	*Was there any video captured by Car Camera? (Yes/No)					
	Third Party Driver's Particulars					
	Vehicle 8 No: SLQ 38870 Make	& Model:				
	Driver's Name:					
	Driver's Name:					
	Witness Particulars					
	Name:	NRIC No:	HP No:			

...







MOTOR PRIVATE CAR

# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MX 4 R SN ANDORGA Cov. Type: P

PLM 322878

No. 1941 F. 1/1

ORIGINAL

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chanter 169) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980 Road Transport Act, 1987 (Malaysia) Notor Venicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSN6010911913

Engine No : C4835286109 Chano: MHCN41AR6UC07968

Index Mark and Registration

Number of Vehicle

SEPREDT

2. Name of Policy Holder

M/S SEOW RHIM POLYTRELENE CG. PTS.LTD

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

12 January 2019

4. Date of Explry of Insurance

11 January 2020

Persons or Classes of Persons entitled to drive?

Any person who is driving on the Folicyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drawe the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any ensctment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:\*

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the cerriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* 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.

Issued By

Authorised Officer

Authorised Signatory