| NATIONAL Assessment Centre Services | 141 22 03/ [0] | HAU9134956 | | | |
|--|---|---|---|----------|--|
| Date In: 111 0 19 - 14:00 Jeb descripti | on | Date &Time Completed | Done | by by | |
| Ref No: HACTLIGOTISTATY SAS e-filin | g | | | | |
| | hin Shrs, AIC 2hrs) | | | 4 | |
| | laim Form | | | | |
| i-Motor W | O (Within: OD 2h) | rs, TP 4hrs) | | | |
| OD : TP Reporting Only | loaded | | | t | |
| Assessment | Survey Report | | | | |
| TP Insurer: Ass't Repor | Ass't Report by Fax / Hand to Owner/Wksp | | | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: F | ax: | | |
| TP Particulars: Veh No. My 1777 4. | . 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%. P: 80-1 | 00%] | | |
| Year of Registration: () Warranty: YES (|)/NO(|) | | | |
| Excess: (\$) Loading: \$1,000 ()/\$2,00 | | <u> </u> | | | |
| General Remarks | (DESIGNATION OF THE SECOND | Approximation Constitution | | | |
| | | Manual State of the Control of the C | S. 60 . 50 . 50 . 50 | | |
| () Walk-In Customer: Customer's information strictly C | | rictly NO refer of repairer. | | | |
| () Total Loss Case : to e-mail Insurer URGENTLY | | | | | |
| Drive-In () / Towed-In (); Invoice: YES () / | NO(); T | owing Co: (| |) | |
| Remarks: (INC hotline: 6788 6616) | encompany of the second | | CONTRACTOR OF THE PARTY OF THE | Car fact | |
| | | Date & Time Completed | Done | by | |
| | 1 | Date&Turie Completed * | Done | by | |
| 1) Apply for Transport Allowance ()/ Courtesy Car (|) | Date&Time Completed | Done | by | |
| 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection (|) | Date&Time Completed | Done | oby | |
| 1) Apply for Transport Allowance ()/ Courtesy Car (|) | Date&Time Completed | | (by | |
| Apply for Transport Allowance () / Courtesy Car (QC Check / Post Repair Inspection (|) | Date&Time Comple of | Done | (by | |
| 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection (3) Upload Resurvey Photo [Repair Cost > \$3000] (Injury: |) | Date&Time Comple ad | Done | Sph | |
| 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection (3) Upload Resurvey Photo [Repair Cost > \$3000] (Injury: |) | Date&Time Completed | Done | Sph | |
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| 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection (3) Upload Resurvey Photo [Repair Cost > \$3000] (Injury: |) | Date&Time Comple ad | | | |
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| 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection (3) Upload Resurvey Photo [Repair Cost > \$3000] (Injury: Date/Time Actions | Invoice Pre | paration Checklist: | Anc(S) | Abu | |
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| 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection (3) Upload Resurvey Photo [Repair Cost > \$3000] (Injury : ——————————————————————————————————— | Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addition | paration Checklist. Reporting (\$30); Assessment (\$100), INC (\$87); Fee \$40, hrough Survey (Resurvey) Igainst INC Only (wef 10 Jan 2005) otton + SMRT Survey Inc. Car / Tpt Allowance | Ant (\$) Hit Bill 330 375 160 \$55 510 | Amics | |
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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 ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report heing made available

| aforesaid. | to nereby consent to the archiving of this report at the centre and to copies of the report being made available |
|--------------------------------|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 11/10/2019 14:00 |
| Date Of Accident | 10/10/2019 14:40 |
| Exact Location Of Accident | CTE (AYE) BEFORE AMK AVE 1 EXIT |
| Country/State of Loss | SINGAPORE |
| MATERIAL STATE OF THE STATE OF | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBG6578A |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S MAJESTIC TRADER PTE LTD |
| Co Reg No | 201704421H |
| Email Address | NOEMAIL |
| Mobile Phone No | |

Alternative Phone No OFFICE-89999999

Vehicle Particulars

NISSAN Manufacturer

NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC 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

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

DMCVSN1761071902 Policy Number

Cover Note Number

Driver

PETER TAN BOON CHUAN Name of Driver

NRIC No S9201156I 16/01/1992 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 10/06/2011

8 YEARS AND 4 MONTHS Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-91250171

Fax Number

OFFICE-91250171 Contact Number

NOEMAIL **EMail Address**

Address BLK 694C WOODLANDS DRIVE 62

#12-62

Postcode 733694

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 Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

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.

NO 1

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

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 SMG2177U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 4 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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.
- Consent under the Personal Data Protection Act (PDPA)

- (d) 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)
 - (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;
 - (m) 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
- (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
 - for complying with requirements under any regulations, laws or court orders.

Policyholder

Date & Time

(If driver is not the policyholder)

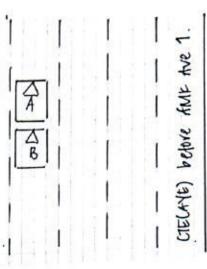
Date & Time:

Reporting Centre Personnel's S

Name.

NRIC/FIN No.:

vehicle 1: 686 6578A Vehicle 8: 8M62177U



on the stated date & time, I, vehille It, EBG 6578A,

was travelling along the stated vehille mont vehille stopped & I

stopped as well. About 1-2 seconds later, Vehille B., clughthy,

nit onto my chationary vehille's rear portion.

DECLARATION

I. We declare the contest of orticulars are true in every respect

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

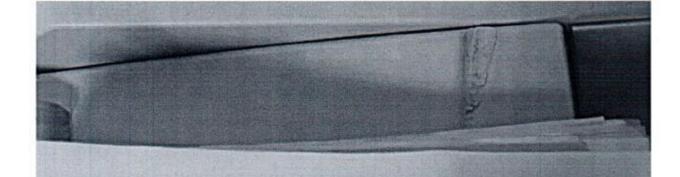
NRIC/FIN No ::

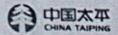
ACCIDENT STATEMENT

| ACCI | DENT DATE: 10 10 2019 (DD/MM/777). | TIME:(14: 40)(HH:MM) |
|-------------------------------|--|---|
| LOCA | TION: CRELAYED, before AMK | ave 1 |
| | DETAILS OF VEHICLE GIVEHICLE NUMBER: GBG 657 8A DINSURANCE COMPANY: MS16 CIPOLICY NUMBER: GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY E)MAKE & MODEL: NY200 FITYPE: (SALOON / COUPE / MPV /V AN / LORRY / GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL h)PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN INSURA IF NO, PLEASE STATE (THIRD PARTY QUAIM / REPO INSURED / POLICY HOLDER A)NAME: MAJESTIC TRADEY PTC LTD b)NRIC/FIN/PASSPORT: C)ADDRESS: | MOTORCYCLE / OTHERS) / MOTORCYCLE) WORK PURPOSE NOCE (YES/1905) |
| | | · · · · · · · · · · · · · · · · · · · |
| (Induding diver) | CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLD DRIVER D) NAME: Peter Tan Boon Chuan D) NRIC/FIN/PASSPORT: Sq.20/1567 C) ADDRESS: 694C Woodlands prive | CONTACT: 9125 OF |
| . 4. | *d)DATE OF BIRTH: (16) 01) 1992 (DD/MA e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED | 'S COMPANY? (YES / NO) |
| 5. | DIWEATHER CONDITION: (CLEAR / RAINING / OI | HERS |
| 6. | WAS ANYBODY INJURED (YES / NO) CHEPORTED TO POLICE (YES / NO) | |
| il is of passenger | IF YES, PLEASE STATE WHICH POLICE STATION:_ THIRD PARTY VEHICLE a) VEHICLE NUMBER: | MODEL: |
| male driver (Induding driver) | b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: | _CONTACT: |
| temale pars. (2) 9. | THIRD PARTY VEHICLE d) VEHICLE NUMBER: | MODEL: |
| (Including driver) | e) DRIVER'S NAME: | _CONTACT: |
| | | i |

email =

fax =





MOTOR COMMERCIAL VEHICLE

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg. No. 2002083847

H2300/C R SN AND4ZIA COV.Type: C

CERTIFICATE OF INSURANCE

Motor Venicles (Third-Pinth Risks and Compensation) Ad (Chapter 189) Motor Venicles (Third-Party Risks and Compensation) Rules, 1960 Roso Transport Ad, 1987 (Maleysia) Motor Venicles (Third-Party Risks) Rules, 1959 (Maleysia)

ORIGINAL

CERTIFICATE No.

DMCV5N1761071902

Engine No : K9KC400D057305 Chano: VSKYBA42020146141

1. Index Mark and Registration Number of Vehicle

GBG6578A

AUTOSAFE

M/S MAJESTIC TRADER PTE. LTD.

Effective date of the Commercement of Insurance for the purposes of the Regulations, Ordinance or Ericotment

EX ON WINDSCREEN \$\$100.00

4. Date of Expery of insurance

25 September 2020

5. Persons or Classes of Persons ensited to orwer

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. Limitators as louse"

- (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,

- (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.: ETHOZ CAPITAL LTD AS HP OWER

"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 Tairing Insurance (Ringapore) PTE LTD.

NAME AND POST OF PERSONS ASSESSED.

maria

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel 6369 5111 Fax 6225 3692 Website www.ng creaging.com