

Date In	21/10/19 15:47	Job description	Date & Time Completed	Done by
Ref No	MA1CTZ19018547164	SAS e-filing		
File No	GBG 5699R.	E-mail (within 2hrs, AIC 2hrs)		
Ref No	18110/19 19:30.	I-Motor Claims Form		
O TP / Reporting Only		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass'l Report by Fax / Hand to Owner/Whsp		
TP Insurance				

Preferred Whsp / INC Assign Whsp / GV: (	Tel:	Fax:
TP Particulars:	Veh No: SGY 800T.	INC ( ) / Non-INC ( )
Owner / 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 ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General 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:	(INC) (Invoice: 6788/6616)	Date & Time Completed	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	Action

WA1907922

Customer's Particulars:	Invoice Preparation Charge	Ant (\$)	PAH (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming at least INC Only (waf 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idas Mobile \$10		
	Invoice dated	Fee Charged	
	Invoice dated	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 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	21/10/2019 15:47
Date Of Accident	18/10/2019 19:30
Exact Location Of Accident	KAKI BUKIT RD 3 TWDS KAKI BUKIT AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5699R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GUAN LEE VEGETABLES & FRUITS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97339433

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3075531902
Cover Note Number	

### Driver

Name of Driver	ROKIMIN BIN UDA DIN
Passport No/FIN	G2523728K
Date Of Birth	17/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97339433
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 10 PASIR PANJANG WHOLESALE CENTRE #01-479
Postcode	110010
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?	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)	1

#### 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

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	SGY800T
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)	

## 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**.
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.



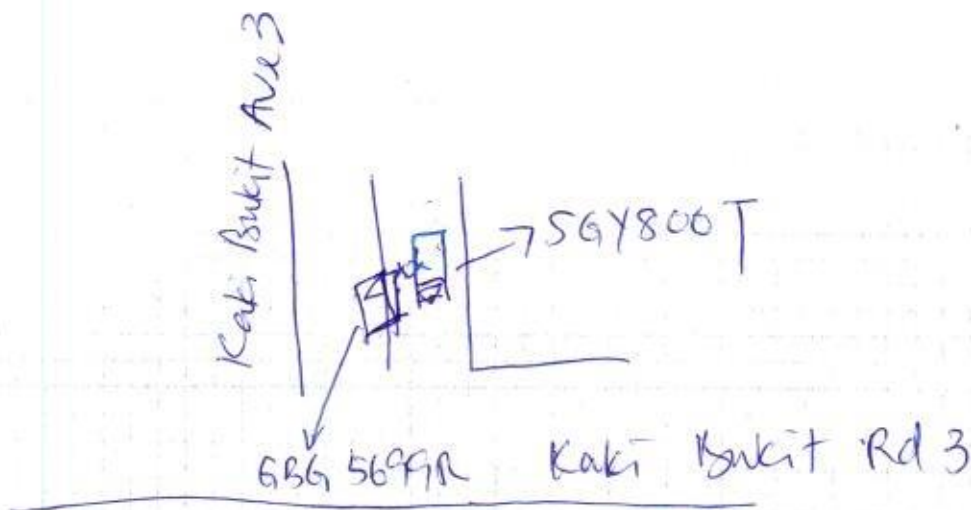
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date & time, I was travelling along Kaki Bukit Road 3 towards Kaki Bukit Ave 3, When I was turning right to Kaki Bukit Ave 3, suddenly hit onto the vehicle 5G4800T right portion. That's all.

## DECLARATION

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

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.:



*[Handwritten signature]*

VEHICLE NO. GBG 5699R

MAKE &amp; MODEL: Toyota Dyna

DATE OF ACCIDENT	18 / 10 / 2019
TIME OF ACCIDENT	7:28 AM <input checked="" type="radio"/> PM
LOCATION OF ACCIDENT	Kaki Bukit Rd 3 Twds Kaki Bukit Ave3
Exact Purpose use during accident	
NAME OF OWNER	Guan Lee Vegetables & Fruits Pte Ltd
TELP NO	9733 9433
NRIC	
CLAIM TYPE	<input checked="" type="radio"/> OD / THIRD PARTY / Reporting Only
INSURANCE CO.	China Taiping Insurance (Singapore) Pte Ltd
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMCVSN3075531902
NAME OF DRIVER	As above / If No: Rokimin Bin Uda Din
NRIC	G 2523 728K
DATE OF BIRTH	17 / 06 / 1981
OCCUPATION	<input checked="" type="radio"/> Outdoor / Indoor
DATE OF DRIVING PASS	11 / 07 / 2019
GENDER	<input checked="" type="radio"/> Male / Female
CONTAC NO.	9733 9433 Office: Home:
ADDRESS	BHS & Pasir Panjang Wholesale Centre #01-479
DRIVER HAVE ANY OWN Vehicle	<input checked="" type="radio"/> NO / If yes: Reg No: (S) 110010.
RELATIONSHIP	<input checked="" type="radio"/> Employee / If No:
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other:
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other:
ANY INJURIES	<input checked="" type="radio"/> No / If yes: Who?
CONTAC NO.	9446 5705
POLICE REPORT	<input checked="" type="radio"/> No / If yes: Where?
VEHICLE B NO.	SGY 800T
NAME	
CONTAC NO.	
VEHICLE C NO.	
VEHICLE D NO.	
VEHICLE E NO.	
VEHICLE F NO.	
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Triple - T Automobile
TELP NO	6385 1171
CONTACT PERSON	Irene Tan
FAX NO.	
Email	motor @ iaconsultingsg.com



ORIGINAL

THE SCHEDULE

Agency	AN0055A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number	DMCVSN3075531902
Account	AN0055A	Issued on	13/08/2019 in SINGAPORE	Replacing Policy no.	DMCVSN3075531801
Client	3216473	Acceptance Date	13/08/2019		

Period of Insurance from 25/09/2019 to 24/09/2020, both dates inclusive

Insured's Name	GUAN LEE VEGETABLES & FRUITS PTE LTD
Address	BLK 11 WHOLESALE CENTRE #01-581- PASIR PANJANG WHOLESALE CENTRE SINGAPORE 110011

Business/Occupn... WHOLESALE OF FRUITS & VEGETABLES  
Financial interest MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

Premium	Base Annual Premium	\$S1,789.89		
	Less 5% Loyalty Discount	\$S89.49-		
	No Claim Discount 15.00%	\$S255.06-		
	Windscreen @ \$2,000.-	\$S100.00		
	Total Annual Premium	\$S1,545.34	Premium Due	\$S1,545.34
			Premium GST	\$S108.17
			Total Due	\$S1,653.51

\*\*\*\*\*  
\* WEF 02.01.2019, THERE WILL BE NO REFUND FOR CANCELLATION IF THERE \*  
\* IS A WINDSCREEN CLAIM DURING THE POLICY PERIOD. \*  
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Risk No. 001	MOTOR COMMERCIAL VEHICLE
1. Registration	GBG5699R
Type of Cover	Comprehensive
Engine No.	1KD2731122
Chassis No.	JTFAT35Y70K208481
ORIGINAL REGISTRATION DATE:	31-08-2017
Make/Model	TOYOTA DYNAL50
No. of seats	2
Capacity cc's	0
Tonnage	1.75
Body Type	BOX VAN
Yr of Manuf/Regn	2017/2017
Certificate Ref.	MZ300/C
Sum Insured..Market value at the time of loss	
Excess Sect I	\$S350.00
EX ON WINDSCREEN	\$S100.00

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 & W(\$2,000/-).

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of \$S2,000.00 shall apply for accident loss or damage for any unnamed authorized driver who is 66 years old and above (Age as at Date of Accident).

Once this \$S2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.

MODIFIED VEHICLES (FOR COMMERCIAL VEHICLES/BUSES/RENTAL VEHICLES)

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