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TP Insurer:	Ass't Report by Pax / Hand	In Owner/Wixn	
Proformed Wksp / INC Assign Wksp / QW: (Asserted English		ax!
TP Particulars: Veh No: SK	R. ISCED INCO		W
Owner/Driver: (Tel:)
Policy No: () Per	iod: (Cover Type: ().
Confirmed by : (· Dater,	Tlmar)
Insured/Driver Liability: (%) [N	lote-Est Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	00%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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.
- 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

ASSESSED FACE CONTROL OF THE PROPERTY OF THE P	ACCIDENT STATEMENT
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Date Of Report	30/10/2019 19:48
Date Of Accident Exact Location Of Accident	25/10/2019 18:30
	HILL STREET TOWARDS VICTORIA STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ8240U
Insured/Policyholder	
Name Of Registered Owner	FIRDOUSE ELECTRONICS PTE LTD
Co Reg No	200100542G
Email Address	SALES@MIA.COM.SG
Mobile Phone No	(LOCAL) +65-90251733
Alternative Phone No	OFFICE-90251733
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3065711900
Cover Note Number	
Driver	
Name of Driver	YUSUFF MOHAMMED YUNUS
NRIC No	S7160298B
Date Of Birth	11/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	09/11/2001
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90251733
Fax Number	A TOTAL OF A STATE OF
Contact Number	OTHERS-90251733
Parameter (Marinette)	

SALES@MIA.COM.SG

176B BENCOOLEN STREET Address

#20-05

Postcode 189651

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

ambulance?

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

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKS1555D

Vehicle Make/Model/Colour

PORCHE

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)
 - (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
- 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.
- 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.
- 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.

Driver's Signature

(If driver is out the policyholder)

Date & Time:

Name:

NBIC/FIN No .:

Policyhold Date & Tim

VEHICLE A: GAJ8240U

VEHICLE B: SKS 1555D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	25/10/2019 at about 1830 hrs I was travelling along
Hill Street	toward the direction of Victoria street. As I was
travelling	straight just before High street. A vehicle (SKS15550)
Suddenly	turn out from the turning land going to High start
and hit	the side of my vehicle. After which I signal him to
Stop but	instead of stopping the direct choice away without
Stopping.	I check my vehicle & found out my vehicle was
Clamaged	on the driver side till the lear.
Iam	lodging this report to claim the other party for
thu dan	laged caused by his action.

DECLARATION I/We decia

ng particulars are true in every respect.

Policyholder's Signature

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

Date & Time:

NRIC/FIN No .:

Date of Accident	: 25 10 2019 Accident Time: 1830 (24-HR-Format)	
Accident Place	HILL STREET TOWARDS VICTORIA STREET	
Vehicle. No. (Car Plate No.)	: GBJB240U Make/Model: TOYOTA HIACE	
Insurace Company	: CHINA TAI PING Policy No: DMCVSN3065711900	
Owner or Company Name /IC No.	: FIRDOUSE BLETRONICS PTE LTD. POL: 200100542	
Owner or Company Contact No.	: 90251733 Owner's Hp Company Tel	
DRIVER'S Name / IC No.	: YUSUFF MOHAMMED YUNUS STILL 1989	
DRIVER'S Date Of Birth	: 11-07-1971 DRIVER'S License Pass Date 09/11/2001	
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:	
DRIVER'S Address	: 175B BENCOOLEN ST #20-05 3(189651)	
DRIVER'S Contact No./ Alt No.	1) 9025/733 2)	
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)	
Email Address	sales@mia.com.sg	
Weather & Road Surface (: CLEAR & DRY-RAINING & WET \ AFTER RAIN & WET	
Reporting Type	: Reporting Only \Claim Other Party \ Claim Own Insurance	
Number of Passengers (Including Driver); /		
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	r camero: YES) NO being used at the time of accident: Private use \ Work purpose	
Other P	arty Driver's Particular (if any)	
Vehicle. No: SKS 13550	Vehicle, No:	
Vehicle Make Model: PORSCHE	Vehicle Make\Model:	
Name Driver:	ne Driver: Name Driver:	
C No. Driver/Contact: IC No. Driver/Contact:		

* NEW - Passenger's name & gender:



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD

MZ300/C N SN AN0421A COMPREHENSIVE AUTOSAFE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSN3065711900

Engine No : 1GD8417735 Chassis No: GDH2011024088

11. Index Mark and Registration

Number of Vehicle

GB 782400

2 Name of Policy Holder

4. Date of Expiry of Insurance

N/S FIRDOUSE ELETRONICS PTE LTD

3. Effective date of the Commencement of Insurance for

30 AUGUST 2019

EX SECT. 1

EN ON WINDSCREENS\$100.00

the purposes of the Regulations. Ordinance or Enactment

29 AUGUST 2020

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.
- 13) 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 PUNCHASE CO. : HITACHI CAPITAL ASIA PACIFIC PTE LTD AS HP OWNER

* Limitations readered Inoperative by Section 8 of the Motor Vahicles (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.

Countersigned By:

Vitesse Solutions

Authorised Officer

Authorised Signatory