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Date In: 13/0x/2020 (0/40)	Jeb description	. 10	Date &Timo Complet	ed ·	Done by
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	Assessment/Sur	vey Report			
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Proforred Wksp / INC Assign Wksp / QW: (A 1	Telt	Faxt	13
TP Enriculars: Veh No: 8	MP (57) X	, INC(.)/Non-INC()	
Owner/Driver: ((1)		Tel:		
Policy No: () Po	riod: ()	Cover Type: (·)
Confirmed by : (•	Dates .	Tliner	20 1001/1	
Insured/Driver Liability: (%) [1	Note-Est Status (V	70): N: 0-20	0%; P: 21-79%. P:	80-100%]	<u> </u>
	Warranty: YES ()/NO(<u> </u>		
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Drive-In ()/Towed-In (); Invoice	tyrs()/N	0()11	owing Co: (15/40/10/04/15	MINIST WELL
TO THE PROPERTY OF THE PROPERT		A SAME	THE PROPERTY OF STREET	44.5	Amoubby
1) Apply for Transport Allowance ()/C	Courtesy Car ()			
2) QC Check / Post Repair Inspection	(·)				
3) Upload Resurvey Photo [Repair Cost> \$3	(() ; ;			
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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.
- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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

美国中央美国主义国际产品共享	ACCIDENT STATEMENT
Date Of Report	13/02/2020 10:40
Date Of Accident	16/01/2020 14:00
Exact Location Of Accident	JURONG PIER ROAD TURNING TOWARDS JALAN BUROH
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ3196Y
Insured/Policyholder	
Name Of Registered Owner	VAN-GO PTE LTD
Co Reg No	2XXXXX823E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96583616
Alternative Phone No	OFFICE-96583616
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1911481900
Cover Note Number	
Driver	
Name of Driver	CHOW YEONG KIAT
NRIC No	SXXXX146E
Date Of Birth	30/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2015
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96583616
Fax Number	
Contact Number	OTHERS-96583616

NOEMAIL

Address

BLK 305 BUKIT BATOK STREET 31

#06-81

Postcode

650305

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

NO

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

PLEASE REFER TO SKETCH PLAN

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

SMF1521X

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

- 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.
- 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 ladgment 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.

TO THE PERSON NAMED IN THE

Palicyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Peng

Name:

NRIC/FIN No

FURNIT PIAR RO VERNUER TOWARDS JOHNOU BURDY A-6BJ3196Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	0%	the	Sluted	dute	ans	time	1 vel	nicle 'A'
Was	travelling	δW	my	lane	04	Sureny	PLEY	roud,
as th	e car in	(runt	of me	su d	denly_	Stup	, and	1 Canno
react	on time	and	my	vehic	le +	arch tl	u rec	ar portion
σŧ	Vehicle B'.	1	hert e	ul.				

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:

NRIC/FIN No.:

Email: <u>sm@idac.com.sg</u> Tel no: 6555 6888 Fax no: 6454 3279

Date of Accident: 16/01/20	(dd/mm/yy) Time of Accident: 14:00 (24-HR-FORMAT)
GBJ3196Y	TOYOTA HIACE
Exact location of Accident	Vehicle Make & Model: TOYOTA HIACE ONG PIER ROAD TURNING TOWARDS JALAN BUROH
Policyholder's Name / IC No.:	VAN-40 PTE LTO 1201825823E
Driver's Name / IC No. : CHO	W YEONG KIAT S9448146E (As Above)
Driver's Contact No. : 9658361	
Driver's Address: APT BLK 30	05 BUKIT BATOK STREET 31 #06-81 SINGAPORE 650305
	Tate ine Email address (if any):
Relationship between Owner &	3
	or Others specify:
What do you wish to claim? (Ple	ase TICK one only)
Own Insurance / Other Vo	ehicle (The one you want to claim against) Reporting (For Record Purpose)
Exact purpose for which the vehic	
Vas being used at time of acciden	13.400
✓ Private use / Work purpo	No. of Passengers (Including Driver); 01
Passenger Name :	Gender :
Passenger Name :	Gender:
Weather condition & Road cond	State of the state
Clear & Dry / Raining &	t Wet / After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by	your Car Camera? Yes / ✓ No
one Industries To Nov. 177 No.	(If YES) Injured Person' Name:
in injuries: Tes/ V No	Injured Person in Which Vehicle:
CONTRACTOR OF THE STATE OF THE	
njuries Sustain:	✓ No (If YES) Which Police Station:
njuries Sustain:	WAR ONLY THE ACCUSED SAME AND A
njuries Sustain: Yes / [The Other Party(s) Details:
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njuries Sustain: Yes / [Police Report filed: Yes / [Driver's Name / IC No: Driver's Contact No: Driver's Name / IC No: Driver's Contact No:	The Other Party(s) Details: Vehicle No: Vehicle No: Vehicle No:

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE ISINGAPORE) PTE LTD

ME40T/CH SH AND420A Cov.Type: C AUTORATE

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)

	Particular Data	Engine No :100#373564
Index Mark and Registration Number of Vehicle	DMCV4W1911481900	Chassia No: GDH2012004592
	G9731364	
2 Name of Policy Holder		
3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enacting	13 MARCH 2019	EXCESS SECT 1
4. Date of Expiry of Insurance	12 MARCH 2026	EXCESS SECT. 11
5 Persons or Classes of Persons entitled to drive *		
ARY PERSON WHO IS DRIVING ON THE POL	ICTROLOGR'S GROEF G	WITH THEIR PERMISSION OR TO WHOM THE VEHICLE IS
COURT OF LAW ON BY REASON OF MAY ENA AND PROVIDED FURTHER THAT THE MYTTER	CTMENT OR REGULATION	UNCE WITH THE LICENSING OR OTHER LAWS OR ISMITTED AND IS NOT DISQUALIFIED BY GROKE OF A IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE. ID UNDER THE ROAD TRAFFIC ACT AND ITS REGISTRATION IT TIME OF THE ACCIDENT LOSS OF DAMAGE.
6 Limitations as to use *		
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MECHANICALLY PROPELLED VENICLE.	EPT THE TOWING LOTH	EED-TESTING. IN THAN FOR REWARD) OF MMY ONE DISABLED NO MY ANY PERSON TO WHOM THE VEHICLE IS HIRED.
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HERE PURCHABE CO. : SHEE SEMS CRESSES *Limitations rendered inoperative by Secand Section 95 of the Road Transport Act I/We hereby Certify that the provisions of the Motor Vehicles (Third-Paragout Act 1987 (Malaysia).	PTE LTO AS HP OWNER from 8 of the Motor Vehicles t 1987 (Malaysia), are not to	ID BY ANY PERSON TO WHICH THE VEHICLE IS HIRED. (Third-Party Risks and Compensation) Act (Chapter 189) o be included under these headings.
HIRE PURCHABE CO. : THE SENS CRESTS *Limitations revoluted inoperative by Secand Section 95 of the Road Transport Act I/We hereby Certify that the provisions of the Motor Vehicles (Third-Pa	PTE LTO AS HP OWNER from 8 of the Motor Vehicles t 1987 (Malaysia), are not to	ID BY ANY PERSON TO WHICH THE VEHICLE IS HIRED. (Third-Party Risks and Compensation) Act (Chapter 189) o be included under these headings.
HERE PURCHABE CO. : SHEE SEMS CRESSES *Limitations rendered inoperative by Secand Section 95 of the Road Transport Act I/We hereby Certify that the provisions of the Motor Vehicles (Third-Paragout Act 1987 (Malaysia).	THE LTD AS HP CHIEF FEMALE TO BE LTD AS HP CHIEF FAMILY TO BE LTD AS HP CH	ID BY ANY PERSON TO MICH THE VEHTCLE IS HIRED. (Third-Party Risks and Compensation) Act (Chapter 169) to be included under these headings. Cate relates is issued in accordance with the high Act (Chapter 189) and Part IV of the