

NATIONAL Assessment Centre Services. [part 1 Jan02] MNA 120052958

Date In: 22/6/20 09:12	Job description	Date & Time Completed	Done by
Ref No: MNA 120052958/49	SAS e-filing		
Veh No: GX 4124R	E-mail (within 3hrs, AIC 2hrs)		
TPA: 19/6/20 14:30.	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: YM 6201H, 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: ()

Removals:	INC () / Non-INC ()	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	Actions

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Date:	MNA 2003327		Invoice/Repairation Credit		Am (\$)	PAID (\$)
	1) AR: Accident Reporting (\$30);				30.00	
	2) DA: Damage Assessment (\$100); INC (\$30)					
	3) TP: Towing Fee \$40/\$45					
	4) FT: Follow-Through Survey \$120					
	5) PT: Follow-Through Survey (Resurvey) \$30					
	For claimant against INC Only (vs 10 Jan 2003)					
	6) TR: Re-Inspection \$75					
	7) NI: Idao DA + SMRT Survey \$160					
	8) NTUC Additional Services:					
Q1: *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 (Inc) against INC \$20 2) N12: Idao Mobile \$0						
Invoice dated Invoice dated		Fee Charged 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	22/06/2020 09:12
Date Of Accident	19/06/2020 14:30
Exact Location Of Accident	WOODLANDS IND PARK E7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX4124R
Insured/Policyholder	
Name Of Registered Owner	TAN SOON MUI FOOD INDUSTRIES
Co Reg No	1XXXX400X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67566183

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSNA00000992000
Cover Note Number	

Driver

Name of Driver	CHONG HUAT THENG
NRIC No	FXXXX187R
Date Of Birth	29/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	28/08/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82895527
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	8 WOODLANDS TERRACE WOODLANDS EAST IND EAST
Postcode	738433
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	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 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	YM6201H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PU XIAOJIA
NRIC/Passport Number	GXXXX248M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

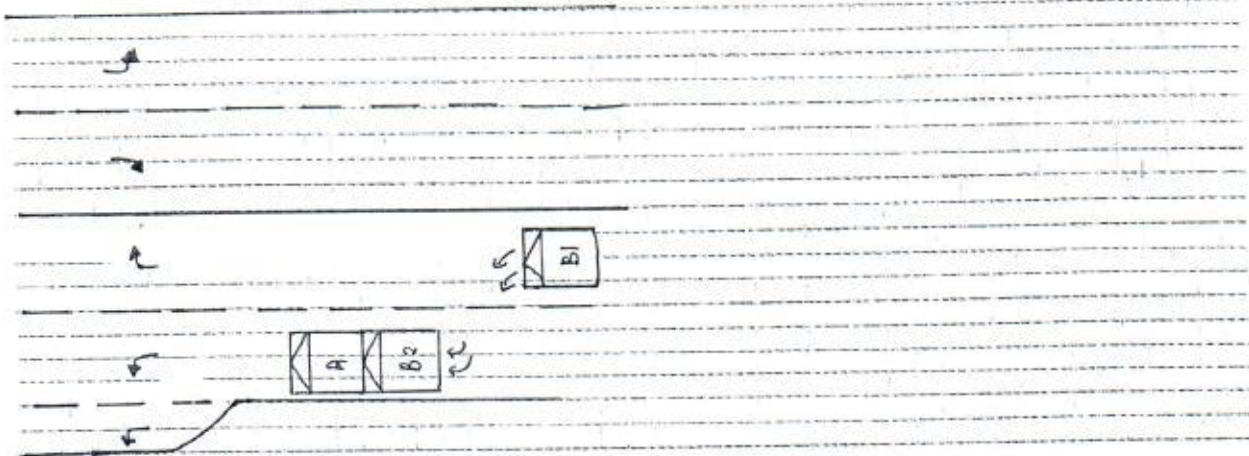
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Woodland Ind Park E7

Vehicle A - GX4124R

Vehicle B - YM6201H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (GX4124R) was stationary at the stated location on the left lane. Suddenly, vehicle B (YM6201H) changed lane from right lane to left lane, then collided onto the rear portion of my vehicle causing damages.

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:

[Handwritten Signature]

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

[Handwritten Signature]

Date of Accident : 19/06/20 Accident Time: 1430 (24-HR-FORMAT)

Accident Place : WOODLANDS Ind Park E7

Vehicle Reg. No (Car plate No.) : GX 4124 R Vehicle Make/Model: TOYOTA HIACE

Insurance Company : CHINA TAIPING Policy No. DMCUSNA0000092000

Name of Registered Owner : Company / Individual TAN SOON MUI FOOD INDUSTRIES

ID of Registered Owner : Co Reg No: 11022400X Owner's NRIC No: -
 Co Contact No: 6756 6183 Owner's Contact No: -

DRIVER'S Name : CHONG HUAT THENG DRIVER'S NRIC No: F7196187R

DRIVER'S Date of Birth : 29/03/1963 DRIVER'S License Pass Date 28/08/2019

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -

DRIVER'S Address : 8, Woodlands Terrace, Woodlands East Ind L Est, Singapore
738433

DRIVER'S Contact No. / Alt No. : 1) 8289 5527 2) -

DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)

Email Address : -

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): 01 Passenger Name: - Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: -
 Injured Name: -

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>Ym 6201 H</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>PU XINDJIA</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>G230 4248m</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>-</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>

MINISTRY OF
MANPOWER

CHONG HUAT THENG
TAN SOON MUI FOOD INDUSTRIES
8 WOODLANDS TERRACE
SINGAPORE 738433



37050380-230420

For Immigration Use (To clear by FIN)



F7196187R

27 Apr 2020

You need to make an appointment for Card Registration

Dear CHONG HUAT THENG

We have received a request to issue your work permit on 27 Apr 2020. Now you need to come to the MOM Services Centre – Hall C by 04 May 2020 for card registration.

Please go to <https://services.mom.gov.sg/appointment> to make an appointment for Work Pass Card Registration. At registration, we will check your documents (listed on page 2), register your fingerprints and take your photograph. We can only deliver your work permit card to the authorised recipient(s) 4 working days after you have successfully registered. An SMS / email with the delivery details will be sent to your authorised recipient(s) at least 1 working day before the delivery.

This Notification Letter allows you to work and stay in Singapore until you get your card. It is valid from 27 Apr 2020 till 27 May 2020.

Yours sincerely

Mdm Chow Choon Yen
for Controller of Work Passes

YOUR NAME	CHONG HUAT THENG
FIN	F7196187R
WORK PERMIT NO.	3 7050380-
DATE OF APPLICATION	23 Apr 2020
DATE OF ISSUE	27 APR 2020
WORK PERMIT EXPIRY DATE	26 Apr 2022
DATE OF BIRTH	29 Mar 1963
SEX	MALE
NATIONALITY	MALAYSIAN
TRAVEL DOCUMENT NO.	A53797421
TRAVEL DOCUMENT EXPIRY DATE	08 Mar 2025
YOUR EMPLOYER'S NAME	TAN SOON MUI FOOD INDUSTRIES
SECTOR	MANUFACTURING
OCCUPATION	DRIVER

▲ IMPORTANT

- If you fail to report to the MOM Services Centre – Hall C for card registration, your work permit may be cancelled.
- You must keep this Notification Letter with you until you get your card. If you need to leave / enter Singapore, you will have to show this letter at the Immigration Checkpoints.



中国太平
CHINA TAIPING

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

Motor Commercial

MZ300/C

N SN

AN0575A

Cov. Type: T

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.

DMCVSNA00000992000

Engine No.: 5L5439041

Cha. No.: LH1621011171

1. Index Mark and Registration
Number of Vehicle

GX4124R

2. Name of Policy Holder

TAN SOON MUI FOOD INDUSTRIES

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

01/01/2020

4. Date of Expiry of Insurance

31/12/2020

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.
- (3) 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.

* 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: Ho Li Hwa Irene
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com