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TP Insurer:  Assessment/Survey Report Ass't Report by Eax/Hand to Owner/Wkin  Tel: Fex:  TP Particulars: Veh No: ABE6VAT 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: (S ) ) Loading: \$1,000 ( )/\$2,000 ( )  General Remarks: ( ) Warranty: YES ( )/NO ( )  Excess: (S ) ) Loading: \$1,000 ( )/\$2,000 ( )  General Remarks: ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( )/Towed-In ( ); Invoice: YES ( )/NO ( ); Towing Co: ( )  Commarks: (INC hardine: 67886616 ) DeaceTrin Completion  I) Apply for Transport Allowance ( )/Courtesy Car ( ) 2  QC Check / Post Repair Inspection ( ) 3  Jupload Resurvey Photo [Repair Cost > \$3000] ( )  Injury: Actions  Actions  Invoice: Transport Allowance ( )/Ourtesy Car ( )  Date: Time: Actions  Invoice: Transport Allowance ( )/Ourtesy Car ( )  Date: Time: Actions  Invoice: Transport Allowance ( )/Ourtesy Car ( )  Date: Time: Actions  Invoice: Transport Allowance ( )/Ourtesy Car ( )  Date: Time: Actions  Invoice: Transport Allowance ( )/Ourtesy Car ( )  Date: Time: Actions  Invoice: Transport Allowance ( )/Ourtesy Car ( )  Date: Time: Actions  Invoice: Transport Allowance ( )/Ourtesy Car ( )  Date: Time: Actions  Invoice: Transport Allowance ( )/Ourtesy Car ( )  Date: Time: Actions  Invoice: Transport Allowance ( )/Ourtesy Car ( )  Date: Time: Actions  Invoice: Transport Carlowance ( )/Ourtesy Car ( )  Date: Time: Actions  Invoice: Transport Carlowance ( )/Ourtesy Car ( )  Date: Time: Actions  Invoice: Transport Carlowance ( )/Ourtesy Car ( )  Date: Time: Date: Time: Actions  Invoice: Transport Carlowance ( )/Ourtesy Carlowance ( )	6	i-Motor W/O	(Within: OD 2hr	s, TP 4brs)					
Preferred Wksp / INC Assign Wksp / QW: (	OD : 7P P. Reporting Only	i-Photo Uploa	ded	}					
Ass't Report by Fax/ Hand to Owner/Wash   Preferred Wksp / INC Assign Wksp / QW: ( Tal: Fax: Tal: Fax: Tal: Fax: TP Particulars: Veh No: ABEANT INC ( ) / Non-INC ( )		Assessment/Sur	vey Report						
Prefered Wasp Into Assign Wasp Into Assi	TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp							
Owner / Drivet:	Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:				
Policy No: ( ) Period: ( ) Cover Type: ( )  Confirmed by: ( Date: Time: )  Insured/Driver Liability: ( %) [Note-Est Status (WO): N: 0-20%, P: 21-79%, F: 80-100%]  Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks: ( ) Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repoliter.  ( ) Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repoliter.  ( ) Total Loss Case : to e-mail Insurer URCENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( **  Comarks: (INC houline: 67886616)	TP Particulars: Veh No: Gt	BEGART .	. INC(	)/Non-INC(	),				
Confirmed by: (   Date: Time: )	Owner / Driver: (			Tel:		)			
Insured/Driver Liability ( %) [Note-Est Stams (WO): N: 0-20%; P: 21-79%. F: 80-100%]  Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks: ( ) Walk-In Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) 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 hotline: 6788 6616) Date Repair Confidential & Strictly NO refer of repairer.  1) Apply for Transfort Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( )  3) Upload Resurvey Photo [Repair Cost> \$3000] ( )  Injury:  Date ( ) Injury:  2) Actions  Actions  Actions  3) The Towing Feet State ( )  2) The Thomas Starvey (Resurvey) State ( )  2) First Follow-Through Starvey (Resurvey) State ( )  2) First Reinspection Starvey (Resurvey) State ( )  3) The Reinspection Starvey State ( )  3) The Reinspection Starvey State ( )  3) The Reinspection Starvey State ( )  3) NIUC Additional Services.  Out Start ( ) Indee DA + SMRT Survey State ( )  3) NIUC Additional Services.  Out Start ( ) Indee DA + SMRT Survey State ( )  3) NIUC Additional Services.  Out Start ( ) Indee DA + SMRT Survey State ( )  3) NIUC Additional Services.  2) Nic Regair Co-ordination Starvey State ( )  3) Nic Start ( ) The Inspection Starvey State ( )  3) Nic Start ( ) The Inspection Starvey State ( )  3) Nic Start ( ) The Inspection Starvey State ( )  3) Nic Start ( ) The Inspection Starvey State ( )  3) Nic Start ( ) The Inspection Starvey State ( )  3) Nic Start ( ) The Inspection Starvey State ( )  3) Nic Start ( ) The Inspection Starvey State ( )  3) Nic Start ( ) The Inspection Start ( )  3) Nic Start ( ) The Inspection Start ( )  3) Nic Start ( ) The Inspection Start ( )  3) Nic Start ( ) The Inspection Start ( )  3) Nic Start ( ) The Inspection Start ( )  4) Nic Start ( ) The Inspection Start ( )  4) Ni	Policy No: ( )	Period: (	)	Cover Type: (		) _			
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1) AR: Accident Reporting (530);   2) DA: Damage Assessment (5100);   INC (580)   3) TF: Towing Fee   \$40/545   4) FT: Follow-Through Survey   \$120   5) FT: Follow-Through Survey (Resurvey)   \$30   5) FT: Follow-Through Survey (Resurvey)   \$30   50   75   75   75   75   75   75   7			Invoice Pro	paration Checklis	r iii	The Street	Add Bil		
2   DA : Damage Assessment (\$100); INC (\$80)			1) AR : Acciden	at Reporting (530);	08 Z , *2 \ C \ C \ C				
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portact No:    Solid For claiming against INC Only (wef 10 Jan 2005)	iver/Owner:	4) FT : Follow-	Through Survey	\$120					
maged Portion:  6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey 5160  8) NTUC Additional Services:- OD*  Checked by (Engr-In-Charge):  *N5: Courtesy Car/Tpt Allowance 55  *N6: Repair Co-ordination 510  *N7: Post Repair Inspection 525  *N8: DV / Collect Excess Coordination 55  TP (N11): TP (N10 INC) against INC 520  9) N12: Idae Mobile  Invoice dated  Invoice dated	uninet No:		ST. Follow-	Through Survey (Resurve	y) \$30 0 Jan 2005)				
The control					\$75				
Checked by (Engr-In-Charge):  *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 (N10 INC) against INC \$20  9) N12: Idae Mobile Fee Charged	maged Portion:		7) N1 : Idac DA	+ SMRT Survey	. <b>\$</b> 160				
Checked by (Engr-In-Charge):  *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 (N-1a INC) against INC \$20  9) N12: Idae Mobile \$60  Invoice dated Fee Charged				ional Services:-					
*N6: Repair Co-ordination 510  *N7: Post Repair Inspection 525  *N8: DV / Collect Excess Coordination 55  TP (N11): TP (N-10 INC) against INC 520  9) N12: Idae Mobile 7ee Charged	C Checked by (Engr-In-Charge):		y Car / Tpt Allowance	\$5					
rditors' Comments::  *N8: DV / Collect Excess Coordination 55  TP (N11): TP (N-1a INC) against INC 520  9) N12: Idae Mobile 30  Invoice dated Fee Charged	2, (2.18. 2.18.)	*N6: Repair	Co-ordination						
TP (N11): TP (N12 INC) against INC 320  9) N12: Idac Mobile 30  Involce dated Fee Charged	uditors! Comments :-		*N7: Fost Re	pair Inspection ollect Excess Coordinatio	The second name of the second	-			
9) N12: Idac Mobile  Invoice dated  Fee Charged	11 70115.00	to the first section of the section	TP (N11): T	P (Non INC) against INC	\$20	-			
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Invoice dated Fee Charged	( 2/3;		(Fig. 5) (1) (1) (1) (1)			Sec. WAY			

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#### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Mobile Number Fax Number Contact Number

**EMail Address** 

- 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.
- 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.
- 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.
- 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.

BRANCH CONTRACTOR	ACCIDENT STATEMENT
Date Of Report	02/10/2020 17:19
Date Of Accident	01/10/2020 16:30
Exact Location Of Accident	CTE TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN6661H
Insured/Policyholder	
Name Of Registered Owner	CA M&E ENGINEERING PTE LTD
Co Reg No	2XXXXX189G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67481155
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
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	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNW00022742000
Cover Note Number	
Driver	
Name of Driver	ALI SUJON
Passport No/FIN	GXXXX133T
Date Of Birth	15/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2018
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mahille Missahari	# OOAL > 05 0050 1000

(LOCAL) +65-90504086

OFFICE-90504086

NOEMAIL

Address

50 UBI AVENUE 3 #05-03 FRONTIER

Postcode

408866

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

-

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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

**GBE6425T** 

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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:
  - 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.

HR HR

Policyholder's Signature Date & Time: AL SUJON
Driver's Signature

(If driver is not the policyholder)

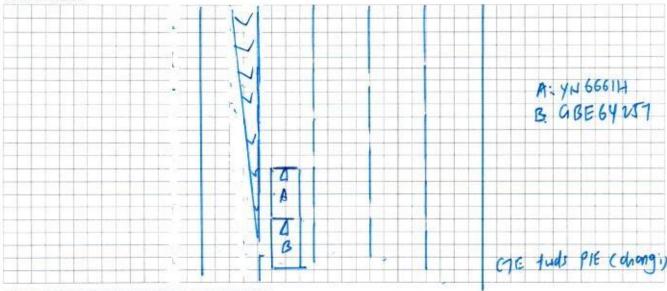
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

## SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Shw	down m	vehi	cle. M	ddenly	1 241	an im	विवास भी	my	vehicle	md
rul Hd	that	rhicle	B hi	d onto	y u	ichicle :	reus poi	Han.		
							Live and the same			

DECLARATION EER/W

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

Policyholder's Signature Date & Time:

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

ALI SUJON

Reporting Centre Personnel's Signature

NRIC/FIN No .:

ACCIDENT DATE: ( ) (DD	/MM/YYYY), TIME:(16:30.)(HH:MM)
LOCATION: (7 F twds PIE Cohon	
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: YH 666	
b)INSURANCE COMPANY: ON 19	Tailing
c)POLICY NUMBER:	1
d)POLICY TYPE: (COMPREHENSIVE /	THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	
	AN (LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / C	OMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT	The state of the s
I) ARE YOU CLAIMING UNDER YOUR	
IF NO, PLEASE STATE (THIRD PARTY)	SLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	014 144
ANAME: CA & ME Finginumno	PHE HO [MALE / FEMALE]
b)NRIC/FIN/PASSPORT:	CONTACT: 0-491100
c)ADDRESS:	
H H H	
* CONTINUE TO 3.d IF DRIVER ALSO F	POLICY HOLDER
Ho of passenge DRIVER	(1.0) (55,115)
(Including driver) HINDIC/EIN/PASSBODT.	CONTACT: GOTO VOST
CL:) GIADDRESS:	CONTACT.
The state of the s	
*d)DATE OF BIRTH: (//	)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDO	OR)
f) YEARS OF DRIVING EXPRERIENCE:	
<ol> <li>WAS DRIVER AN EMPLOYEE OF TH</li> </ol>	
IF NO, RELATIONSHIP OF THE DRI	No.
5. a) WEATHER CONDITION: (CLEAR / R.	
b) ROAD SURFACE: (DR) / WET / OTH  6. WAS ANYBODY INJURED (YES / NO)	ERS
7. a) REPORTED TO POLICE (YES / NO	
IF YES, PLEASE STATE WHICH POLICE	STATION:
8 THIRD PARTY VEHICLE	
	1, MODEL:
(Including duties) b) DRIVER'S NAME:	
(Including driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	3 3 11 11 3 11
	MODEL:
The of passenger el DRIVER'S NAME:	model.
(Including driver) 1) NRIC/FIN/PASSPORT:	CONTACT
(Induding driver) f) VEHICLE NUMBER:  (Induding driver) f) NRIC/FIN/PASSPORT:	
10 M	

email = mhlaute 65 gmail. Com
fax =

# 中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD

Motor Commercial

L. Bergardinak i

MZ300/C

SN

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)

AN0679A Cov. Type:C

CERTIFICATE No.

DMCVSNW00022742000

Engine No.: 4P10B29296

Cha. No.:FEB21EA00731

1. Index Mark and Registration

YN6561H

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

CA M&E ENGINEERING PTE. LTD.

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

10/04/2020

Excess Sect I.

S\$450.00

EX ON WINDSCREEN.

S\$100.00

4. Date of Expiry of Insurance

09/04/2021

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.

HIRE PURCHASE CO.: ABWIN PTE LTD AS HP OWNER

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

ABWIN PTE LTD

8 Kaki Bukit Road 2 #01-33 Ruby Warehouse Complex Singapore 417841

Tel: 6842 3332 Fax: 6743 8750

Issued By: ABWIN PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory