

|                             |  |                       |         |
|-----------------------------|--|-----------------------|---------|
| Date In: 11/12/20 13:56     | Job description                          | Date & Time Completed | Done by |
| Ref No: MA/CIT 200.13719/14 | SAS e-filing                             |                       |         |
| Veh No: GBE 6239P           | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| IP: 8/12/20 20:45           | I-Motor Claim Form                       |                       |         |
| OD: (IP) Reporting Only     | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
| TP Insurer:                 | I-Photo Uploaded                         |                       |         |
|                             | Assessment/Survey Report                 |                       |         |
|                             | Ass'l Report by Fax / Hand to Owner/Wksp |                       |         |

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

TP Particulars: Veh No: GBE 325M 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 Ref No: 67886616)                         | 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 | Activity |
|-----------|----------|
|           |          |
|           |          |
|           |          |

|                                 |   |             |            |
|---------------------------------|---|-------------|------------|
| NA2100303                       | Invoice Registration Checklist                  | Amount (\$) | Added (\$) |
| Claimants Particulars:          | 1) AIR: Accident Reporting (\$30)               | 30.00       |            |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100) INC (\$10)     |             |            |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |             |            |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |            |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |            |
| Auditors Comments:              | For claiming against INC Only (ver 10 Jan 2003) |             |            |
| Date:                           | 6) TR: Re-inspection \$75                       |             |            |
| Time:                           | 7) NI: Idao DA + SMRT Survey \$160              |             |            |
|                                 | 8) NTUC Additional Services:-                   |             |            |
|                                 | QD:   |             |            |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |            |
|                                 | *N6: Repair Co-ordination \$10                  |             |            |
|                                 | *N7: Post Repair Inspection \$25                |             |            |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |            |
|                                 | TP (Nil): TP (Non INC) against INC \$20         |             |            |
|                                 | 9) N12: Idao Mobile \$0                         |             |            |
|                                 | 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 Submission ..... 11/12/2020 13:56 (SGT)  
Date of Accident ..... 08/12/2020 20:45 (SGT)  
Exact Location of Accident ..... Kerbau Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE6239P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DEBBIE DECOR INTERIOR  
Company Reg No ..... 5XXXX362M  
Email Address ..... TZLJACKIE96@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97211763  
Alternative Phone No ..... +65-97211763

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Citan  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00074492001  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN ZHI LONG JACKIE  
NRIC No ..... SXXXX763C  
Date Of Birth ..... 26/06/1996  
Occupation ..... Outdoor

|  |                          |
|--|--------------------------|
| Date Of Driving Pass .....   | 18/06/2019               |
| Driving experience .....   | 1 YEAR AND 6 MONTHS      |
| Gender .....   | Male                     |
| Mobile Number .....  | (Phone) +65-97211763     |
| Alt. Phone Number .....  | -                        |
| Email Address .....  | TZLJACKIE96@GMAIL.COM    |
| Address .....  | 504A YISHUN ST 51 #10-86 |
| Address complement .....   | -                        |
| Postcode .....   | 761504                   |
| Is the driver the policyholder? .....                              | No                       |
| If No, Relationship of the Driver with the Insured .....           | Friend                   |
| Does Driver Own Other Vehicles? .....                              | No                       |
| Vehicle Registration Number of Other Vehicle Owned by Driver ..... | -                        |
| Insurance Company of Other Vehicle Owned by Driver .....           | -                        |

#### GENERAL INFORMATION OF THE ACCIDENT

|                          |            |
|--------------------------|------------|
| Type of Accident .....   | Side Swipe |
| Weather Conditions ..... | Clear      |
| Road Surface .....       | Dry        |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 2   |
| Was anybody injured in the Accident? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| Was any other material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### DETAILS OF POLICE ACTION

|   |                                  |
|---|----------------------------------|
| Was the accident reported to the police? .....  | Yes                              |
| Police Station Name .....                       | Traffic Police                   |
| Police Station Phone No .....                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No .....              | (Fax) +65-65474900               |
| Police Station Address .....                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? ..... | No                               |
| If yes, against whom? .....                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201209/7033

#### 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 ..... | GBE325M            |
| Vehicle Manufacturer .....        | -                  |
| Vehicle Model .....               | -                  |
| Vehicle Variant .....             | -                  |
| Vehicle Colour .....              | -                  |
| Vehicle Category .....            | Commercial vehicle |
| Name of Driver .....              | -                  |
| Contact Number .....              | -                  |

Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

**INJURED PERSONS DETAILS**

INJURED 1

|   |                     |
|---|---------------------|
| Name of injured person .....                              | TAN ZHI LONG JACKIE |
| Address .....   | -                   |
| Address Complement .....                                  | -                   |
| Post Code .....   | -                   |
| Approximate Age Years Old .....                           | -                   |
| Injuries Sustained .....                                  | BODY                |
| Injured person in which vehicle? .....                    | GBE6239P            |
| Were seat belts worn? .....                               | Yes                 |
| Was this injured conveyed to hospital by ambulance? ..... | No                  |

SKETCH PLAN

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

**Debbie Becor Interior**  
512 Sims Avenue  
Singapore 387572

TEL: 67436656 FAX: 67486566  
Email: dennis6677@hotmail.com  
HDB Licence HB-08-2814B  
Co Reg No.: 52823362M

Policyholder's Signature  
Date & Time:

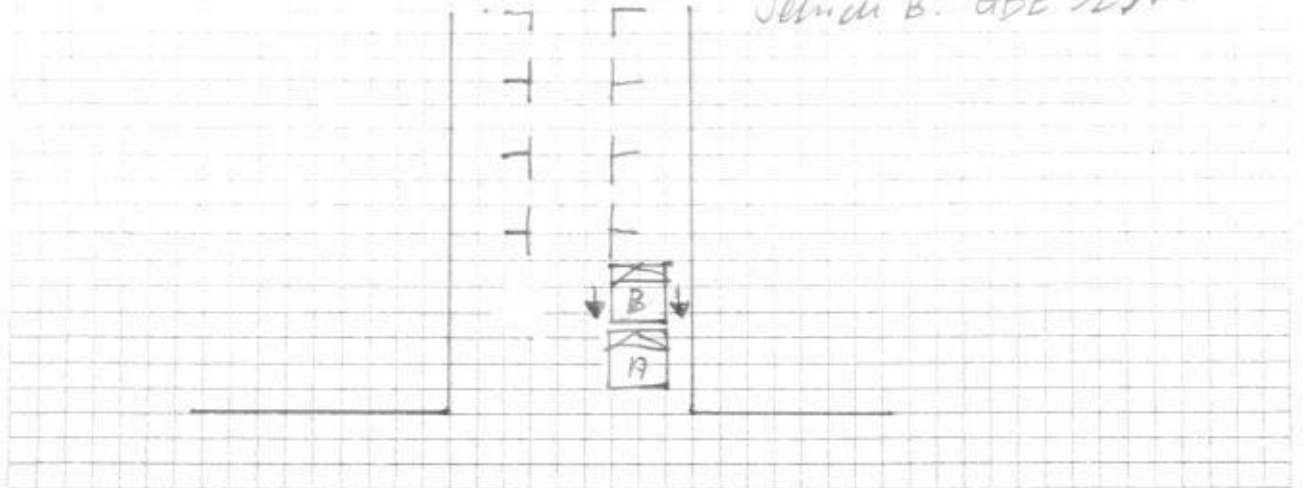
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



SKETCH PLAN

Vehicle A: GBE 6239P  
Vehicle B: GBE 325m



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

**DECLARATION**

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

512 Sims Avenue  
Singapore 387572


TEL: 67436656 FAX: 67486566

Email: dennis6677@hotmail.com

HDB Licence HB-08-2814B

Policy No. 52823362M

Date & Time:

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

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





Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

CONTINUATION OF REPORT

| Details of Person Involved        |                      |                                   |                                 |
|-----------------------------------|----------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No       |                      |                                   |                                 |
| No. of Pedestrians Injured: NIL   |                      | Use of Pedestrian Crossing: NA    |                                 |
| Driver                            |                      |                                   |                                 |
| Name                              | TAN ZHI LONG, JACKIE | ID No.                            | S9621763C                       |
| Related Vehicle                   | GBE6239P (Van)       | Contact No.                       | 97211763                        |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | 09/12/2020           | Date                              | 09/12/2020                      |
| No. of Days granted Medical Leave | 03                   | Degree of                         | Slight                          |

Brief Details.

ON THE STATED DATE AND TIME. I , VEHICLE A (GBE6239P) WAS STATIONARY ON THE STATED VENUE. SUDDENLY VEHICLE B (GBE325M) REVERSE AND HIT ONTO MY STATIONARY VEHICLE FRONT PORTION.

I WISH TO STATE THAT THE IMPACT CAUSE MY NECK AND SHOULDER PAIN. I WENT TO SEE THE DOCTOR AND WAS GIVEN 3DAYS MC.

CLINIC : Intemedical 24 Hr Clinic





**SINGAPORE  
POLICE FORCE**



T/20201209/7033

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20201209/7033

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
09/12/2020 18:37

Classification Of Case:



Motor Commercial

MZ300/C

R SN

AN0650A

Cov. Type C

**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. DMCVSNW00074492001

Engine No.: K9KB608D598414

Cha. No.: WDF4156052U173493

1. Index Mark and Registration Number of Vehicle GBE6239P

AUTOSAFE  
=====

2. Name of Policy Holder DEBBIE DECOR INTERIOR

3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment 24/08/2020

Excess Sect I S\$450.00  
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance 23/08/2021

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.: GOLDBELL FINANCIAL SERVICES PTE. LTD. AS HPOWNER

\* 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: BELL AUTO PTE LTD  
Authorised Officer

  
Authorised Signatory

# ACCIDENT STATEMENT

ACCIDENT DATE: 8 / 12 / 2020 (DD/MM/YYYY). TIME: 20 : 45 (HH:MM)

LOCATION: Kerbau Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 6239P  
b) INSURANCE COMPANY: China Taiping  
c) POLICY NUMBER: DMCVSN60007442001  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mercedes Benz Citan  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: work purpose  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Debbie Decor Interior (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 52823362m CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Tan Zhi Long, Jackie (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 59621763C CONTACT: 97211763  
c) ADDRESS: SIF 504A Yishun St 51 #16-86 (S) 761304

\*d) DATE OF BIRTH: 26 / 06 / 1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: friend

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Driver

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Onix

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBE 325m MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(01)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email: tzljackie96@gmail.com

Email = ric060autoservices@gmail.com

fax = 6286 7060