

NATIONAL Assessment Centre Services.

[Part 1 Jan 03]

SM0920 CH 000C

Date In: 17/12/20 18:20	Job description	Date & Time Completed	Done by
Ref No: NA107220014060164	SAS e-filing		
Veh No: SJA 1921L	E-mail (within 2hrs, A/C 2hrs)		
DDA: 16/12/20 16:30	I-Motor Claim Form		
(D) (P) 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/Wagon		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SLG 3227P.	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 ()	

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolier.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

NA2100720

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	QD:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NJ: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$5	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI2: 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 17/12/2020 18:20 (SGT)
Date of Accident 16/12/2020 16:30 (SGT)
Exact Location of Accident Bras Basah, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJA1921L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GLOBAL OCEANLINK PTE LTD
Company Reg No 2XXXXX375N
Email Address KEVINLAU7564@GMAIL.COM
Mobile Phone No (Phone) +65-90683636
Alternative Phone No +65-90683636

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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 Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMPCSNW00175842000
Cover Note Number -

DRIVER

Name of Driver YIH PENG KHOON
NRIC No SXXXX080F
Date Of Birth 12/07/1974

Date Of Driving Pass	09/10/2014
Driving experience	6 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96319699
Alt. Phone Number	-
Email Address	KEVINLAU7564@GMAIL.COM
Address	BLK 102 TAMPINES ST 11 #07-123
Address complement	-
Postcode	521102
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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?	No
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	SLG3227P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YIH PENG KHOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJA1921L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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:

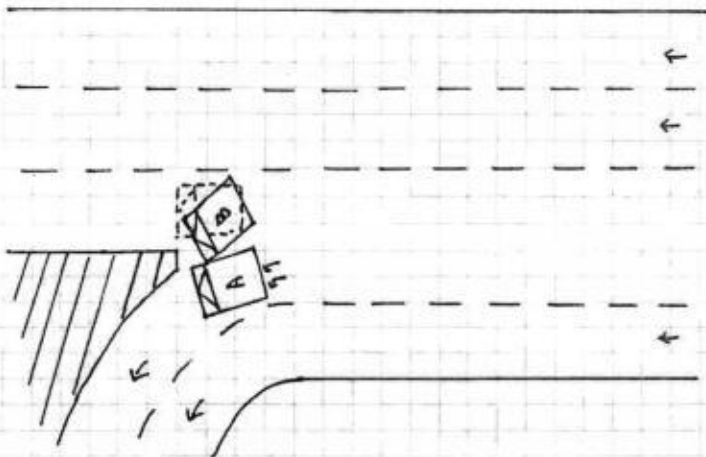
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Bras Basah Road into Nicholl Highway

Vehicle A - 5JA1921L

Vehicle B - SLG 3227P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (5JA1921L) was travelling along at the stated location on lane 3. Out of sudden, the stationary vehicle B (SLG3227P) move out then collided onto the front right portion of my vehicle causing damages.

DECLARATION

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



Belinckholder's Signature

Driver's Signature _____

Reporting Centre Personnel's Signature

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

EFFECTIVE DATE 09 Oct 2014

License No. S7423080F

MEMO No. S7423080F

Date of issue 15-09-2004

TAMPINES STREET 11

1502

3619582

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7423080F

Name: YIH PENG KHOON (YU BINGKUN)

Birth Date: 13 Jul 1974

Issue Date: 09 Oct 2014

002353178K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7423080F

Name: YIH PENG KHOON (YU BINGKUN)

Race: CHINESE

Date of birth: 13-07-1974

Sex: M

Country of birth: SINGAPORE

Motor Private Car

MX1

N SN

AN0575A

Cov. Type:T

CERTIFICATE OF INSURANCEMotor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00175842000

Engine No.: G4FCTU277644

Cha. No.:KNAFE227385513157

1. Index Mark and Registration
Number of Vehicle

SJA1921L

2. Name of Policy Holder

GLOBAL OCEANLINK PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment29/11/2020
(00:00:00)

4. Date of Expiry of Insurance

28/11/2021

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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:

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of
goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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:

OH GIM KONG

Authorised Officer

Authorised Signatory

Date of Accident : 16/12/2020 Accident Time: 1630hrs (24-HR-FORMAT)
 Accident Place : Bras Basah Road into Nicoll Highway
 Vehicle Reg. No (Car plate No.) : SJA1921L Vehicle Make/Model: Kia cerato
 Insurance Company : China Taiping Policy No. DMPCSNW00175842000
 Name of Registered Owner : Company / Individual Global Oceanlink PTE LTD
 ID of Registered Owner : Co Reg No: 200104375N Owner's NRIC No: -
 Co Contact No: 90683636 Owner's Contact No: -
 DRIVER'S Name : YH PENG KHUON (YU BINGKUN) DRIVER'S NRIC No: S7423080F
 DRIVER'S Date of Birth : 13 Jul 1974 DRIVER'S License Pass Date: 09 Oct. 2014
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employed \ Others: -
 DRIVER'S Address : APT BLK 102 Tampines Street 11 #07-123 Singapore 52102
 DRIVER'S Contact No / Alt No. : 1) 9631 9699 2) -
 DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an etc)
 Email Address : Kevinlau7569@gmail.com
 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: SL63227P	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: 96984288	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No DRIVER: _____	IC No DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____