

Date In: 26/12/20 15:25	Job description	Date & Time Completed	Done by
Ref No: NAJCTZ 20014502/h4	SAS e-filing		
Veh No: GBJ 66FY	E-mail (within 3hrs, AIG 2hrs)		
IPCA: 23/12/20 17:30	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Profund Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SGJ 8998 M. 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: YBS () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

Injury: _____

Code Entry	Assignment

NA2100791	Mobile/Registration Charge	30
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
Ref. 1:	For claiming against INC Only (wef 10 Jan 2003)	
2/3:	6) TR: Re-inspection \$75	
	7) NI: Idno DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*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 (Non INC) against INC \$20	
	9) N12: Idno Mobile \$0	
	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 Submission 26/12/2020 15:25 (SGT)
Date of Accident 23/12/2020 17:30 (SGT)
Exact Location of Accident 21 Choa Chu Kang Ave 4, Singapore 689812
Additional Location Information BASEMENT CARPARK B2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ668Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ANG'S FOOD PROCESSING PTE LTD
Company Reg No 2XXXXX502K
Email Address ANGSFAMILYFOOD@GMAIL.COM
Mobile Phone No (Phone) +65-69093057
Alternative Phone No (Office) +65-69093057

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00077642001
Cover Note Number -

DRIVER

Name of Driver LIOW SAN SAN
NRIC No SXXXX301D
Date Of Birth 03/02/1972
Occupation Outdoor

Date Of Driving Pass	05/05/1992
Driving experience	28 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91738835
Alt. Phone Number	-
Email Address	ANGSFAMILYFOOD@GMAIL.COM
Address	BLK 232 PENDING RD #08-13
Address complement	-
Postcode	670232
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	Collided into Parked Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

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	SGJ8998H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

SKETCH PLAN

IMPORTANT NOTICE

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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.**
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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.
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.



Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

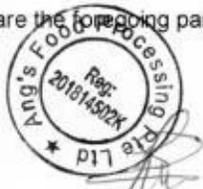
Sketch Plan

Describe Circumstances of the Accident

On above date & time, I was driving my vehicle A (6BJ668Y) traveling along Lot One Shopper's Mall Basement Car Park Deck B2. I then parked my vehicle at car park lot no. 110 then I leave my vehicle. After I came back to my vehicle, and I was been told by the driver of vehicle B (SQJ8998H) that my vehicle was collided onto the rear portion of vehicle B.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7204301D



Name
LIOW SAN SAN

刘善山

Race
CHINESE

Date of Birth
03-02-1972

Sex
M

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S7204301D



LIOW SAN SAN

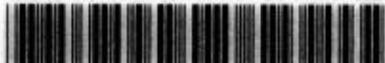
Birth Date **03 Feb 1972**

Issue Date **25 Feb 2003**



000233386F

A0118378




NRIC No. **S7204301D**

Blood Group: **O+** Date of issue: **01-04-2002**

Address
**APT BLK 232 PENDING ROAD
#08-13
SINGAPORE 670232**

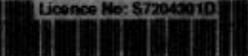


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	10 Mar 1992
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 May 1992
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	21 Sep 1996
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	05 Jan 1996

NP 428A

Licence No: S7204301D



Motor Commercial

MZ300/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)

R SN

AN0421A

Cov. Type C

CERTIFICATE No.	DMCVSNW00077642001	Engine No.: 1KD2800324	Cha. No.: JTFAT35Y30K210535
1. Index Mark and Registration Number of Vehicle	GBJ668Y		
2. Name of Policy Holder	ANG'S FOOD PROCESSING PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	21/09/2020	Excess Sect I .	\$S350.00
		EX ON WINDSCREEN .	\$S100.00
4. Date of Expiry of Insurance	20/09/2021		

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. : UNITED OVERSEAS BANK LIMITED 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: VITESSE SOLUTIONS
Authorised Officer



Authorised Signatory

VEHICLE NO: GBJ6684	MAKE & MODEL: Toyota Dyna	AUTO / MANUAL
DATE OF ACCIDENT:	23 / 12 / 2020	CC: 3.0
TIME OF ACCIDENT:	1730 HRS	
LOCATION OF ACCIDENT:	Along Lot One Shopper's Mall Basement Car Park B2	
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER:	Ang's Food Processing Pte Ltd	
TEL NO:	H/P: 69093057 OFFICE: 69093057 HOME:	
NRIC:	201814502K	
ADDRESS:	5 Mandai Link #05-07 S(728654)	
EMAIL:	angs-foodprocessing@gmail.com	
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	<input checked="" type="checkbox"/> YES / NO ?	
INSURANCE COMPANY:	China Tarping	
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO:	DMCVSNW00077642001	
NAME OF DRIVER:	AS ABOVE / IF NO: Liew San San	
NRIC:	S7204301D ANY PASSENGER: 1 (M)	
DATE OF BIRTH:	3 / 2 / 1972 LICENCE PASSED DATE: 5 / 5 / 1992	
OCCUPATION:	OUTDOOR / INDOOR	
GENDER:	<input checked="" type="checkbox"/> MALE / FEMALE	
CONTACT NO:	H/P: 9173 8835 OFFICE: HOME:	
ADDRESS:	BLK 232 Pandey Road #08-13 S(670232)	
EMAIL:	angsfamilyfood@gmail.com	
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO / IF YES, REG NO:	
RELATIONSHIP:	INSURER / OTHER: Employee	
WEATHER CONDITION N:	<input checked="" type="checkbox"/> CLEAR / RAINING / OTHERS:	
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / WET / OTHER:	
ANY INJURIES:	<input checked="" type="checkbox"/> NO / IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	<input checked="" type="checkbox"/> NO / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?	
VEHICLE B REG NO:	SGJ 8998H	ANY PASSENGERS:
NAME OF DRIVER:		CONTACT NO:
VEHICLE C REG NO:		ANY PASSENGERS:
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / NO	
ACCIDENT PORTION:	Rear portion	
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd	
CONTACT NO:	68420051 / 67440510	