VATIONAL Assessment Centr			3 101101000			
1113 1112 525 514 CITT CELLIL	e Services. 1411.	Janus), E	MOH2111	1005	Day	10 p'i.
Dute In: 102/08/2021 15:27	Jeb description	1	Dute ÆTimo Cor	npletea	. 001	
Rei No: 1/00/ (12/00/56/14	SAS c-Illing					
Veh No. 6120 15410	E-malf (bjula sur, A	((Ctlus)				<del></del> -
0.01 000 2001 06:45	1-Motor Claim Vo	rin	1			
	1-Motor W/O (WII	hla: OD Thrs, T	P (brr)			[-
OD Reporting Only	I-Photo Uploaded	3		,		· · · · · · · · · · · · · · · · · · ·
	AssessmenUSurvey	Report				
TP Insurer:	Ass'l Report by Pra		Owner/Wish	-	CHOICE CONTRACT	CATAMORPH CONT.
Profested Wkep INC Assign Wksp / QW: (	enag di	THE COURSE OF THE PERSON OF TH	Tol:	F	'axt	
TP Phinisulfirm . A SVeh No. GI	3C 27/9 H	, MC(,	)/Non-INC	( ).		
Olyner / Driver: (	Manufacture .		Teli			1
	erlodi (	)	Cover Type: (	<del></del>	<u></u>	
- married & stated format or married of the state of the	· L	cater,	Tirre		Inovi	
Insured/Driver Liability: ( %)	[Note-Est Sinus (WO	): N: 0-20	%; P: 21-79 V	1, 1, 50	10011	
Your of Registration: ( )	Worrenty YES ( )	140(	)		-	
Bucces: (\$ ') Londing: \$1	,000 ( )/\$2,000 (	VII. S. VII. S	TENTAL STATES	£43.233	77877	
這可以與實際問題的表表表表的所以於五元的結構	LL CACHE CRAVES IN THE	individual ?	HIV NO MOTOR O	rapolio	,	
Antibil Antibiling Externar i Customers Ir ( ) Walle-In Guscomar i Customers Ir	ntormation attent Corne	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11	,7		
( ) Total Loss Case ; to e-mail Yasa	iost Ara ( ) \ NO	( );T	owing Co: (	, 4		)
Drive-in ( )/ Towed-in ( ); Invo	ASSESSMENT AND ASSESSMENT OF THE PARTY OF TH	RYGINARY	WINNESSER FOR			वित्रकेष्ठं
1322 LINES AND AND A COUNTY AND A STATE OF THE PARTY.	Contrad Cr. ( )	STANDARY WILLIAM	A SPECIAL VALUE OF	1		
1) A let Contifuence and Allertanian						
. /	( 1)			-	1	-
2) QC Chook / Post Rappir Inspection	( ,)		, , ,		1-	·
2) QC Cheole / Post Repuir Inspection	( ,)	<u> </u>	1 11		<u> </u>	
2) QC Cheole / Post Repuir Inspection	( ,)	W. W. C.				WANT TO THE PARTY OF THE PARTY
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>	( ,)					WARE TO THE STREET
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>	( ,)					ATTER STREET
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>	( ,)	X X X X X X X X X X X X X X X X X X X				NAME OF THE PARTY
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>	( ,)					
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>	( ,)					
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury:	( · )					
2) QC Check/Posi Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury:	( , ) ( , )	) Att Acades	it lupordat (330)		7 (110) 3 (100) 3 (100)	
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury:  LIA 1009A	( · )	3) TY: Tow hy	illupording (330)  Assessment (310)  Free Throat b Survey	) INC	7 (310) 3 (310) 3 (310) 3 (310) 3 (310) 3 (310)	
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury:  All 10096  Priver/Owner:	\$3000J	3) TV: Towlny 4) PT: Follow 5) PT: Follow Vor planning	It limporting (SDO)  A transmoot (STO)  Through Survey (Itelerate Survey (Itelerate Survey)	) INC	7 (310) 3 (310) 3 (310) 3 (310) 3 (310) 3 (310)	
2) QC Check/Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost>  Injury:  All 10096  Priver/Owner:	( · )	3) DA Denny 5) TV: Towley 4) PT: Follow 5) PT: Pollow For plaining 6) TIL: Re-long	it lupording (300) Assessment (210) Fee Through Survey (Russillat Link Control Learner Survey	) INC	7 (310) 3 (310) 3 (310) 3 (310) 3 (310) 3 (310)	
2) QC Check/Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost>  Injury:  Civer/Owner:  Corutact No:	( · )	3) DA Denny 5) TV: Towley 4) PT: Follow 5) PT: Pollow For plaining 6) TIL: Re-long	it lupording (300) Assessment (210) Fee Through Survey (Russillat Link Control Learner Survey	) INC	\$ (210) \$ (220) \$ (220) \$ (220) \$ (220) \$ (230) \$ (230	
2) QC Check/Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost>  Injury:  Lip 10090  Priver/Owner:  Corutact No:  Output Portion:	( · )	3) DA Denwy 3) Pr 1 Follow- 4) Pr 1 Follow- For alalmin 6) Til: Re-land 7) Ni 1 Iday D. 1) NTUC Addi On!	Hillipporting (330) Assussment (310) Fig. Through Survey (Resident) Hillipporting Survey (Resident) HEMRI Survey Honal Survey Honal Survey	survey) yerlojin	1 (10) 3 (0) (1) 3 (	
2) QC Check/Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost>  Injury:  Divinity of the property	( · )	5) DA Denwy 5) TV: Tewlny 4) PT: Follow 5) PF: Follow 6) TI: TL-lan 6) TI: TL-lan 7) NI: Iday D. 1) NTUC Add On! NS: Courte NS: Courte NS: Iday	Through Survey (Russississis Survey (Russissis Survey (Russis S	anadah)	\$120 \$120 \$120 \$120 \$120 \$150 \$150 \$150 \$150 \$150 \$150 \$150 \$15	
2) QC Check/Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost>  Injury:  District No:  Darmaged Portion:	( · )	DA Denwy Tri Follow Tr	Through Burvey (Rustinal INC) Duly, I solon Serviceste iy Csf/Tpi Allowers Co-erdinetion	survey) werloun '' '' '' '' '' '' '' '' '' '' '' '' ''	\$160 \$100 \$100 \$100 \$100 \$100 \$100 \$100	Man Vinadi
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury:	( · )	DA Denwy Tri Follow Tr	Illuporting (300) Assessment (310) Fig. Through Burvey (Italiant HAT Duly , solion (+6MRT Survey Honal Serviceste Ty Cordination Concreting the Hone Typic Investigation Typic Investigati	survey) werloun '' '' '' '' '' '' '' '' '' '' '' '' ''	7(310) 7(310) 7(310) 710)	

SN0821220003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 02/02/2021 15:27 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (02/02/2021 15:27 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.

- 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

02/02/2021 15:27 (SGT) Date of Submission 02/02/2021 06:45 (SGT) Date of Accident Jurong West Street 52, Singapore Exact Location of Accident **BLK 506 OPEN CARPARK** Additional Location Information Singapore Country/State of Loss

#### **DETAILS OF OWN VEHICLE**

GBD1541D Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? Yes SWEE AIK FOOD MANUFACTORY Name Of Registered Owner Company Reg No 4XXXX100J manikps16@gmail.com Email Address (Phone) +65-96342750 Mobile Phone No +65-83036670 Alternative Phone No

#### VEHICLE PARTICULARS

Nissan Manufacturer Nv350 Model Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Commercial vehicle Vehicle Category

## INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy No Policy Number DMCVSNW00050582004 Cover Note Number

### DRIVER

PANNEERSELVAM MANIKANDAN Name of Driver GXXXX252P Passport No/FIN

Date Of Driving Pass Driving experience Gender Möbile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	28/12/2017 3 YEARS AND 2 MONTHS Male (Phone) +65-83036670
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	No No -
PLEASE REFER TO SKETCH AND ATTACHMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement	Commercial vehicle

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

#### 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.
- 3. 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>.
- 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 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &

S. gra.

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

Witnessed by Reporting Centre

Sketch Plan

F

B

A

B

A

B

A

A=GBD1541D

B=GBC2719H

Open Carpark Of

BIK 506

Jurong West 5treet 52

escribe Circumstances of the Accident	
/	
Refer to attached	
	CHARLES CONTRACTOR OF THE CONT

# Declaration

 $\label{eq:weighted} \ensuremath{\mathsf{IWe}}\ \ensuremath{\mathsf{declare}}\ \ensuremath{\mathsf{the}}\ \ensuremath{\mathsf{foregoing}}\ \ensuremath{\mathsf{particulars}}\ \ensuremath{\mathsf{are}}\ \ensuremath{\mathsf{true}}\ \ensuremath{\mathsf{in}}\ \ensuremath{\mathsf{every}}\ \ensuremath{\mathsf{respect}}.$ 



Policyholder's Signature / Date & Time

g. Sud

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

gar 01/0x/2021

Witnessed by Reporting Centre Personnel On 02.02.2021 at about 06:45 hours at Open Carpark of BLK 506 Jurong West Street 52. I was travelling straight on my lane and suddenly I felt an impact. When I alighted, I realised it was vehicle (B) that reversed from the Car Park Lot No. 21 without checking the traffic condition hence collided on the left hand side portion of my vehicle (A).

Vehicle (A): GBD 1541D

Vehicle (B): GBC 2719H

gul odor/2021

6. grag.



# SINGAPORE ACCIDENT STATEMENT

Accident Date: 02/02/2021 Time: 06:45 (hh:mm) 24 hr format
Location Open Car Park of BLK 506 Jurong West Street 52
Vehicle Number GBD1541D
Insured Name Swee Aik Food Manufactory
NRIC /FIN +1969100 J Contact Number 9634 2750
Make Nissan Model NV350
Are you claiming under your own insurance policy for repair to your vehicle?
( ) Yes If No,Pls select: ( ) Third Party ( ) Reporting
Insurance Company China Taiping
Type of Policy ( / ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only
Policy Number DMCVSNW 00050582004
Name of Driver Panneerselvam Manik Andan () Same as Insured
NRIC / FIN G 2805252P Contact Number 8303 6670
Date of Birth 30/04/1995
Driving Pass Date 28/12/2017
Occupation ( ) Indoor ( / ) Outdoor
Gender ( ) Male ( ) Female
Email Address Man kps 160 gnail com ( )NO EMAIL
Address of Driver 3015, Bedok North Street 5, #02-10, Shimei East
Kitchen, Singapore 486350
Was driver an employee of the Insured's Company? ( ) Yes ( ) No
If No, Relationship of the Driver with the Insured
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions ( ✓ ) Clear ( ) Raining ( ) Others
Road Surface ( \(  \) Dry ( ) Wet ( ) Others
Was any foreign vehicle involved in this accident? ( ) Yes ( ✓ ) No
Was anybody injured in the accident? ( ) Yes (✓ ) No
If yes, injured detail
Was there any video captured by Car Camera? ( ) Yes (✓) No
Was the Accident reported to the Police? ( ) Yes (✓) No If yes attach police report
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact
Veh B GBC 2719 H
Veh C
Veh D
Veh E
Veh F





Motor Commercial

MZ300/C

SN

AN0083A 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 (Mataysta)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Mataysta)

CERTIFICATE No.

DMCVSNW00050582004

Engine No.: YD25350759A Cha. No.: JN1MC2E26Z0002299

1. Index Mark and Registration

GBD1541D

AUTOSAFE

Number of Vehicle

Name of Policy Holder

SWEE AIK FOOD MANUFACTORY

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

10/07/2020

Excess Sect 1.

\$\$500.00

EX ON WINDSCREEN,

5\$100.00

4. Date of Expiry of Insurance

09/07/2021

5. Persons or Classes of Persons enlitted 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

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.: UNION MOTOR TRADING CO PTE LTD AS HP OWNER

\* Limitations rendered inoparative 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

KCB AGENCY

Co Reg No. 53116552C 200 Jalan Sultan #02-36B Textile Centre

Issued By: KCB AGENCY **Authorised Officer** 

Singapore 199018 Tel: 6391 3811 Fax: 6391 3810

E: kcbinv0236@gmail.com

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

**Authorised Signatory** 

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

©6389 6111

**6**222 1033

www.sg.cntaiping.com