

84821/2 Road

QID (TP) Reporting Only

TP Insurer:

[illegible]

Confirmed by: ()
Insured/Driver Liability: () % [Note- Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

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

1) Apply for Transport Allowance () / Courtesy Car ()

Injury:

NA2103698

Driver/Owner:

Contract No:

Darnstügel Porzellan

QC Checked by (Engr-In-Charge):

211-12

2/3

1) All Additional Work/Line	(500)	NO (10)
2) DA + Demurrage + Disbursement	(\$1000)	\$1000
3) Fuel + Towline Fee		\$1
4) PT Follow-Through to Survey		\$1
5) PT Follow-Through Survey (Re-survey)		\$1
6) Corrosion/Inhibition + NO Dily, (w/ 10 min 100)		\$1
7) TILU-Insp/Inspection		\$1
8) NII + DA + BMRT Survey		\$1
9) TILUC Additional Services		\$1

one

- * NS; Courtesy Car / Tol Allowance
- * NS; Rental Coordination
- * NS; Post Rental Insurance
- * ND/DV / Collateral Use of Coordination
- TP (NLI) TP COUNCILING * 10-31-86

b) NLI/IDP Mobile

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	27/08/2021 17:27 (SGT)
Date of Accident	27/08/2021 07:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY BEFORE PIE (CHANGI) EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN797P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KIAN KA CONSTRUCTION PTE LTD
Company Reg No	1XXXXX615K
Email Address	kianka@singnet.com.sg
Mobile Phone No	(Phone) +65-92965839
Alternative Phone No	+65-67695961

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fe83beorsdea
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
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00106792005
Cover Note Number	-

DRIVER

Name of Driver	CHING AH AIK
NRIC No	SXXXX892Z

Date Of Birth	01/01/1944
Occupation	Outdoor
Date Of Driving Pass	06/02/2003
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83144652
Alt. Phone Number	-
Email Address	yitinglow@kianka.com.sg
Address	BLK 19 UPPER BOON KENG ROAD #02-1194
Address complement	-
Postcode	380019
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 - Head to Rear
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 vehicle 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

PLEASE REFER TO SKETCH PLAN

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	FBP7298D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-85099803
Address	-
Address complement	-

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

SKETCH PLAN

I hereby authorise your goodself to send my accident report to my workshop via email :
Email : alphacarservices@hotmail.com

Signature : _____ X

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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' 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.

X



Policyholder's Signature / Date & Time

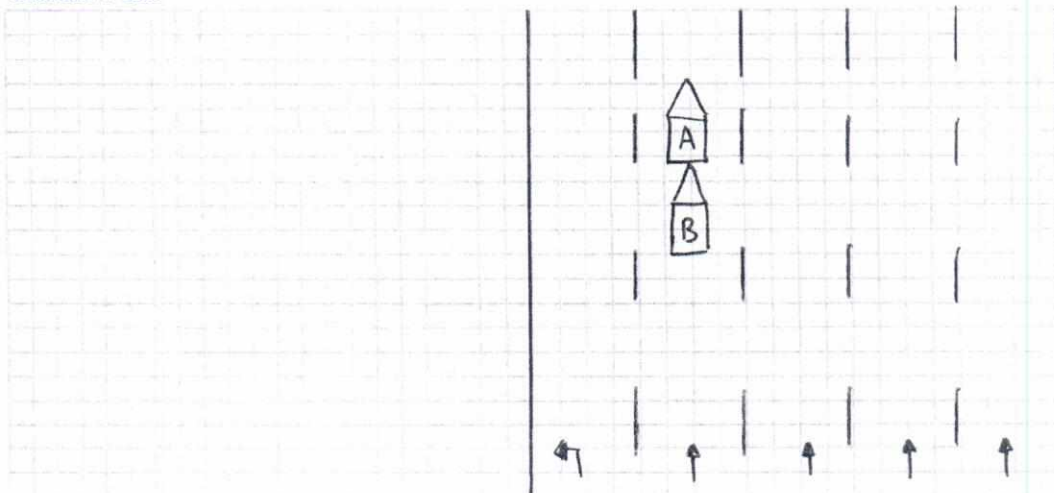
X

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

27/8/2021

Witnessed by Reporting Centre Personnel

Sketch Plan



A: YN797P

B: FBP7298D

(TE (ITY) Before
PIE (chang) Exit.

On the above stated date and time, my vehicle broke down on (TE (City) Before PIE (changi) Exit. My vehicle was stationary when suddenly vehicle B collided on to my vehicle rear portion.

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



X

Driver's Signature (If driver is not the policyholder) / Date
& Time 27/08/2021

Witnessed by Reporting Centre
Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 27 / 08 / 2021 (dd/mm/yy) Time of Accident: 07 : 30 (24-HR-FORMAT)

Vehicle No.: YN797P Vehicle Make & Model / Engine (cc): Mitsubishi / FE83BE05RDEA 3000 cc Private Hire: (Y / ☒)

Exact location of Accident: CTE (CITY) Before PIE (Changi) Exit

Policyholder's Name / IC No.: Kian Ka Construction Pte Ltd ROC/UEN (Company): 199507615K

Driver's Name / IC No.: Ching Ah Aik 52136892Z (As Above) ☐

Driver's Contact No.: 8314 4652 Company Contact No / Owner Contact No: 6769 5961 / 9965839

Driver's Address: B11C 19 Upper Boon Leng Road #02-1194 S(380019) (GM) msc Low

Owner Email address: kianka@singnet.com.sg Insurance Company: China Taiping Insurance

Driver Email address: yitinglow@kianka.com.sg

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

***No. of Passengers (Including Driver):** 01

***Passenger Name:** _____ **Gender: Male / Female x()**

***Passenger Name:** _____ **Gender: Male / Female x()**

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: _____

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: FBP7298D

Driver's Contact No: 8509 4803 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

***Independent Witness (If Any):** _____ Contact No: _____

Preferred Workshop Name: Alpha Car Services Pte Ltd Contact No: 6509 8258 / 8338 8376



Motor Commercial

MZ300/C

R SN

AN0482A

Cov. Type:F

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.

DMCVSNW00106792005

Engine No.: 4M42A74671

Cha. No.: FE83BEA20231

1. Index Mark and Registration
Number of Vehicle

YN797P

2. Name of Policy Holder

KIAN KA CONSTRUCTION PTE LTD

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

10/11/2020

4. Date of Expiry of Insurance

09/11/2021

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.

* 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: ARENA ASIA INSURANCE AGENCY
Authorised Officer

Authorised Signatory