

NATIONAL ASSOCIATION OF CERTIFICATE SERVICES

SLIP # 189000

Date In: 09/11/2021 09:54
 Ref No: X188/CT22011405/Y
 Vch No: PG 29709
 OOA: 08/11/2021 14:15

Job Description	Date & Time Completed	Done by
SAS e-illing		
E-mail (by date time, A/S time)		
1-Motor Claim Exam		
1-Motor W/O (within 60 days, TP 10/1)		
1-Photo Uploaded		
Assessment Survey Report		
Asst Report by Fax / Email to Owner/Agent		

(O) / TP / Reporting Only

TP Insured

Preferred Wksp / HO Address Wksp / QW /

TP Initials/Agent Vch No: XE 5757 G, NOC, / Non-NOC

Owner / Driver () Toll

Policy No () Period () Cover Type ()

Continued by () Date () Driver

Insured/Driver Liability () % (Note: Est. Slows (WO) N10-20%, P121-79%, P180-100%)

Year of Registration () Warranty Y/N () / NO ()

Deductible () Loading \$1,000 () / \$2,000 ()

() Within Coverage / Customer's Information strictly Confidential & strictly NO Rpt of Replication

() Total Loss Case / to e-mail Insurer URGENTLY

Drive-In () / Towed-In () / Invoiced Y/N () / NO () / Towed-In ()

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

2) QO Check / Post Repair Inspection ()

3) Upload Repair Photo (Repair Cost > \$3,000) ()

Initials

X182104351

Driver/Owner

Continued No

Continued Portion

QC Checked by (Sign-In-Clarity)

1) All Accident Information (50)	
2) All Damage Information (500)	
3) All Policy Information (500)	
4) All Follow-Up (500)	
5) All Follow-Up with Survey (500)	
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50) All Follow-Up with Survey (500)	

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	09/11/2021 09:54 (SGT)
Date of Accident	08/11/2021 14:15 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS CITY BEFORE BEDOK EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2970G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MARITEAM TRANSPORT SERVICES PTE. LTD.
Company Reg No	2XXXXX055D
Email Address	operations@mariteam.com.sg
Mobile Phone No	(Phone) +65-81238083
Alternative Phone No	+65-81238083

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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
Transmission	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNA00013592100
Cover Note Number	-

DRIVER

Name of Driver	WONG SENG KHUAN
NRIC No	SXXXX159F

Date Of Birth	20/07/1957
Occupation	Outdoor
Date Of Driving Pass	05/02/1979
Driving experience	42 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81238083
Alt. Phone Number	-
Email Address	operations@mariteam.com.sg
Address	BLK 401 HOUGANG AVENUE 10 #08-1164
Address complement	-
Postcode	530401
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN PAX
Gender	Male

PASSENGER 2

Name	UNKNOWN PAX
Gender	Male

PASSENGER 3

Name	UNKNOWN PAX
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

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	XE5757G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHUA HENG CHIANG
NRIC No	SXXXX911J
Contact Number	(Phone) +65-97421482
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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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)

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.



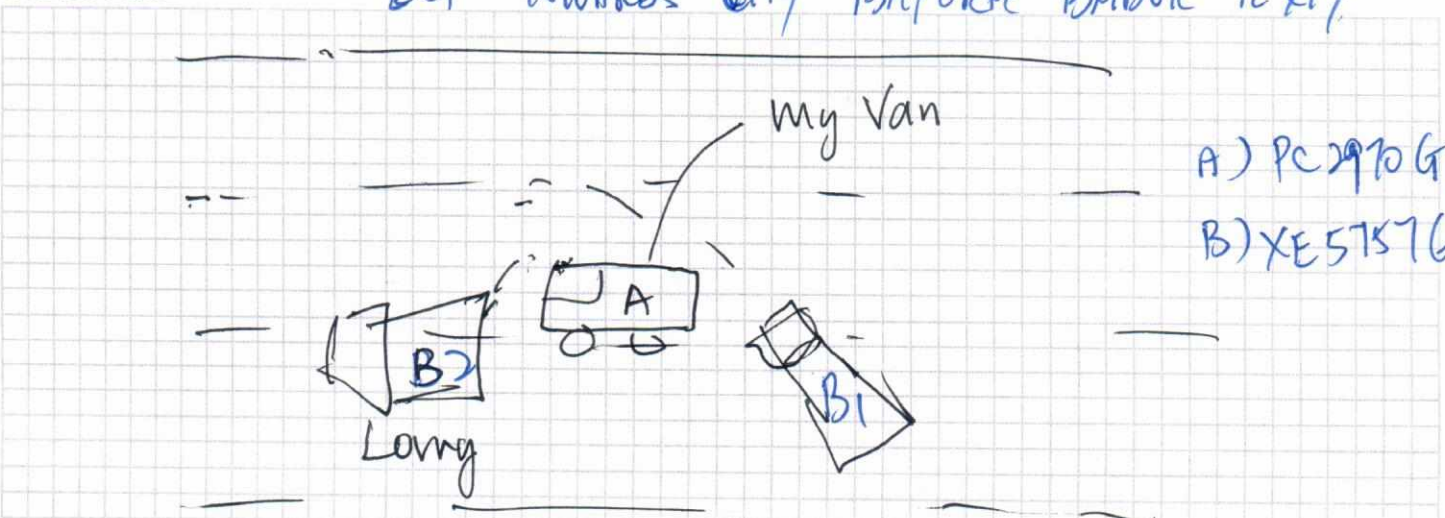
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

ECP TOWARDS CITY BEFORE BRIDGE EXIT



Describe Circumstances of the Accident

Date : 08/11/2021

Time : 14:15 Hrs

I was travelling along Ecp where this heavy duty lorry was turning out of the inner lane to the middle lane I was travelling. I slow down my vehicle and the lorry was trying to go back to the inner lane.

As the ground was wet and the lorry did not move ~~int~~ back to his lane quick enough, the accident happened.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 8/11/2021

Witnessed by Reporting Centre Personnel

[Signature] 09/11/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (8/11/2021) (DD/MM/YYYY), TIME: (14:15) (HH:MM)

LOCATION: East Coast Expressway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC2970G
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMB13NA00013592100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Ferry Crew To Pier
 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: MarTeam Transport Services (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200402055D CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wong Sung Khuan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1230159F CONTACT: 8123 8083
 c) ADDRESS: Blk 401 Honggang Avenue 10 #08-1164
 S630401

*d) DATE OF BIRTH: (20/07/1957) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05 Feb 1979

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XE5757G MODEL: Lorry
 b) DRIVER'S NAME: Chua Heng Chiang
 c) NRIC/FIN/PASSPORT: S125991PJ CONTACT: 97421482

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = OPERATIONS@MARTEAM.COM.SG.
 VIDEO

Motor Bus

MZ601

E SN

BR0057A

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.	DMB1SNA00013592100	Engine No.: YD25351532A	
		Cha. No.: JN1UC4E26Z0001873	
1. Index Mark and Registration Number of Vehicle	PC2970G		
2. Name of Policy Holder	MARITEAM TRANSPORT SERVICES PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28/10/2021 (00:00:00)	Excess Sect I.	\$S2,000.00
		EX ON WINDSCREEN.	\$S100.00
4. Date of Expiry of Insurance	31/10/2022		

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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.

陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
 3A/5A Aliwal Street, Chenn Leonn Building
 Singapore 199896
 www.tib.com.sg
 Tel: (65) 6742 6766 Fax: (65) 6742 6669

6. Limitations as to use:

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer, except the towing (other than for reward) 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: Ho Li Hwa Irene
 Authorised Officer


 Authorised Signatory

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

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com