NATIONAL Assessment Centre S	Services: [wel 1 Jan'06]	· QAIN	201 000	007
Date lie (A) O( ( a co a	Job description	Date &Time	Completed	Done by
Ref No N/BA/C/122003(16/V)	SAS e-filing	i .	Completed	· · · · · · · · · · · · · · · · · · ·
· Veh No: GRE 20824	E-mail (within 8hrs, AIC 2hrs)	1	1	· · · · · ·
D.O.A: ///00/2002) //'20	i-Motor Claim Form	1		. *
A CONTRACT WAS		<u> </u>		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs	s, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Professed Miles / INC Assistant VAIII - / COM /	Ass't Report by Fax / Hand t	o Owner/Wks	<u> </u>	
Preferred Wksp / INC Assign Wksp / QW: (	10111	Tel:	Fax	: )
TP Particulars: Veh No:	1001H . INC(	)/Non-IN	C( ).	12
Owner / Driver: (		Tel:		)
Policy No: ( ) Period		Cover Type:		).
	Date:	· Tin		) .
	e-Est. Status (WO): N: 0-20		%: F; 80-100	[%]
Excess: (\$ ) Loading: \$1,000 (	ranty: YES ( )/NO (	)		-
General Remarks:	)/\$2,000()		র বাংলাক ভারতে সময়	· (* )/( !! =
( ) Walk-In Customer : Customer's informa	tion strictly Confidential & St	rimtly NO safas		
( ) Total Loss Case : to e-mail Insurer U		icily NO rater	or repairer.	<del></del>
Drive-In ( )/Towed-In ( ); Invoice: Y		owing Co: (	- 1-2/	. :,)
	7,7	•		***************************************
Remarks: (INC hofline: 6788 6616)		Date&Time (	Sompleted	Deneby
Apply for Transport Allowance ( )/ Cour     QC Check / Post Repair Inspection	tesy Car ( )			1.
3) Upload Resurvey Photo [Repair Cost > \$3000	0. )		. —	
	1.7	1,	· · ·	
Injury:		<del>'</del>		***************************************
Date/Time Actions	Taris de cerc			
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NH2201042	Invoice Prep	oaration Chr	cklist	fat Bill Add Bill
laimant's Particulars ;-	1) AR : Accident	Reporting (\$30) Assessment (\$100		
river/Owner:	3).TF: Towing F	ee .	540/\$4	5
	4) FT : Follow-Th	nrough Survey nrough Survey (Re	\$12 survey) \$3	<del></del>
ontactil·lo:	For claiming as	zainst INC Only (v	wef 10 Jan 2005)	
amaged Portion:	5) TR: Re-inspec 7) N1: Idac DA +		\$7 \$16	
=	8) NTUC Additio			
C Checked by (Engr-In-Charge):	OD*  *NS: Courtesy	Car/Tpt Allowan	oe S	51.
3000 Fall (1990)	*N6: Repair Co	o-ordination	. 31	0
uditors: Comments :-	*N7: Post Repa *N8: DV / Coll	ir Inspection ect Excess Coordi	nation 3	<del></del>
	40 1 4 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
<u>. 1:</u>	TP(NII): TP			
. 2 / 3:	TP (N11): TP 9) N12: Idac Mob Invoice dated		INC \$2  3  Fee Charged	



# 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

- 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 19/04/2022 16:02 (SGT) Date of Accident 14/04/2022 11:30 (SGT) **Exact Location of Accident** Middle Rd, Singapore Additional Location Information Country/State of Loss Singapore

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

Employment

No - Claiming third party

Commercial vehicle

Vehicle Registration Number **GBE3282H** 

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LG TAN ENTERPRISE Company Reg No 5XXXX468D **Email Address** citizenpower555@gmail.com

Mobile Phone No (Phone) +65-80307678 Alternative Phone No +65-80307678

VEHICLE PARTICULARS

Manufacturer Fiat Model Doblo Variant

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

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission Auto CC 1598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage Comprehensive Fleet Policy

Policy Number DMCVSNW00047672200 Cover Note Number

DRIVER

Name of Driver TAN SEAN GEE NRIC No SXXXX350G

Accident report SN08224J0007

Date Of Birth	20/10/1001
Occupation	26/10/1961 Outdoor
Date Of Driving Pass	Outdoor
Driving experience	18/08/1983
Gender	38 YEARS AND 8 MONTHS Male
Mobile Number	
Alt. Phone Number	(Phone) +65-80307678
Email Address	oitizennesse EEEO
Address	citizenpower555@gmail.com
Address complement	BLK 9 LORONG 7 TOA PAYOH #03-331
Postcode	310009
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	NO
	_
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Assident	
Type of Accident Weather Conditions	Side Swipe
Road Surface	Clear
Road Surface	Dry
OTHER INFORMATION	
W.	
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	
21.112.01.4.01.01.01.	
Was the accident reported to the police?	No.
Was notice of intended Prosecution given?	No
If yes, against whom?	No
( ) and the state of the state	•
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	23.00 0000.7
Vehicle Registration Number Vehicle Manufacturer	SNA2681A
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	*
Vehicle Category	- D
Name of Driver	Private car
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

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- (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.

Policyholders Signature / Time Sketch Plan	Date &	Driver's Sign & Time	nature (If d	Priver is not	the policyh	nolder) / Date	Witnessed by Rep Personnel	orting Centre
VEHICLY. A. GBE 3282H B: SNA 2681 A		X		1 4 4 4 4		STODIW.	POAD	
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Describe Circumstances of the Accident

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### Declaration

We declare the foregoing particulars are true in every respect.

ENTERPRISE

Policyholder's Signature V Date & Time

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

Witnessed by Reporting Centre

Personnel



MAKE & MODEL : FIAT	AUTOV MANUAL
14 104 1.2002	·C.C. 1.6cc
1130 AM/PM	
MIDDLS 80AD	
(EMPLOYMENT) / PRIVATE USE / I	PRIVATE HIRE
. IG TAN ENT	TERPRISE
UPOWER SSS OBMATE GNOSSICE.	MOBILE GOSO 767
53416468D	
OD / THIRD PARTY) / REPORT	TING ONLY
YES (NOL?	
Comprehensive / Third Party / Thir	rd Party Fire & Theft
Dmc v2N W8804767 2289	
	GEE.
S1462350C1.	
26 / 10 / 1961	
YES / NO(:	
MALE / FEMALE	
Outdoor! / Indoor	
18 108 1 1983	
Male / / Female	
Mobile: 8030 7676 Office.	Home:
BLKG LORONG 7 TOA A	MOH #03-331 SS10009
NO 1/ If yes : Reg No:	INSURER
Employee / If No.	
Clear / Raining / Other:	
Nol/If yes: Who?	
5	
1	?
1851	
Any Passenger:	
Any Passenger :	
Any Passenger:	
Any Passenger:	
YES NOT	
YES/NO	
	14 104 12002  1130 AM/PM  middle eard [EMPLOVMENT] / PRIVATE USE /



# 中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ301/C

SN

AN0597A

Cov. Type:C

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 Road Transport Act, 1997 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00047672200

Engine No.: 263A50007417408 Cha. No.:ZFA26300006A94272

Index Mark and Registration

GBE3282H

AUTOSAFE

Number of Vehicle 2. Name of Policy Holder

LG TAN ENTERPRISE

05/04/2022

Excess Sect I. EX ON WINDSCREEN .

S\$450.00 S\$100.00

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (14:04:08)

4. Date of Expiry of Insurance

04/04/2023

5. Persons or Classes of Persons entitled to drive\*

(1) Whilst the vehicle is being used in connection with the Policyholder's business Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes 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 Vehicle.

6. Limitations as to use:

Use in connection with the Policyholder's business.
 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 racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO.: ABS FINANCIAL PTE LTD

\* 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: ABS INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory

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

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**6222 1033** 

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