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Date In: 07/10/22 Job d	lescription	Date &Time Completed	Done),
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DOA06/Co/22 0930 I-M	otor Claim Form		The color of the c	***************************************
i-M	Otor W/O (Within: OD 2hrs	TP 4hrs)		••
OD TP (Reporting Only)	noto Uploaded			
Ass	essment/Survey Report			
TP Insurer: Ass	t Report by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:		
TP Particulars: Veh No: GBO	3723H 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%. F: 80-100	%]	
Year of Registration: () Warranty	v: YES () / NO ()		-
Excess: (\$) Loading: \$1,000 ()/\$2,000()			
General Remarks:-		\$450 p. 600 pr. 0		
() Walk-In Customer: Customer's information	strictly Confidential & Str	ictly NO refer of repairer.	and the state of t	name & Market and Commence on the
() Total Loss Case : to e-mail Insurer URG	ENTLY.			
Drive-In () / Towed-In (); Invoice: YES () / NO(); T	owing Co. (1)
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	bv
1) Apply for Transport Allowance () / Courtesy	Car ()			
2) QC Check / Post Repair Inspection	()			Marie a management of the original terms
3) Upload Resurvey Photo [Repair Cost > \$3000]	()			-
To the second se	()			
Injury:		4		
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NA2200830	Invoice Pre	paration Checklist	Anıt (\$)	Amt (\$)
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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 Actual 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 07/10/2022 14:52 (SGT) Date of Submission Driver 06/10/2022 09:30 (SGT) Singapore

Reported by Date of Accident Exact Location of Accident HOUGANG AVE 3 TURNING RIGHT TO DEFU AVE 1 Additional Location Information Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** GBD1576D Vehicle Registration Number INSURED/POLICYHOLDER Is company? Yes NAM YONG INDUSTRADES Name Of Registered Owner Company Reg No 4XXXX200A **Email Address** namyong5@gmail.com (Phone) +65-63825465 Mobile Phone No Alternative Phone No VEHICLE PARTICULARS Toyota Manufacturer Dyna 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 No - Reporting only your vehicle? Commercial vehicle Vehicle Category Manual Transmission 3000 CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company DMCVSNW00079792203 Policy Number / Cover Note Number

DRIVER

NG HAP SENG Name of Driver SXXXX779G NRIC No 01/10/1958 Date Of Birth Outdoor Occupation

Date Of Driving Pass 23/03/1982 40 YEARS AND 7 MONTHS Driving experience Gender (Phone) +65-81874031 Mobile Number Alt. Phone Number Email Address namyong5@gmail.com **BLK 616 HOUGANG AVE 8** Address #09-382 Address complement 530616 Postcode 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 Collision - Head to Rear Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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 PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number **GBD3723H** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle

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

- 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 Actual Driver.
- 3. Information provided must be as <u>truthful</u> and <u>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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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.
- 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

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

HOUGANG AUE 3 TURNING RIGHT TO DEFU

CB237287

vJun2022

4 4 4

1

Describe Circumstance of the Accident
I was travelling from Hougang Ave 3 turning right
into Defu Aux 1. While marking a right turn
suddenly weh B stop and my weh hit out
the rear left for of wh B.

Declaration

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

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

Actual Driver's Signature (if driver is not the policyholder)

Actual Driver's Signature (if driver is not the policyholder)

(Name as in NRIC/ID card)

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE OLVEHICLE NUMBER: \$180/5760 b)NSURANCE COMPANY: \$1100 PARTY THE ETHER! C)POLICY NUMBER: \$170/70 Squa 3. Auto / party Fire ETHER! C)MAKE & MODEL: \$770/70 Squa 3. Auto / party Fire ETHER! C)MAKE & MODEL: \$170/70 Squa 3. Auto / party Fire ETHER! C)MAKE & MODEL: \$170/70 Squa 3. Auto / party Fire ETHER! C)MAKE & MODEL: \$170/70 Squa 3. Auto / party Fire ETHER! C)MAKE & MODEL: \$170/70 Squa 3. Auto / party Fire ETHER! C)MAKE & MODEL: \$170/70 Squa 3. Auto / party Fire ETHER! C)MAKE & MODEL: \$170/70 Squa 3. Auto / party Fire ETHER! C)MAKE & MODEL: \$170/70 Squa 3. Auto / party Fire ETHER! C)MAKE & MODEL: \$180/70 Square (Party Claim) C)MAKE & MODEL: \$180/70 Square (Party Claim) C)MAKE & MODEL: \$180/70 Square (Party Claim) C)MAKE & POLICY HOLDER A)NAME. C)MAKE & MARY & MAP & CENU C)MAKE & MALE / FEMALE C)MAKE & MARY & MAP & CENU C)MAKE & MARY	ACCIDENT DATE: (06/10/ 22)(D	D/MM/YYYY), TIME: (09:30) (HH:MN
OVEHICLE NUMBER: 980/5760 DINSURANCE COMPANY: CHIMO CIPOLICY NUMBER: DIRCUMWOOO 1979 20 03 JIPOLICY TYPE (COMPREHENSIVE / HIRD PARTY THE ATHEFT) EMAKE & MODEL: 77979 DRAW AUTO PARTY THE ATHEFT EMAKE & MODEL: 77979 DRAW AUTO PARTY THE ATHEFT EMAKE & MODEL: 77979 DRAW AUTO PARTY THE ATHEFT EMAKE & MODEL: 77979 DRAW AUTO PARTY THE ATHEFT EMAKE WOU CLAMING UNDER YOUR OWN INSURANCE (FESTICO) IF NO, PLEASE STATE (THIRDED PARTY CLAIM REPORTING ONLY) END, PLEASE STATE (THIRDED PARTY CLAIM REPORTING ONLY) CONTACTO 3805 Y 65 CONTINUE TO 3 d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACTO 8187 (403 CONTINUE TO 3 d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: J/22/77/1 CONTACTO 8187 (403 CONTINUE TO 3 d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: J/22/77/1 CONTACTO 8187 (403 CONTACTO 81871 (101 / 101/122) (100/1/80) IF ORDERS: BLC 16 / 104/1/14 (403) DINRIC/FIN/PASSPORT: J/22/77/1 CONTACTO 8187 (403) CONTACTO 8187 (403) IF NO, RELATIONSHIP OF DILE PRIVER WITH INSURED'S COMPANYT (YES) / NO) IF NO, RELATIONSHIP OF DILE PRIVER WITH INSURED'S COMPANYT (YES) / NO) IF NO, RELATIONSHIP OF DILE PRIVER WITH INSURED'S COMPANYT (YES) / NO) IF YES, PLEASE STATE WHICH POLICE STATION: HORD SURFACE/DEDY WET / OTHERS ONE ANYBODY INJURED (YES / 100) IF YES, PLEASE STATE WHICH POLICE STATION: HE HURD PARTY VEHICLE ON PROSENGER: MODEL: THERD FARTY VEHICLE OF PROSENGER: MODEL: ON PROSENGER: MODEL: ON PROSENGER: MAME: ON PROSENGER: MODEL: ON PROSENGER: MAME: ON PROSENGER	LOCATION: HOUGANG AUE 3	DERY ,
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CJADDRESS: BC C/B HOWCANG AVE 8 d) DATE OF BIRTH: (O/ / 0) /95 B) (DOMM/YYYY) e) OCCUPATION: (INDOOR / QUIDOOR) f) YEARS OFFDRIVING EXPRERIENCE 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 6. WAS ANYBODY INJURED (YES / OF) 7. a) REPORTED TO POLICE (YES / OF) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: 9BO 37D3 H MODEL: 1. DIVER'S NAME: (1) PASSENGER C) NRIC/FIN/PASSPORT: CONTACT: (2) VEHICLE NUMBER: MODEL: 1. AND PARTY VEHICLE (3) VEHICLE NUMBER: MODEL: (4) VEHICLE NUMBER: MODEL: (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) PASSENGER (8) DRIVER'S NAME: (9) DRIVER'S NAME: (10) CHIC/FIN/PASSPORT: CONTACT: (11) CONTACT: (12) CONTACT: (13) DRIVER'S NAME: (14) CONTACT: (15) DRIVER'S NAME: (16) DRIVER'S NAME: (17) DRIVER'S NAME: (18) DRIVER'S NAME: (19) DRIVER'S NAME: (20) DRIVER'S NAME: (21) DRIVER'S NAME: (22) DRIVER'S NAME: (23) DRIVER'S NAME: (24) DRIVER'S NAME: (25) DRIVER'S NAME: (26) DRIVER'S NAME: (27) DRIVER'S NAME: (28) DRIVER'S NAME: (29) DRIVER'S NAME: (20) DRIVER'S NAME: (21) DRIVER'S NAME: (22) DRIVER'S NAME: (23) DRIVER'S NAME: (24) DRIVER'S NAME: (25) DRIVER'S NAME: (26) DRIVER'S NAME: (27) DRIVER'S NAME: (28) DRIVER'S NAME: (29) DRIVER'S NAME: (20) DRIVER'S NAME: (20) DRIVER'S NAME: (20) DRIVER'S NAME: (20) DRIVER'S NAME: (21) DRIVER'S NAME: (22) DRIVER'S NAME: (23) DRIVER'S NAME: (24) DRIVER'S NAME: (25) DRIVER'S NAME: (26) DRIVER'S NAME: (27) DRIVER'S NAME: (28) DRIVER'S NAME: (29) DRIVER'S NAME: (20) DRIVER'S NAME: (20) DRIVER'S NAME: (20) DRIVER'S NAME: (20) DRIVER'S NAME: (21) DRIVER'S NAME: (22) DRIVER'S NAME: (23) DRIVER'S NAME: (24) DRIVER'S NAME: (25) DRIVER'S NAME: (26) DRIVER'S	(Inded: 1 Salvame NG HAP CENIL	
d)DATE OF BIRTH: (O/ /O) (250) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / QUIDOOR) f) YEARS OF DRIVING EXPRERIENCE: 33/03/1882 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (XES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. C) WEATHER CONDITION: (CLEAR / RAINING / OTHERS 6. WAS ANYBODY INJURED (YES / O) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: 9BD 3723 H MODEL: 1. DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: 1. DRIVER'S NAME: O) VEHICLE NUMBER: MODEL: 1. DRIVER'S NAME: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: CONTACT: O) VEHICLE NUMBER: CONTACT: O) VEHICLE NUMBER: CONTACT: O) VEHICLE NUMBER: CONTACT: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: CONTACT: O) VEHICLE NUMBER: CONTACT: O) VEHICLE NUMBER: MODEL: O) VE	(1) b)NRIC/FIN/PASSPORT: 5/329: c)ADDRESS: BLC 616 HOUR	
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b)ROAD SURFACE DEP WET / OTHERS 6. WAS ANYBODY INJURED (YES / O) 7. a)REPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 10. VEHICLE NUMBER: 9BD 3723 H MODEL: 11. CONTACT: 9. THIRD PARTY VEHICLE 12. of PRSSEnger of VEHICLE NUMBER: MODEL: 12. of PRSSEnger of VEHICLE NUMBER: MODEL: 13. of PRSSEnger of VEHICLE NUMBER: MODEL: 14. of PRSSEnger of VEHICLE NUMBER: MODEL: 15. of PRSSEnger of NRIC/FIN/PASSPORT: CONTACT: 16. of PRSSEnger of VEHICLE NUMBER: MODEL: 17. a) REPORTED TO THERS 18. THIRD PARTY VEHICLE 19. DRIVER'S NAME: 20. DRIVER'S NAME: 21. DRIVER'S NAME: 22. DRIVER'S NAME: 23. DRIVER'S NAME: 24. DRIVER'S NAME: 25. DRIVER'S NAME: 26. DRIVER'S NAME: 26. DRIVER'S NAME: 27. DRIVER'S NAME: 28. DRIVER'S NAME: 29. DRIVER'S NAME: 29. DRIVER'S NAME: 29. DRIVER'S NAME: 20. DRIVER'S NAME:	4. WAS DRIVER AN EMPLOYEE OF THE DRIV.	INSURED'S COMPANY? (YES / NO)
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B. THIRD PARTY VEHICLE (a) VEHICLE NUMBER: 9BO 3723H MODEL: (b) DRIVER'S NAME: (c) NRIC/FIN/PASSPORT: CONTACT: (d) VEHICLE NUMBER: MODEL: (e) DRIVER'S NAME: (e) DRIVER'S NAME: (f) NRIC/FIN/PASSPORT: CONTACT: (e) DRIVER'S NAME: (f) NRIC/FIN/PASSPORT: CONTACT: (f) NRIC/FIN/PASSPORT: CONTACT: (g) DRIVER'S NAME: (h) NRIC/FIN/PASSPORT: CONTACT: (h) NRIC	7. a)REPORTED TO POLICE (YES / MO)	
Induding driver) b) DRIVER'S NAME: (1) 9. THIRD PARTY VEHICLE (2) VEHICLE NUMBER: (3) VEHICLE NUMBER: (4) DRIVER'S NAME: (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) DRIVER'S NAME: (8) DRIVER'S NAME: (9) DRIVER'S NAME: (10) DRIVER'S NAME: (11) OF PRESENGER (12) OF PRESENGER (13) OF PRESENGER (14) OF PRESENGER (15) OF PRESENGER (16) OF PRESENGER (17) OF PRESENGER (18) OF PRESE	IF YES, PLEASE STATE WHICH POLICES	TATION:
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Motor Commercial

MZ300/C

SN

AN0679A

CERTIFICATE OF INSURANCE

Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) for Vehicles (Third-Party Risks and Compensation) Rufes, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rufes, 1959 (Malaysia)

Cov. Type:C

CERTIFICATE NO

DMCVSNW00079792203

Engine No.: 1KD2395732

Cha. No.:KDY2318015640

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GBD1576D

AUTOSAFE

Number of Venicle

2. Name of Policy Holder

NAM YONG INDUSTRADES

Effective data of the Commencement of treatment for treatment for the purposes of the Regulations. (00.00.00) Ordinance or Enactment

03/07/2022

Excess Sect I.

S\$350.00

EX ON WINDSCREEN .

S\$100.00

4. Date of Expry of Insurance

02/07/2023

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

- 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.
 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.: ABWIN PTE LTD 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.

Authorised Signatory

ABWIN PTE LTD Authorised Officer

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

Q6389 6111

6222 1033

www.sg.cntaiping.com