NATIONAL-Assessment Contr	e Services (	11	Date &Time Completed	li D	one by
Dateln 14 10312023	Job description		ALC COLLEGE	:	
Retno NA/CT123002639/W	SAS e-filing	<u></u>		1 .	
VehNo GBG 9743 U	E-mail (within 8hrs			<u>:</u>	
DOA 13/03/2023	i-Motor Claim F	orm :		<del></del>	
	i-Motor W/O (wi	thin: OD 2hrs, T	(' 4hrs)	<del> </del>	
OD/ P/ Reporting Only	i-Photo Uploade			<del></del>	
	Assessment/Surve				
TP Insurer:	Ass't Report by Fa	ax / Hand to	The same of the sa	Fax:	
Preferred Wksp / INC Assign Wksp / QW: (			Tol: )/Non-INC()		
	SNF 2993. Z	. INC(			)
Owner / Driver: (			Tel: Cover Type: (		)
Policy No: ( ) P	Period: (		Time:		)
Confirmed by : (	[Note-Est. Status (WO	Date:	_	30-100%]	
Insured/Driver Liability: ( %)		/NO( )	)		
Year of Registration: ( )	Waltana, Commercial Co	)			
Excess: (\$ ) Loading: \$1	,000 ( ) / \$2,000 (	20 1 ( Q. X	200 y y h. y d. r.		
General Remarks:-  ( ) Walk-In Customer: Customer's in		tential & Stri	ctly NO refer of repai	irer.	
( ) Walk-In Customer's in	formation strictly Come	30111101			
( ) IT MINE THE COMMENT	TIN CONTROL W	•			
( ) Total Loss Case : to e-mail Inst	arer URGENTLY.				
( ) Total Loss Case : to e-mail Insu Drive-In ( ) / Towed-In ( ); Invo	ice: YES ( ) / NO	( ); To	owing Co. (		
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( ) Total Loss Case : to e-mail Instance In ( ) / Towed-In ( ); Invo  Remarks: (INC harline: 6788:6616  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Dafe/Time: Actions  NA2300745  Claimant's Particulars	( )   ( )	(nvoice Pro 1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow-	paration Checklist at Reporting (\$30); c Assessment (\$100); Fee Through Survey Through Survey (Resurvey)	INC (\$80) \$40/\$45 \$120 \$30	Anit (S)
( ) Total Loss Case : to e-mail Instance In ( ) / Towed-In ( ); Invo  Remarks: (INC harline: 6788:6616)  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time: Actions  NA2300745  Claimant's Particulars	( )   ( )	(nvoice Pro  (nvoice Pro  1) AR: Accider  2) DA: Damage  3) TF: Towing  4) FT: Follow-  5) FT: Follow-  For claiming	paration Checklist  Date Time Complet  paration Checklist  Reporting (\$30);  e Assessment (\$100);  Fee  Through Survey  Against INC Only (wef 10)	INC (\$80) \$40/\$45 \$120 \$300 Jan 2005) \$75	Anit (S)
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Drive-In ( ) / Towed-In ( ); Invo  Remarks: (INC horline: 6788:6616)  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time: Actions  NA2300745  Claimant's Particulars  Oriver/Owner:  Contact No:  Damaged Portion:	( )   ( )	Invoice Pro  Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUG Addi OD* *N5: Courte	Date Time Completed and the paration Checklist at Reporting (\$30); and the paration of the par	INC (\$80)  \$40/\$45  \$120  \$30  \$40/\$545  \$160  \$55  \$160	Ant (S)
Drive-In ( ) / Towed-In ( ); Invo  Remarks: (INC horline: 6788.6616)  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time: Actions  NA2300745  Claimant's Particulars  Oriver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	ice: YES ( ) / NO   / Courtesy Car ( )   ( )	Invoice Pro  Invoice Pro  1) AR: Accident 2) DA: Damage 3) TP: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae Da 8) NTUG Addi OD*  *N5: Courte *N6: Repair *N7: Post R	Date Time Completed and the co	INC (\$80)  \$40/\$45  \$120  \$30  Jan 2905)  \$75  \$160  \$55  \$10  \$25	Anit (S)
Drive-In ( ) / Towed-In ( ); Invo  Remarks: (INC harline: 6788.6616)  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time: Actions  NA2300745  Claimant's Particulars  Oriver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	( )   ( )	nvoice Pro  1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae Da 8) NTUC Addi Oli* *N5: Courte *N6: Repair *N7: Post R *N7: Post R *N8: DV / 0	Date Time Completed Bate Time Completed Bate Time Completed Bate Time Completed Bate Bate Bate Bate Bate Bate Bate Bate	INC (\$80)  \$40/\$45  \$120  \$30  \$40/\$45  \$160  \$55  \$160  \$525  \$520	Anit (S)
Drive-In ( ) / Towed-In ( ); Invo  Remarks: (INC harline: 6788.6616)  1) Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  NA2300745  Claimant's Particulars  Oriver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	ice: YES ( ) / NO   / Courtesy Car ( )   ( )	nvoice Pro  1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae Da 8) NTUC Addi Oli* *N5: Courte *N6: Repair *N7: Post R *N7: Post R *N8: DV / 0	Datation Checklist Daration Checklist Output (\$30); Experiment (\$100); Fee Through Survey Through Survey (Resurvey) A + SMRT Survey Sitional Services: Sy Car / Tpt Allowance To-ordination Content Inspection Collect Excess Coordination TP (N:n INC) against INC Mobile	INC (\$80)  \$40/\$45  \$120  \$30  \$40/\$545  \$160  \$55  \$5160  \$55  \$515	Anit (S)

# **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 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

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**

14/03/2023 14:09 (SGT) Date of Submission Reported by 13/03/2023 08:45 (SGT) Date of Accident Singapore Exact Location of Accident Additional Location Information Along Toh Guan Road Country/State of Loss ..... Singapore

# **DETAILS OF OWN VEHICLE**

Nissan

GBG9743U Vehicle Registration Number

# INSURED/POLICYHOLDER

Is company? Barf Singapore Pte Ltd Name Of Registered Owner 2XXXXX809M Company Reg No ecv@elitecarventures.com **Email Address** (Phone) +65-93876915 Mobile Phone No ..... Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Nv200 Model ..... 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 - Claiming third party Commercial vehicle Vehicle Category ..... Manual Transmission 1461

#### INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Policy Number / Cover Note Number DMCVSNW00144732202

#### DRIVER

Tan Chee Yong Richard Name of Driver SXXXX277A NRIC No 12/04/1975 Date Of Birth Occupation ..... Outdoor

25/12/2009 Date Of Driving Pass 13 YEARS AND 3 MONTHS Driving experience MANAGEMENT CONTROL OF THE CONTROL OF (Phone) +65-93876915 Mobile Number Alt. Phone Number ecv@elitecarventures.com Email Address Address ..... Blk 94 Teban Gardens Road Address complement ..... #10-273 600034 Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Clear Weather Conditions ..... Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No 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? No 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? Jurong East Neighbourhood Police Centre Police Station Name (Phone) +65-18008999999 Police Station Phone No (Fax) +65-66655791 Alt. Police Station Phone No No. 92 Boon Lay Way Singapore 609962 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to Police Report No. T/20230313/2113. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? ..... Yes Reasons for not uploading a video of the accident Yes, with workshop. **DETAILS OF OTHER VEHICLE PROPERTY 1** SNF29937 Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	100
Contact Number	# <b>-</b>
Address	-
Address complement	-
Postcode	P
Insurance Company Name	-
Nature Of Damage	<u></u>
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person	Tan Chee Yong Richard
Gender	=
Phone No	-
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	•
Injuries Sustained	
Injured person in which vehicle?	GBG9743U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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.

	aforesaid.	
		ACCIDENT STATEMENT
	Date Of Report	(4032073
Z	Date Of Accident	13 03 2023 8:49am
T	Exact Location Of Accident	Along Tal Guan Rd cross junction
Z	Country/State of Loss	1 Singapore
		DETAILS OF OWN VEHICLE
Th	Vehicle Registration Number	GBG 9743U
	Insured/Policyholder	
4	ame Of Registered Owner / Company	Bart Singapore Pte Ltd.
	RIC No / Work Permit No / ROC No	200711809m
	Email Address	ecv@elitecarventures.com.
	Mobile Phone No	(LOCAL): 93876915
	Alternative Phone No	Others-
	Vehicle Particulars	
公	Manufacturer	Mssan
公	Model	NV 200
公	Exact Purpose for which vehicle was being used at time of accident	Private Use / Commercial Use/ Hirer Use
合	Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken	Yes / No / Third Party
7	Vehicle Category	Private Use / Commercial Vehicle / Motorcycle / Taxi / Bus / Goods Vehicle / Tanker / Mobile Equipment / Motor Trade / Government
	Insurance Company	
-	ame of Insurance Company	China lai Pinez
û	e Of Coverage	V
	Let Policy	Yes / No
	Policy Number	DMCVSNW00144732202
	Cover Note Number	
	Driver	To do W out
	Name of Driver	Tan Chee Young Richard
	NRIC No	S7510277A
7	Date Of Birth	12041975
7	Occupation	Indoor / Outdoor
7	Date Of Driving Pass	25 12 2009
1	Driving Experience	
(	Gender	Male
. 1	Mobile Number	(Local) 93876915
F	Fax Number	
(	Contact Number	Others-
E	EMail Address	petfornichi @ grail-com

	*	
to		BIK 34 Teban Gardens Rd #10-273
	Address	5 (60034)
	Postcode	
	Was driver an employee of the Insured's Company	
U	If No, Relationship of the Driver with the Insured	Owner / Relative / Friend / Parent / Spouse / Children / Sibling (Hire)
	Vehicle Registration Number of Driver's Own Vehicle	
		•
	Insurance Company of Driver's Own Vehicle	
	General Information of the Accident	· · · · · · · · · · · · · · · · · · ·
廿	Type Of Accident	Collision: Head to Rear
公	Weather Conditions	Rainning / Clear / Other:
$\Delta$	Road Surface	Wet / pry/Other:
	Other Information	0
廿	Was any foreign vehicle involved in this accident?	Yes / No
☆	Foreign Vehicle Registration Number	Fes / No Name: Tan Chee Youg Richard.
公	Was any body injured in the Accident?	Yes / No Name:
	Was any other material or property damaged?	Yes / No
	ave been approached by unknown person(s) oliciting/offering accident claims assistance,	Yes (No
廿	Number of Passengers (Including Driver)	
	Details of Police Action	
公	Was the accident reported to the police?	Yes / No
	If Yes, Please state which Police Station	
	Police Station Name	
	Police Station Address	ROAD: , POSTCODE: , COUNTRY:
	Police Station Contact	TEL NO: - FAX NO:
	Was notice of intended Prosecution given?	Yes / No
	If Yes,against whom?	
	Circumstances of Accident	
	Attachment(s)	
	Are accident photos available for attachment?	(es) No
众	as there any video captured by Car Camera?	(Yes / No
	as there any audio recorded?	Yes KNo
1	DETAILS	OF OTHER VEHICLE PROPERTY 1
公	Vehicle Registration Number	3/4-2/932
	Vehicle Make/Model/Colour	Toyota Raize
	Details Of Properties	V
	Name of Driver	
	NRIC/Passport Number	
	Contact Number	
	Address	
	Postcode	
	Insurance Company Name	
	Nature Of Damage	
	No. Of Passenger (Including Driver)	
	Details of Witness	
	Name	
	Phone Number	

# SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.
- By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

ETCH PLAN			vehicle B SNF 2993
	I A B	,	Hony Toh Guan Rd Cross Junction
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT		
ESCRIBE CINCOLINE			
	Slice		
	K		
	p Sex		
2			Reporting Only
You had been advised by	workshop that in the event that y	you wish to claim	Claim OD
against your own polic	y (OD claim), there is a <u>Fourteen</u> ust be made within the stipulated	(14) days clause	Claim TP
whereby the claim inc	the day of occurance.		Claim OD / TP at other workshop
DECLARATION  I/We declare the foregoing r	particulars are true in every respect.		Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyho		Name:

Date & Time:

NRIC/FIN No .:

Date & Time:





1 of 3

Report No. T/20230313/2113

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

REPORT OF	TRAFFIC ACCIDENT

	ne Report M 23 23:32	lade:	Vide Report No.:	Station Diary No.:
	nt's Particu	ılars		
Name of	Informant: EE YONG I		Address: APT BLK 34 TEBAN GARDEI 600034	NS ROAD #10-273 SINGAPORE
ID Type NRIC NO	/ ID No.: D / S75102	77A	Contact No.: Home/Office:	Mobile: 93876915
National	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 12/04/1975	Type of Informant: Driver	
Race: Chinese		•	Language:	Institution / School Name:
Occupat			Driving Licence Information: Class: 3	Date of Expiry:

Seneral Infor	mation of the Acciden	T	D 1 7: f	Type of Location
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2023 08:45	X-Junction
Location:				
TOH GUAN F	ROAD			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Work	ting	Traffic Volume: Light
Type of Collis Moving Vehic	sion: cle Against - Others			Anyone conveyed by ambulance:

Details of V	etticie ilivo		1.2	0.1	Condition	No of Passange
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBG9743U					Seriously Damaged	0
SNF2993Z	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





0230313/2113

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 2 of 3 Report No. T/20230313/2113

CONTINUATION OF REPORT

Driver				DOM: OF		
Name	TAN CHEE YONG RICHARD		ID No		S7510277A	
Related Vehicle	GBG9743U (Van)			Conta	ict No.	93876915
Hospital/Clinic	BUKIT BATOK POLYCLINIC		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	13/03/2023 Date Disc			narge	13/03	3/2023
			Degree of	Injury	Slight	

#### Brief Details.

On 13/03/23, I was driving my van (GBG9743U) along Toh Guan Rd towards Jurong East Ave 1. At about 0849hrs, I had stopped at the traffic junction Toh Guan Rd X Jurong East Central as the light was red. I was the second vehicle. The traffic light was still red and my van was stationary when suddenly one vehicle (SNF2993Z) hit me from the rear. I alighted from my vehicle and subsequently spoke to the driver of the vehicle who hit me.

The driver namely Emmanuel Gill S/O Sudeshal, S8834805B, HP 87484121 informed that he was on the phone and he started to move off when he saw the bus beside our lane move off. However, the bus only moved as it was a left turn green arrow. Both of us exchanged particulars and also took photos of the vehicles' collision.

I wish to add that my vehicle suffered some damages at the rear and the rear door of my van is unable to be opened. It is dented and there are also some scratches on my rear bumper.

I had also went to Bukit Batok Polyclinic to seek medical attention and I was given 3 days of MC from 13/03/23 to 15/03/23 (ref 1335068919)

I also wish to state that I have video footage of the incident.





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 3 of 3 Report No. T/20230313/2113

# CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report: D / SGT 2 SYAFIQ BIN ABDUL RASHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/03/2023 23:32
Officer In Charge Of Case: TP / AEIT / SI TAN JEOK LENG LESLIE Contact No.: 65476151	Classification Of Case:
NP168	



MEDICAL CERTIFICATE (Ref:1335068919)

**ORIGINAL** 

NAME: TAN CHEE YONG RICHARD (CHEN ZHIYONG RICHARD)

NRIC: S7510277A

Type of Medical Leave granted: Outpatient Sick Leave

The above-named patient is unfit for duty for 3 day(s) from 13/03/2023 to 15/03/2023 Inclusive.

The certificate is not valid for absence from court attendance.

13/03/2023 Date Dr. Ze Yuan TUI (61012G) Issued by

Signature

Location: National University Polyclinics - Bukit Batok



Motor Commercial

CERTIFICATE OF INSURANCE

MZ300/C

SN

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)

AN0295A Cov. Type:C

Engine No.: K9KC400D057719

CERTIFICATE No.

DMCVSNW00144732202

Cha. No.: VSKYBAM20Z0149275

Index Mark and Registration Number of Vehicle

GBG9743U

AUTOSAFF

2. Name of Policy Holder

BARF SINGAPORE PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00)

07/12/2022

Excess Sect 1 EX ON WINDSCREEN .

\$\$450.00 S\$100.00

Ordinance or Enactment

4. Date of Expiry of Insurance

06/12/2023

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 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.

HIRE PURCHASE CO.: MAYBANK

\*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.

YAH MOTOR PTE LTD Issued By:\_\_\_\_\_ **Authorised Officer** 

**Authorised Signatory** 

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