

ATTENTION: Assessment Centre Services

Date In 15/05/2023
 Ref No NA CT123004957/04
 Veh No GBF 1438J
 DOA 14/05/2023 12:30
 OD/TP/Reporting Only
 TP Insurer:

Job description
 SAS e-filing
 E-mail (within 2hrs, A/C 2hrs)
 I-Motor Claim Form
 I-Motor W/O (within OD 2hrs, TP 4hrs)
 I-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by Fax / Hand to Owner/Wksj

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Ych No: SNA 3635C . 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%; P: 80-100%]
 Year of Registration: () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()
 () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
 () Total Loss Case : to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks: ()
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Resurvey Photo [Repair Cost > \$3000] ()
 Injury: ()

Date/Time: () Actions: ()

NA2301432
 Claimant's Particulars
 Driver/Owner:
 Contact No:
 Damaged Portion:
 QC Checked by (Engr-In-Charge):
 Auditors' Comments:
 Call 1:
 Call 2/3:

Invoice Preparation Checklist	Am't (\$)	Inc (\$)	Add
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)		INC (\$80)	
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) NI: Idno DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
9) NI 2: Idno Mobile	\$0		
Total			
Invoice dated			
Invoice dated			
Fee Charged			
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 Actual 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	15/05/2023 18:44 (SGT)
Reported by	Actual Driver
Date of Accident	14/05/2023 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF CIRCUIT ROAD INTO CIRCUIT LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF1438J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PARTY BEAR
Company Reg No	5XXXX031B
Email Address	RAYMOND.KES@GMAIL.COM
Mobile Phone No	(Phone) +65-96811172
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00076802203

DRIVER

Name of Driver	KANG CHING SAN
NRIC No	SXXXX658E
Date Of Birth	14/05/1970
Occupation	Indoor

Date Of Driving Pass	21/01/2010
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96811172
Alt. Phone Number	-
Email Address	RAYMOND.KES@GMAIL.COM
Address	APT BLK 35 CIRCUIT ROAD
Address complement	# 09-440
Postcode	370035
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Side Swipe
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)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

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 THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNA3635C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MS. GRACE
Contact Number	(Phone) +65-96614586
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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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' 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.

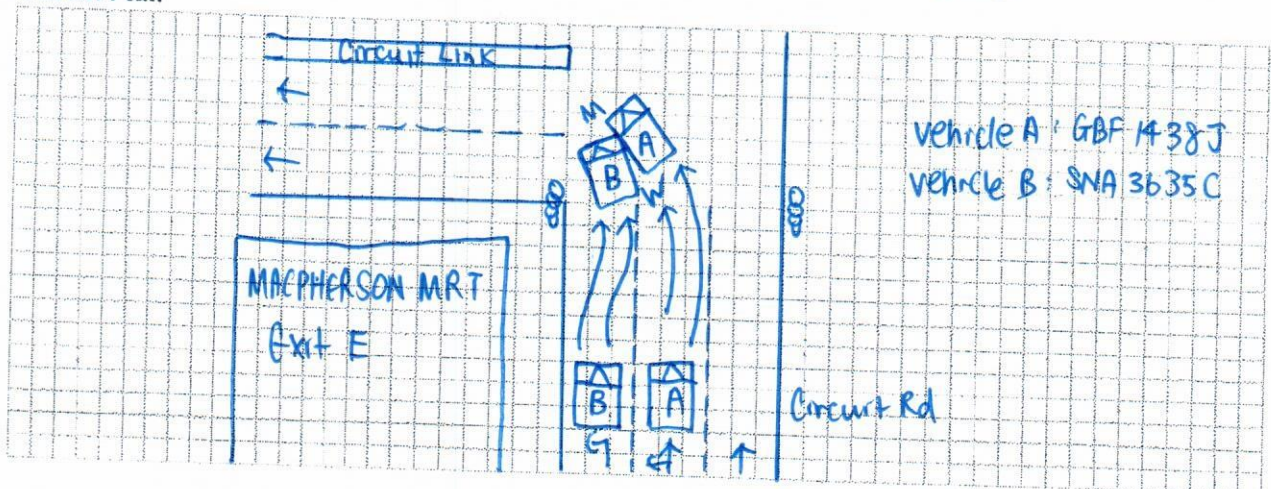


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (GBF 1438 J) along Circuit Rd on the middle lane of a 3 lane Rd. At the junction of Circuit Lnk, I was turning left into Circuit Lnk & suddenly, vehicle B (SNA 3635 C) collided into left portion of my vehicle from my left (lane 3).

Video footage Attached.

Declaration

I/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] 15/5/2023

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

VEHICLE NO: GBF 1438 J	MAKE & MODEL: Toyota Hiace	AUTO / <u>MANUAL</u>
DATE OF ACCIDENT:	14 / 05 / 2023	CC: 3.0
TIME OF ACCIDENT:	1230 HRS	
LOCATION OF ACCIDENT:	Junction of Circuit Rd x Circuit Link	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER:	Party Bear	
TEL NO:	H/P: 968 11172	OFFICE: HOME:
NRIC:	53374031B	
ADDRESS:	Arc at Tampines, 15 Tampines Ave 8 #14-24 S 529601	
EMAIL:	RAYMOND.KES@Gmail.com	
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>NO</u>?	
INSURANCE COMPANY:	China Taiping	
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO:	PMCVSNW00076802203	
NAME OF DRIVER:	AS ABOVE / IF NO: Kang Ching San	
NRIC:	S7016658E	
DATE OF BIRTH:	14 / 05 / 1970	ANY PASSENGER: 1 (1F)
OCCUPATION:	LICENCE PASSED DATE: 21 / 01 / 2010	
GENDER:	OUTDOOR / <u>INDOOR</u>	
CONTACT NO:	<u>MALE</u> / FEMALE	
ADDRESS:	H/P: as above	OFFICE: HOME:
EMAIL:	Apt Bk 35 Circuit Rd #09-440 S370035	
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO: INSURER:	
RELATIONSHIP:	<u>Self-employed</u> (owner)	
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:	
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:	
ANY INJURIES:	<u>NO</u> / IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?	
VEHICLE B REG NO:	SNA 3635C	
NAME OF DRIVER:	Ms Grace	
VEHICLE C REG NO:	ANY PASSENGERS: 3 (unknown gender)	
VEHICLE D REG NO:	CONTACT NO: 9661 4586	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	ANY PASSENGERS:	
WAS THERE ANY VIDEO CAPTURE?	WITNESS CONTACT:	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
ACCIDENT SCENE PHOTOS TAKEN?	YES / <u>NO</u>	
ACCIDENT PORTION:	left Portion	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		
WORKSHOP PARTICULAR:	YES / <u>NO</u>	
CONTACT NO:	A TWINCAR AUTOMOTIVE PTE LTD	
CONTACT PERSON:	68420051 / 67440510	
FAX NO:	Steve	
WORKSHOP EMAIL:	67410510	
	sales@n51.com.sg	



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

R SN

AN0597A

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.

DMCVSNW00076802203

Engine No.: 1KD2598124

Cha. No.:KDH2010192185

1. Index Mark and Registration
Number of Vehicle

GBF1438J

AUTOSAFE
=====

2. Name of Policy Holder

PARTY BEAR

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

01/08/2022
(00:00:00)

Excess Sect I . S\$350.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

31/07/2023

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.

HIRE PURCHASE CO. : ABS FINANCIAL 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.

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

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com