V [] 12 10 10	Services. [mil 1 minos]	UNA 417159981	M140
Dute In: QYIIXIDON HIXO	Jep. description	Date @Time Completed	Done by
REINO: NBA/CII/102398/V	SAS c-Ming " '		1
Veh 140: GBB 9438 C /	E-inall (widdle 3hrs, Ale thrs)		,
DOM: 0/12017 16:30-	f-Motor Claim Form	1 1	
OO TP Reporting Only	1-Motor 74/0 (White 00 2hr	The courts .	
	I-Photo Uploaded	*	
TP insuret:	Assessment/Survey Report		
	Ass'l Report by <u>Fax/Hand</u> t	Owner/Wksp	
Preferred Wkep / INC Assign Wkap / OW: (Tol: Fax	1
TP Parsiculars Yeli No: GY	938FC. INC()/ Non-TNC () ".	.74
Osyner / Driver: (Teli) _
Policy No: (,) Perio	od:(, ·)	Coxet Lybe: ()
Confirmed by 1 '(Dates	Timer)
	ote-Est Status (WO): N: 0-20	1%; P: 21-79%, P: 30-100)54]
Execus: (\$) Loading: \$1,000	arranty: YES ()/NO (<u>) </u>	
General Republication of the Control	STREET, STREET, HERDING GRANT KOURS	Danielos (p. 1975)	
() Walk-In Guytoniar : Customers inform			id No a to
(,) Total Luss Case to e-mail Insurer		idiy NO raler of repatier.	
Drive-In ()/ Towed-In (); Invoice:		wing Co: (
The state of the s	711	THING COLL	
NOT THE THEORY AND A PROPERTY OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE PART	SaParting to Danson Street In Partition Proceedings Street Microsoft Automotive	FALLSCORES AND ALL AND	PROPERTY OF L
Remot us 19 UNG boiline 6788 6616)		Dines Time Completes	(SADonoby
1) Apply for Transfort Allowance () / Co	urusy Car ()	Daze Tipezeka pie ven isi 	(F) (Bone by
Apply for Transport Allowance () / Cor QC Check / Post Repair Inspection	()	Date Tipe Complete Si	Done by
1) Apply for Transfort Allowance () / Cor 2) QC Check / Post Repair Inspection 3) Upload Reservey Photo [Repair Cost > \$300	()	Date This Complete	Done by
1) Apply for Transport Allowance () / Cor 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300	()		
1) Apply for Transfort Allowance () / Cor 2) QC Check / Post Repair Inspection 3) Upload Reservey Photo [Repair Cost > \$300	()	Dave Time Complete (
1) Apply for Transport Allowance () / Cor 2) QC Check / Post Repair Inspection 3) Upload Reservey Photo [Repair Cost > \$300	()		
1) Apply for Transport Allowance () / Cor 2) QC Check / Post Repair Inspection 3) Upload Reservey Photo [Repair Cost > \$300	()		
1) Apply for Transport Allowance () / Cor 2) QC Check / Post Repair Inspection 3) Upload Reservey Photo [Repair Cost > \$300	()		
1) Apply for Transport Allowance () / Cor 2) QC Check / Post Repair Inspection 3) Upload Reservey Photo [Repair Cost > \$300	()		
1) Apply for Transport Allowance () / Cor 2) QC Check / Post Repair Inspection 3) Upload Reservey Photo [Repair Cost > \$300 Infury:	()		Xinesi (Amid)
1) Apply for Transport Allowance ()/Cor 2) QC Check/Post Repair Inspection 3) Uplosd Resurvey Photo [Repair Cost > \$300 Injury: Actions Actions WA/707537 ***	()	Insuring Chronis	
1) Apply for Transport Allowance ()/Con 2) QC Check/Post Repair Inspection 3) Uplosd Resurvey Photo [Repair Cost > \$300 Infury: Orle Tunal Actions Umanus Bartievings	Involve F 2p	1	XIII SI XMI(I)
1) Apply for Transport Allowance ()/Con 2) QC Check/Post Repair Inspection 3) Uplosd Resurvey Photo [Repair Cost > \$300 Infury: Orle Tunal Actions Umanus Bartievings	Invoice Frequency (a) AR: Accident (a) DA: Demage A (a) FFI Followith (b) FTI Followith	213 30 Tr CHT CH IST (20) Reporting (310): INC (550) Incurrent (3100): INC (550) Incurrent Survey (310)	XIII SI XIII (I)
I) Apply for Transport Allowance ()/Con 2) QC Check/Post Repair Inspection 3) Upload Reservey Photo [Repair Cost > \$300 Injury : Actions Junyantis Barriculars : iver/Owner mtact No:	In voice from In voice from I) AR: Accioni 3) DA: Demage 3) TF: Follow:Th I) YT: Willow:Th Forgitiming Ag	Traison (Chrcklist) Reporting (330); INC (530); INC (540); Incurrent (5100); INC (540); Incurrent (5100); Incurrent (51	Wiles (3)
1) Apply for Transport Allowance ()/Con 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Actions Jumparts Barrigulars iver/Owners Intact Not	Involve Fred Involve Fred I) AR: Accion 3) DA: Demage 3) FT: Follow-Th FT: Follow-Th FT: Fullow-Th FT: F	Repording (330); INC (530); INC (Xii(45) (Ami (3)
1) Apply for Transport Allowance ()/Cor 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$300 Injury : Onle Duna Actions Jumanus Barrigulines Iver/Owner Inter Not Imaged Portion: Injury : Im	1) AR: Accident 2) DA: Demage 3) TP: Tewing P 4) FT: Follow: Th 5) FT: Hullow: Th Forely Impact 6) TR: Re-Page 7) NI: 1640 DA: 4 8) NTUC Addillo	Repording (330); INC (530); INC (Xii(45) (Ami (3)
1) Apply for Transport Allowance ()/Cor 2) QC Check/Post Repair Inspection 3) Uplosd Reservey Photo (Repair Cost > \$300 Intury : Onle Duna (Actions Juminally Ramigulines Inver/Owner	1 AR: Accident 1) AR: Accident 2) DA: Demage 3) TP: Tewing Fr 4) FT: Follow: Th 5) FT: Fullow: Th Forelaiming ag 6) TR: Re-large 7) NI: 1649 DA: 4) NTUC Addillo 910: *NI: Courtery	TESTONICHTCHIST AND THE CHIST AND	Xii(sS) (Ami(J)
1) Apply for Transport Allowance ()/ Cor 2) QC Check/Post Repair Inspection 3) Uplosd Resurvey Photo [Repair Cost > \$300 Injury : Onley Dunal Actions Surrantis Ramigularis Ivet/Owner Intact No: maged Portion: ** ** ** ** ** ** ** ** ** ** ** ** **	In voice from In voice from I) AR: Accident I) AR: Accident I) DA: Demage I) Tr: Tellow Th I) FT: Fellow Th I) FT: Willow Th For shiming As I) Tr: Willow Th For shiming As I) NTUC Addillo I) NTUC Addillo I) NTUC Addillo I) NT: Repeir Co ING: Repeir Co	Reporting (330); INC (530); INC (Aminest Ame (3)
1) Apply for Transport Allowance ()/Cor 2) QC Check/Post Repair Inspection 3) Uplosd Reservey Photo (Repair Cost > \$300 Intury : Onle Duna (Actions Juminally Ramigulines Inver/Owner	In voice free In voice free I) AR: Accident I) AR: Accident I) Tr Temps I) FT Follow Th I) FT Willow Tr For Allowing F I) Ni Hand DA + I) NTUC Addition Olit 'Ni: Repair Co 'Ni: For Reyor	Reporting (310): INC (530) Separting (310): INC (530) Fourth Survey (Persurvey) (31 Separting (3100): INC (530) Fourth Survey (Persurvey) (31 SMRT Survey (P	AND SERVICE AND
1) Apply for Transport Allowance ()/ Cor 2) QC Check/Post Repair Inspection 3) Uplosd Resurvey Photo [Repair Cost > \$300 INUMPY : Orde/Dunal Actions Jumanus Rastiguings Inver/Owner Inter Not Transport Not Transport Not C Chécked by (Engr-In-Charge):	In voice free In voice free I) AR: Accident I) AR: Accident I) Tr Temps I) FT Follow Th I) FT Willow Tr For Allowing F I) Ni Hand DA + I) NTUC Addition Olit 'Ni: Repair Co 'Ni: For Reyor	Repording (330); INC (530); INC (AND SERVICE AND

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

- 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.

· · · · · · · · · · · · · · · · · · ·	ACCIDENT STATEMENT
Date Of Report	04/12/2017 18:20
Date Of Accident	01/12/2017 16:30
Exact Location Of Accident	AYE TOWARDS CHANGI AFTER BUONA VISTA EXIT
Country/State of Loss	SINGAPORE
中国基础等数据等别是各级企业	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB9438C
Insured/Policyholder	
Name Of Registered Owner	SWEDEN WEIGHTS & DACHING SERVICE
Co Reg No	10312300L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98380725
Alternative Phone No	OFFICE-98380725
Vehicle Particulars	
Manufacturer	RENAULT
Model	KANGOQ-1.5 D DCI70 (M)
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3043231706
Cover Note Number	
Driver	
Name of Driver	GOH CHOON SENG
NRIC No	S1312878B
Date Of Birth	08/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1983
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98380725
Fax Number	N 5
Contact Number	OTHERS-98380725

NOEMAIL

Address

BLK 498G TAMPINES STREET 45

#09-442

Postcode

525498

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

NO YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station.

Police Station Name

QUEENSTOWN N.P.C

Police Station Address Police Station Contact

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY: SINGAPORE

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171201/2144

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

GY9338C

Vehicle Make/Model/Colour

Details Of Properties

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

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLT6988M

Vehicle Make/Model/Colour

Details Of Properties

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

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLK3974U

Vehicle Make/Model/Colour

Details Of Properties

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

Email Address

DETAILS OF INJURED PERSON 1

Name

GOH CHOON SENG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBB9438C

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

TAN SIOK NGEE

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBB9438C

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance? NO Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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>.
- 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)

l 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:
 - 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 Persongel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

1 of 3 Report No. T/20171201/2144

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2017 19:12			Vide Report No.: D/20171201/0092	Station Diary No.: 75	
Informa	nt's Partici	ulars			
	Informant: IOON SEN		Address: APT BLK 498G TAMPINES S 525498	STREET 45 #09-442 SINGAPORE	
ID Type / ID No.: NRIC NO / S1312878B			Contact No.: Home/Office: Mobile: 98380725		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Age: Date of Birth: Male 59 08/11/1958			Type of Informant: Driver		
Race: Chinese			Language: Institution / School Name: English		
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/12/2017 16;30	Type of Location: Straight Road	
	H EXPRESSWAY	NA VISTA EXIT Road Surface: Dry		Road Speed Limit:	
5.550		Traffic Control:		Traffic Volume: Moderate	
Type of Collis	sion: ving Vehicles - Head To R	ear		Anyone conveyed by ambulance: Yes	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBB9438C	Van					1
GY9338C						1
SLK3974U	Car					0
SLT6988M	Car					0



2 of 3

Report No. T/20171201/2144

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Any Pedestrian In	volved: No				
No. of Pedestrians Injured: NIL Use of Pe			edestrian Crossing: NA		
Driver	TO SHOULD AND LESS OF SHOULD	Contract in	Dinguit.		5/40 E) 6/2 E
Name	GOH CHOON SENG GY9338C		ID No.		S1312878B
Related Vehicle			Contact No.		98380725
Hospital/Clinic	NIL.		Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL	
No. of Days granted Medical Leave NIL Degree				NIL	

Brief Details.

On the 1/12/2017 at about 1630hrs, I was driving along AYE going towards Changi and was on the way home together with my wife who was with me at that point of time. The traffic was moderate at that point of time and the traffic was moving slowly. I was on the second lane at that point of time and many other cars and vehicles in front of me.

Later on I felt a hit and my car moved forward. I stepped on the brakes and managed to stop in time however the vehicle behind which is a lorry (GY9338C) hit me the second time and it was too late. My car hit the car in front of me (SLK3974U) and that car hit the car in front (SLT6988M) subsequently. The lorry behind caused a train collision and Traffic Police later came to the scene. Only the first vehicle SLT6988M has in car camera in it.

I did not exchange particulars with any of the drivers as TP had already taken them. I could only list of my wife as my witness. The driver of the second car that got hit was conveyed to hospital.

The damages to my vehicle includes severe dents to the rear of the van and the rear windscreens shattered as well. I am not injured and would require to make this report as the Van is a company's van.





3 of 3

Report No. T/20171201/2144

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

CONTINUATION OF REPORT

Sketch Plan

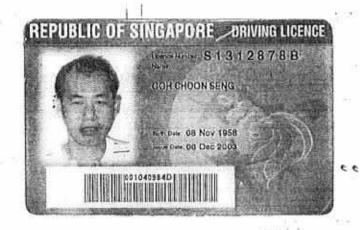
Informant is not able to provide sketch plan

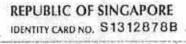
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Record D / Sgt 2 JESSICA JESTAS MI	2	Signature Of Informant:		
Signature Of Interpreter: Not applicable		Date/Time: 01/12/2017 19:12		
Officer In Charge Of Case; TP / GIT / Sr Staff Sgt ONG YONG HO	ock	Classification Of Case:		
Contact No.: 65476436	SINGAPORE POLICE FORCE	SN 46		
Authentication Stamp NP168	97.00	率		
2	516	NATURE		

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: (2 17 TIME: (630 (hh:mm) 24 hrs Format
LOCATION ATE Towards Change After Buona Vista Exit
VEHICLE NUMBER GBB 9438-C
INSURED NAME Sweden Weights & Dacking Service
NRIC/FIN 10312380L CONTACT: 98380735
MAKE REAANH MODEL Cayo
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes, If No, Pls Select : (/) Third Party () Reporting Only
INSURANCE COMPANY China Taiping
TYPE OF POLICY () COMPREHENSIVE (') THIRD PARTY () TPFT
POLICY NUMBER: DMCVSN 3043231706
NAME OF THE CO.
NAME DRIVER: GUL Choin Seng () SAME AS INSURED
NRIC / FIN \$ 1312.67.68 CONTACT:
DRIVING PASS DATE: 4/1 8 3
OCCUPATION: ()INDOOR (\sqrt)OUTDOOR
GENDER: () MALE () FEMALE
EMAIL ADDRESS: () NO EMAIL
ADDRESS OF DRIVER: BIE 498 & Tampines St 45 #09-442
(525498)
Number Of Passenger Include Driver: \ driver + \ pax Daty
Was driver an employee of the Insured's Company? (/) YES () NO
If No, Relationship Of The Driver With The Insured
() Owner () Spouse () Friend () Relative () Children () Sibling () Others
Does The Driver Own Any Other Vehicle?: () YES () NO
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:
Insurance Company Of Driver's Own Vehicle
Weather Conditions: (/) Clear () Raining () Drizzling () Others
Road Surface : (/) Dry () Wet () Others
Was Any Foreign Vehicle Involved In This Accident? () YES () NO
Was Anybody Injured In The Accident? () YES () NO
If YES, Injured details: (1) Goh Choon Seng S131288 B (2) Tan Sick alger S1314192D
Convey By Ambulance: () YES (/) NO
Convey By Ambulance: () YES (/) NO Was There Any Video Capture By Car Camera? () YES (/) NO
Convey By Ambulance: () YES (/) NO Was There Any Video Capture By Car Camera? () YES (/) NO Was There Accident Reported To The Police? (/) YES () NO If Yes Attach Police Report
Convey By Ambulance: () YES (/) NO Was There Any Video Capture By Car Camera? () YES (/) NO Was There Accident Reported To The Police? (/) YES () NO If Yes Attach Police Report Police Report Number (if any)
Convey By Ambulance: () YES (/) NO Was There Any Video Capture By Car Camera? () YES (/) NO Was There Accident Reported To The Police? (/) YES () NO If Yes Attach Police Report Police Report Number (if any)
Convey By Ambulance: () YES (/) NO Was There Any Video Capture By Car Camera? () YES (/) NO Was There Accident Reported To The Police? (/) YES () NO If Yes Attach Police Report Police Report Number (if any)
Convey By Ambulance: () YES (/) NO Was There Any Video Capture By Car Camera? () YES (/) NO Was There Accident Reported To The Police? (/) YES () NO If Yes Attach Police Report Police Report Number (if any) T 2017 1201 2144 Details Of 3rd Party Name / NRIC Contact Veh B 67 9338 C Veh C SUT 6988m
Convey By Ambulance: () YES (/) NO Was There Any Video Capture By Car Camera? () YES (/) NO Was There Accident Reported To The Police? (/) YES () NO If Yes Attach Police Report Police Report Number (if any)
Convey By Ambulance: () YES (/) NO Was There Any Video Capture By Car Camera? () YES (/) NO Was There Accident Reported To The Police? (/) YES () NO If Yes Attach Police Report Police Report Number (if any) T 2017 1201 2144 Details Of 3rd Party Name / NRIC Contact Veh B 67 9338 C Veh C SUT 6988m









GOH CHOON SENG

吴春成 flace CHINESE

08-11-1958 SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES Motor Cars and Motor Tractors the weight of which unlader does not exceed 2500 killegrams Class 3 NP 478A





CERTIFICATE No.

中国太平保险(新加坡)有限公司 CHINA TAPING INSURANCE (SINGAPORE) PTE LTD. Co. Ray. No. 200208184E

MZ300/C R SN AN0421A Cov.Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Venicles (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)

DMCVSN3043231706

ORIGINAL

Authorised Signatory

Engine No :K9XA800D043601 Chano: VF1FW1AC542071692

10	Index Mark and Registration GBB	9438C	AUTOSAFE
	Number of Vehicle		*******
960	Name of Polica Holder M/9	S SWEDEN WEIGHTS & DA	CHING SERVICE
MCC.	name to residence	S THEORY WEIGHTS & SA	STATES SECTION
3.	Effective date of the Commencement of Insurance for the purposes of the Regulations, Orchance or Enectment	07 October 2017	Excess Sect I
4	Date of Expiry of Insurance	06 October 2018	
5.	Persons or Classes of Persons emitted to drive		
	Any person who is driving on the	Policyholder's order	or with their permission.
	conflations to drive the Motor V	ehicle or has been so	rdance with the licensing or other laws or permitted and is not disqualified by order of a ion in that behalf from driving the Motor Vehicle.
:0	. Limitations as to use:*		
	(1) Use in connection with the F	olicyholder's busines	В И В ОТМИНИТЕЛЬНО В В В В В В В В В В В В В В В В В В В
	(2) Use for the carriage of pass policyholder's business.	engers (other than fo	r hire or reward) in connection with the
	(3) use for social, domestic or	pleasure purposes.	
	The Policy does not cover.	Piyoto nooroo nooyoo ka	eliability trial or speed testing.
	(1) Use whilst drawing a trailer	except the towing of	f any one disabled mechanically propelled vehicle.
	HIRE PURCHASE CO. : GE MONEY PTI *Limitations rendered inoperative and Section 95 of the Road Transp	his Spellon R of the States W	ahicles (Third-Party Risks and Compensation) Act (Chapter 189) not to be included under these headings.
	I/We hereby Certify provisions of the Motor Vehicle Transport Act, 1987 (Malaysia).	s (Third-Party Risks and	n this Certificate relates is issued in accordance with the Compensation) Act (Chapter 189) and Part IV of the Road
	Please see reverse		For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type

Business

Owner ID

2300L

Vehicle Details

Vehicle No.

GBB9438C

Vehicle to be Exported

Yes

Intended De-registration Date

02 Dec 2017

Vehicle Make

RENAULT

Vehicle Model

KANGOO II EXPRESS 1.5L DCI 70 BHP MT 6DR

Primary Colour

Red

Manufacturing Year

2009

Engine No.

K9KA800D043601

Chassis No.

VF1FW1AC542071692

Maximum Power Output

\$18,580.00

Open Market Value Original Registration Date

07 Oct 2010

First Registration Date

07 Oct 2010

Transfer Count

0

Actual ARF Paid

\$929.00

Intended PARF Rebate Details

PARF Eligibility

No

PARF Eligibility Expiry Date

PARF Rebate Amount

\$0.00

Intended COE Rebate Details

COE Expiry Date

06 Oct 2020

COE Category

C - Goods Vehicle & Bus

COE Period(Years)

10

\$31,001.00

COE Rebate Amount

\$8,816.00

Total Rebate Amount

\$8,816.00

The information contained herein is correct as at 02 Dec 2017

OK



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: Seessozood / dat Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDE	NDUM	
(A)	PARTICULARS OF PER	RSONMAKINGTHEAMENDM	ENTS:	
	Original Report No :		Vehicle Registration No:	3BB9428C
	Name(as shownin NRIC):	0 1 011 11 1	NRIC/FIN/Passport No :	
		nicle Owner) (*) Please delete	as appropriate	213126 100
	Address :		Standard of the standard of th	h e rubble forested in
	Contact (Tel) :		Mobile No.: 98381	Singapore()725
	Email Address :			
	Date of Accident :	01/1/2017	Time of Accident :	(0.31
	Place of Accident :	AYK TOWARDS (Howlor ALF RUM	A VICTOR FOR
	Insurance Company:	CHIMA TAI DAU	4 IMPLEANCH	y your py
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE PART OF PERSON	MYUMUMU	
	To Jusker	2NO COPY OF 7H	the Police Raport	
				4.0
			rite.	
U.S				
2				
			Parl	
1	Policyholder / Driver's S Date:	Signature	Reporting Centre Person Name: NRIC/FINNo.: Office Date:	water
530	ter manage		07/4/	7017-