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OD / TP / Reporting Only	i-Motor W/	O (Within: OD 2hrs	, TP 4hrs)		
- Trepolang Only	i-Photo Upl	loaded			** 11* *
TP Insurer:	Assessment/S	Survey Report			
Tr insurer.	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	The second secon		Tel:	Fax:	-
TP Particulars: Veh No: 5	HC560B	INC ()/Non-INC()	1 50	
Owner / Driver: (Tel:)	-
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	7000
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-20	%; P: 21-79%. P: 30	0-100%]	
Year of Registration: () Warranty: YES ()		
	\$1,000 ()/\$2,000)()			
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Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 28/06/2018 19:04

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

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 <u>truthful and accurate</u> 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 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

oresaid.	
	ACCIDENT STATEMENT
Date Of Report	28/06/2018 18:55
Date Of Accident	07/05/2018 16:30
Exact Location Of Accident	ALONG THOMSON RD BESIDE NOVENA COURT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
/ehicle Registration Number	GBE8001U
nsured/Policyholder	
Name Of Registered Owner	M/S BLU3 STAR MFG GROUP PTE LTD
Co Reg No	201333732Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63394383
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 3.0 M
Exact Purpose for which vehicle was being used at ime of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
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	DMCVSN3024341800
Cover Note Number	
Driver	
Name of Driver	CLAVIN TENG KAR CHUN
Passport No/FIN	G2343175R
Date Of Birth	20/09/1993
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE

OFFICE-83076967

NOEMAIL

Address

BLK 649A JURONG WEST STREET 61

#08-288

Postcode

641649

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

COLLISION - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

NANYANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 2 JURONG WEST AVENUE 5, POSTCODE: 649482, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7929999 - FAX NO: 67912972

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180507/2158.

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

SHC5660B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

1

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.
- 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)

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:
 - 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.

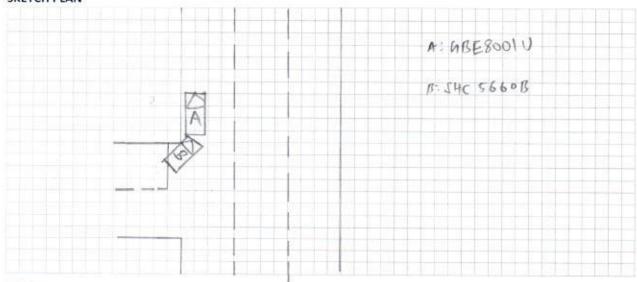
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to potice report-1/20186507/2138.

DECLARATION

I/We declare the tocegoing particulars are true in every respect

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.:

GRANING SKANDPINOF DESERVE

2

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE OIVENICLE NUMBER: DINSURANCE COMPANY: CIPOLICY NUMBER: DINSURANCE COMPANY: CIPOLICY NUMBER: DINSURANCE COMPANY: CIPOLICY NUMBER: DINAKE & MODEL: OITYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) GIVENICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) OITYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) GIVENICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) OITYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) GIVENICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) GIVENICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV / VAN / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV / VAN / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV / VAN / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV / VAN / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV / VAN / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV / VAN / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV / VAN / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV / VAN / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV / VAN / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV / MPV / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV / MPV / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV / MPV / MOTORCYCLE / OITYPE:(SALOON / COUPE / MPV / MPV / MOTORCYCLE / MPV / MP	ACCI	DENT DATE:		11/			_)(HH:MM)	
O)VEHICLE NUMBER: OF STATE OF THE DEATH OF STATE	LOCA	TION: Along	Thomson	rd }	eside	Young	1281 (31.	wary.
D)INSURANCE COMPANY: C POLICY NUMBER: MC 158 307434180 d POLICY TYPE: (COMPRETENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) e MAKE & MODEL: f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: h)PURPOSE OF USING AT ACCIDENT TIME: i ADACE OF USING AT ACCIDENT TIME: c ADACESS: c ADACES	1.			SUP GBE	िर्मान्त्व	•	ile.	
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTACT: 6739 488	85	DUNSURANCE C	OMPANY: CT	1				
e)MAKE & MODEL: 1)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE./ OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: UOCKING I)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: MS BUS SAT MFG GAY O HO MALE, FEMALE) b)NRIC/FIN/PASSPORT: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER d)NAME: (GUIN TING GAT (MAN CONTACT: 6739 4387) c)ADDRESS: BIC HGA MORG WAS (GUILBY) *d)DATE OF BIRTH: (D) G / LGG (MAN MALE / FEMALE) e)OCCUPATION: (INDOOR / OUTGOR) i)YEARS OF DRIVING EXPRERIENCE: J) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: b)ROAD SURFACE: (DRY) / WEFT OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE c) VEHICLE NUMBER: HC 5660 B MODEL: D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: HO of possion of the policy of the possion of the p	***	C)POLICY NUMBI	R: JMCVSH	3024 34 180	0	A DTV EIE	E OTHERN	(2)
ITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: LOCKING i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: M/S BM/S SAT MFG GAY MC MM (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 6739 4383 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER a) NAME: (GVI) TING GAT (MM) (MALE / FEMALE) b) NRIC/FIN/PASSPORT: GV3/3/175 CONTACT: 830/3/6/6 *d) DATE OF BIRTH: (D/J/4/1973) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTGOR) f) YEARS OF DRIVING EXPRERIENCE: DATE WITH INSURED: 5. G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) IROOAD SUFFACE: (DRY) WET/ OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE c) VEHICLE NUMBER: SH (5660 B MODEL: MALE / POSSO THIRD PARTY VEHICLE c) VEHICLE NUMBER: SH (5660 B MODEL: MODEL: MALE / POSSO THIRD PARTY VEHICLE c) VEHICLE NUMBER: MODEL: M		d)POLICY TYPE: (COMPREHENSIVE	/ THIRD PART	Y / THIRD I	AKITFIK	Carriery	·
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IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: MS BM3 Stat MF4 BP4 MC (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 6739 47383 * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER a)NAME: (Avin Ting Gr (Man (MALE / FEMALE)) b)NRIC/FIN/PASSPORT: 67343177 CONTACT: 830 26907 * d)DATE OF BIRTH: (D) G 1993 (IDD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)YEARS OF DRIVING EXPRERIENCE 217 DOC 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 / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SH C 660 B MODEL: AND of passes c) NRIC/FIN/PASSPORT: CONTACT: (Induling d) VEHICLE NUMBER: MC 660 B MODEL: AND of passes c) NRIC/FIN/PASSPORT: CONTACT: (Induling d) VEHICLE NUMBER: MC 660 B MODEL: AND of passes c) NRIC/FIN/PASSPORT: CONTACT: (Induling d) VEHICLE NUMBER: MC 660 B MODEL: AND of passes c) NRIC/FIN/PASSPORT: CONTACT: (Induling d) VEHICLE NUMBER: MODEL: AND of passes		h)PURPOSE OF U	SING AT ACCIDE	NI IIME:	WIOT NE	- frion	-	
2. INSURED / POLICY HOLDER A)NAME: M/S BMS APP MFG GRY P MC MMALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 6739 4383 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER a)NAME: Lavin Ting las (hun (male female)) b)NRIC/FIN/PASSPORT: 67343175 CONTACT: 830 26907 * Male female) c)ADDRESS: B/C 49A Hung Wish fill 108 WE (641649) *d)DATE OF BIRTH: (D/G/G/G/G/G/G/G/G/G/G/G/G/G/G/G/G/G/G/G		i) ARE YOU CLAIN	AING UNDER YOU	R OWN INSUR	ANGE ITE	PILO)		
A)NAME: M/S Blu3 flat MF4 GBY MC (MALE/FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 6739 4383 c)ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER G)NAME: (GVIN TING GG (MAN (MALE/FEMALE)) b)NRIC/FIN/PASSPORT: G734177R CONTACT: 830 26967 c)ADDRESS: B/C 649 A Many Way of the first	o <u>w</u>			Y CLAIM / KER	ORTHYG C	NACTI	0,0	300
D)NRIC/FIN/PASSPORT: CONTACT: 6799383 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER G)NAME: (191/10 TING (3.1 M/10 M/10 M/10 M/10 M/10 M/10 M/10 M/1	2.	INSURED / POLIC	THIS CLAS ME	6 6040 7	10 udi	MAIF/F	EMALE)	+
C)ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER G)NAME: (AUY) TING (G) (MAN) (MALE / FEMALE), b)NRIC/FIN/PASSPORT: (12343175 R) CONTACT: 820 16967 *d)DATE OF BIRTH: (120 / 9 / 1973) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTLOOR) f)YEARS OF DRIVING EXPRERIENCE: 2/7 2015 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: (DRY / WEF/ OTHERS) 6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE G) VEHICLE NUMBER: SHC 56608 MODEL: (Induding du Child) C) NRIC/FIN/PASSPORT: CONTACT: (Induding du Child) 7. THIRD PARTY VEHICLE G) VEHICLE NUMBER: MODEL: 400 of passi				- N. IF			94383	. 0
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER C)NAME: (1947) The left (1948) (1949) b)NRIC/FIN/PASSPORT: 19343175 CONTACT: 23036907 * MCL) c)ADDRESS: B/C 649 A 4409 West of 1 108 78 (641649) *d)DATE OF BIRTH: (20 9 / 1993) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTLOOR) f)YEARS OF DRIVING EXPRERIENCE: 2/2/2015 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WEST / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE c) VEHICLE NUMBER: HC 5660 MODEL: 440 of passo b) DRIVER'S NAME: CONTACT: Clududing dv C) NRIC/FIN/PASSPORT: CONTACT: (1940) 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: 400 of passo			· OKI	CONTRACTOR OF STREET		SURVE STEEL	Colonia de la co	13.2
DRIVER a) NAME: ((avin 1(ng) (a) (h) (MALE / FEMALE) b) NRIC/FIN/PASSPORT: (3343) 75 R CONTACT: 820 6967 c) ADDRESS: BIC 649A Hong Width 61 408 / R & (641649). *d) DATE OF BIRTH: (20 / 9 / 97) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTGOOR) f) YEARS OF DRIVING EXPRERIENCE: (17) 20 (MAS 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) b) ROAD SURFACE: (DRY) / WETH OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SH (660 B MODEL: 1 AND ADDRESSED OF PASSO CONTACT: (Including dispose) b) DRIVER'S NAME: (Including dispose) c) NRIC/FIN/PASSPORT: CONTACT: (Including dispose) e) DRIVER'S NAME: MODEL: 4 And 64 passo	3	7 100					•	
D)NAME: (GVI) T(MG GT (MM) (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 92343175 CONTACT: 83036967 c)ADDRESS: B/C 649 A JAMPY WITH 1 408 78 8 (6 41 649). "d)DATE OF BIRTH: (20 / 9 / 497) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 2 / 7 120 120 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE d) VEHICLE NUMBER: SH (5660 B MODEL: Allowing during		* CONTINUE TO 3	d IF DRIVER ALSO	POLICY HOL	DER	A.	0	. (Including a
b)NRIC/FIN/PASSPORT: 17343173 CONTACT: 8303697 c)ADDRESS: BIK 649 Mang Wind of 1808 NEW (641649) *d)DATE OF BIRTH: () / 9 / 497)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTLOOR) f)YEARS OF DRIVING EXPRERIENCE: 17 2015 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 b)ROAD SURFACE: (DRY) / WET OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SHC 56608 MODEL: 140 of passo b) DRIVER'S NAME: 150 CONTACT: (Including du C) NRIC/FIN/PASSPORT: 150 CONTACT: (1) 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: 140 of passo e) DRIVER'S NAME: 150 AMODEL:	3.		228 I			/	1000000	(2)
b)NRIC/FIN/PASSPORT: G7363173 CONTACT: 632501 C)ADDRESS: BIC 649 A Many Wild of 1 108 NR 8 (6 41649). *d)DATE OF BIRTH: (20 / 9 / 1993) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 2/7/2015 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POLICE (YES / NO) 8. THIRD PARTY VEHICLE d) VEHICLE NUMBER: SHC 56608 MODEL: 3416 of passo c) NRIC/FIN/PASSPORT: CONTACT: (Including du la vehicle NUMBER: MODEL: 3416 of passo e) DRIVER'S NAME: MODEL: 3416 of passo e) DRIVER'S NAME: MODEL: 3416 of passo						16 9	EMALE)	* mall
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IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5.	4	WAS DRIVER AN	EMPLOYEE OF	THE INSURE	D'S COMP	ANY? (Y	ES (NO)	
5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS		IF NO. RELATION	SHIP OF THE D	RIVER WITH	INSURED):	/	•
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7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SHC 560 B MODEL: Allo of passo b) DRIVER'S NAME: CONTACT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: Allo of passo Passo Passo Ho of passo DRIVER'S NAME:					٠.,)
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a) VEHICLE NUMBER: SHC 560 B MODEL: XHO of passo b) DRIVER'S NAME: CINCUMBER: CONTACT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: A Ho of passo e) DRIVER'S NAME:		IF YES, PLEASE ST	ATE WHICH POL	CE STATION:_		-		
b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: DRIVER'S NAME: MODEL: Ho of passi	8.			9	tord our torsansons			O page
c) NRIC/FIN/PASSPORT:CONTACT:) 15	_MODEL:_			The second secon
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d) VEHICLE NUMBER: MODEL: 4 No of possi					_CONTAC	-1		(T)
e) DRIVER'S NAME:	7.				MODEL:	35 70	·	0
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email = b3st sale @yahos.com sa





Police Station Of Origin:

Nanyang N.P.C

2 Jurong West Avenue 5 SINGAPORE

649482

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

T/20180507/2158

1 of 3 Report No. T/20180507/2158

Date/Time Report Made: 07/05/2018 21:00		Vide Report No.:	Station Diary No.: 229	
Informa	nt's Partice	ulars		The property of the state of th
	Informant: TENG KAF		Address:	9
	/ ID No.: / G2343175	iR.	Contact No.: Home/Office:	Mobile: 83076967
National MALAYS	2 Tools	7,41	Email:	
Sex: Male	Age: 24	Date of Birth: 20/09/1993	Type of Informant: Driver	U
Race: Chinese			Language:	Institution / School Name:
Occupat Lorry dri			Driving Licence Information: Class: Date of Expiry:	

General Infor	mation of the Accide	ent .	Terral Personal Space (Carlos	
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/05/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 THOMSON F		120	# 10	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	sion: ring Vehicles - Head	To Rear		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE8904P	Lorry				Slightly Damaged	1
SHC5660B	Car				No Damage	0





2 of 3

Report No. T/20180507/2158

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

CONTINUATION OF REPORT

Brief Details.

On 07/05/2018 at around 1630hrs, I was driving my lorry bearing the registration number of GBE8904P along Thomson Road. I just drove out of a U-Turn and was cruising normally. Suddenly I was hit at my rear left side by a Taxi bearing the registration number of SHC5660B. I then stayed in the lorry to inform my boss about this and my passenger who was my colleague approached Taxi Driver however he refused to furnish his name and NRIC number. He only came out of the vehicle to take photo. He then drove off later. My lorry rear left section was abit scratched and dented in. I am unclear of the damage of the other vehicle.

I wish to add that there is no traffic police at scene and there is no ambulance as well. Nobody was injured in the accident. I am lodging this report for insurance and recording purpose.





3 of 3

Report No. T/20180507/2158

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

CONTINUATION OF REPORT Tel No: 1800-7929999

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: J / Sgt 2 TAN LITEK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time; 07/05/2018 21:00
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:



Traffic Police Department Charge Office 10 Ubi Avenue 3 Singapore 408865

Traffic Police

AMENDMENT

Name: Clavin Teng Kar Chun	Traffic Accident Report no: T/20180507/2158
Address: BLK 649A Jurong West St 61 #08-288	Accident Date / Time: 07/05/2018 @ 1630hrs
NRIC no: G2343175R	Vehicle(s) involved: GBE8001U
Contact no: 83076967	SHC5660B
Date of Amendment: 08/05/2018	

Dear Sir / Madam

I wish to amend as follows:

Reference to the Traffic report which I lodged on 07 May 2018 (Vide: T/20180507/2158),

I wish to amend the vehicle number should be GBE 8001U instead of GBE 8904P.

That's all.

Yours faithfully

WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer BLU3 STAR MFG GROUP PTE. LTD.

Sector MANUFACTURING



CLAVIN TENG KAR CHUN

Work Permit No. 4 04604805

Date of Application 08-05-2015

18-05-2017 02-08-2018



VISIT PASS Immigration Regulations

CLAVIN TENG KAR CHUN



20-09-1993 M

MALAYSIAN

Date of lasue G2343175R 18-05-2017

Date of Expiry 02-08-2018



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

NP 428A



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ300/C N SN AN0645A COMPREHENSIVE AUTOSAFE

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.

DMCVSN3024341800

Engine No: 1KD2580135 Chassis No: KDY2318023095

Index Mark and Registration
 Number of Vehicle

GRESCOTH

2. Name of Policy Holder

M/S BLU3 STAR MFG GROUP PTE LTD

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

24 MARCH 2018

4. Date of Expiry of Insurance

23 MARCH 2019

ersons 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.

HIRE PURCHASE CO. : ETHOZ CAPITAL LTD AS HP OWNER

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.

CASA MERAKI PTE. LTD.

UEN: 201700071H

25 Bukit Batok Crescent

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks #pg Compensation | Addu Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings 658066

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.

Countersigned By:

Morised Officer

Authorised Signatory