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Date for 1911/19 16:51	Jeb description	Date & Time	Completed	Pour o's
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Vch No. Gx 3788 6.	E-mail (settin thes, Att	(2hrs)		
DOA: 18 (11/18 13:20.	l-Motor Claim For	··· /,		
	I-Motor W/O (William	: OD 250, TP 4518)		
(II) Reporting Only	i-Photo Uploaded			•
	Assessment/Survey R	eport		
TP Insurer:	Ass't Report by Fax !	Hand to Owner/Wks	2	**************
Preferred Wissp / INC Assign Wissp / QW: (15th	Tol:	Face	C .
TP Particulars: Veh No: 5H	A 9929 L.	INC()/Non-IN	C().	
Owner / Driver: (Tel:)
Policy No: () Perio	d: () Cover Type	: (
Confirmed by : (Date		ne:)
Insured/Driver Liability: (%) [No	te-Est. Status (WO):	N: 0-20%; P: 21-79	9%. P: 80-100	0%] -
	arranty: YES ()/N	0()		
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General Remarks as a personal design			2005年13550	or V
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() Total Loss Case : to e-mail Insurer	A COLUMN TWO IS NOT THE OWNERS OF THE PARTY		.5	
Drive-In ()/Towed-In (); Invoice:	YES () / NO () ; Towing Co; (.)
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(Compress: (1863) (Online: 6793) 6616))		ESSENTES BURNESS AND	T. P. Taribal	SPI I ALL Y
1) Apply for Transfort Allowance ()/ Cou			· · · · · · · · · · · · · · · · · · ·	
2) QC Check / Post Repair Inspection	()			7 .
Upload Resurvey Photo [Repair Cost > \$300]	()			
Injurý :				
Date/Time: / Actions (2.23)				MARCHEN L
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ontact No:	SAPP.	Follow-Through Survey (Re lainting against INC Only (wof 10 Jan 2005)	30
	6) TR:	Re-Inspection		75
arnaged Portion:	7) 1/1 :	Idao DA + SMRT Survey C Additional Services:-		60
	OD:			
C Checked by (Engr-In-Charge):	*N5:	Courtesy Car / Tpt Allows: Repair Co-ordination	The second secon	53
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 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.
- 8. 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

Market Salve Carrent State (1)	ACCIDENT STATEMENT		
Date Of Report	19/11/2018 16:51		
Date Of Accident	18/11/2018 13:20		
Exact Location Of Accident	PIE (CHANGI) TWDS LOYANG AVE		
Country/State of Loss	SINGAPORE		
建	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GX3788G		
Insured/Policyholder			
Name Of Registered Owner	M/S VEGETALK FOOD SUPPLIES PTE LTD		
Co Reg No	-		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-90073175		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	LITEACE		
Exact Purpose for which vehicle was being used a time of accident	t COMMERCIAL		
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	THIRD PARTY FIRE AND/OR THEFT		
Fleet Policy	NO		
Policy Number	DMCVSN3016451804		
Cover Note Number	*		
Driver			
Name of Driver	KEE CHYE ONG		
NRIC No.	S1395874B		
Date Of Birth	10/04/1959		
Occupation	OUTDOOR		
Date Of Driving Pass	04/04/1979		
Driving Experience	39 YEARS AND 7 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-90073175		
Fax Number			
Contact Number			
EMail Address	NOEMAIL		

Address BLK 273 PASIR RIS ST 21 #04-494

Postcode 510273

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

-

YES

NO

NO

NO

1

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions AFTER RAINED

Road Surface WET

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?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes,against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 SHA9929L

YES

NO

NO

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

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)

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:
 - 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.

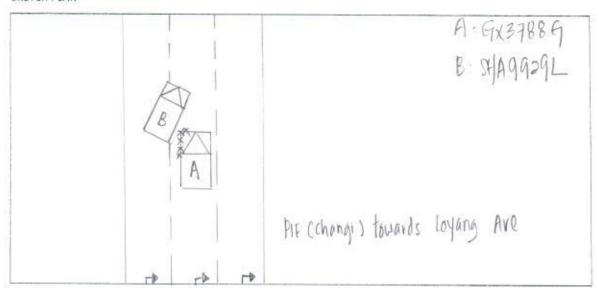
Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIE/FIN No :



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE (changi) towards Loyang Ave at courtre lane of
3 lanes.
Sudding I felt an impact. reh "B" encroached into my lane and
collided onto front LH portion of my villide and caused damages.
1 Wish lodge report claim against reh 118". Ree

DECLARATION

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

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

DATE OF ACCIDENT	MAKE & MODEL: 1946 HIAR				
TIME OF ACCIDENT	1320 AMAPM				
LOCATION OF ACCIDENT	PIE (Changis) towards Loyants AVC				
EXACT PURPOSE USE DURING ACCIDENT	Wash kally to a long the last				
NAME OF OWNER	vegetals, gova supplies for sta				
TELNO	9004.313				
NRIC	200402019				
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY				
INSURANCE CO	China lalping				
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO.	DMCVSN 3016451804				
NAME OF DRIVER	As Above 4 6 If No: KUL Chyc Ung				
NRIC	Any Passengers: NL				
DATE OF BIRTH	16/04/1959				
OCCUPATION	Outdoor / Indoor				
DATE OF DRIVING PASS	04/04/1979				
GENDER	Male / Female				
CONTACT NO.	9007-3 S Office: Home:				
ADDRESS	1BIK 273 PUSIN RIS ST X 704.494 STAVADUTE 57021				
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:				
RELATIONSHIP	Employee / If No:				
WEATHER CONDITION	Clear / Raining / Other: All Walking				
ROAD SURFACE	Dry / Wet / Other:				
ANY INJURIEES	No / If yes: Who?				
CONTACT NO.					
POLICE REPORT	No / If yes: Where?				
VEHICLE B NO.	SHAGGOGL Any Passenger: WYSull				
NAME					
CONTACT NO.					
VEHICLE C NO.	Any Passenger:				
VEHICLE D NO.	Any Passenger:				
VEHICLE E NO.	Any Passenger:				
VEHICLE F NO.	Any Passenger:				
ANY WITNESS					
WITNESS CONTACT NO.					
OWNER/DRIVER EMAIL					
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR PTE, LTD.				
	1 Kaki Bukit Ave 5, Blk C #01-43				
	Autobay@Kaki Bukit Singapore 417883				
TEL NO	TEL: 6747 9241				
CONTACT PERSON	Reena / Sukyi				
FAX NO.	FAX: 6741 7276				
EMAIL	reena@nhtmotor.com				
	admin@nhtmotor.com				
	please email to the small address, thanks.				
	emad address, thanks.				

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1395874B





Name

KEE CHYE ONG

紀再旺

Race

CHINESE

Date of birth

Sex

10-04-1959

Country of birth

SINGAPORE

482434



NRIC No. S1395874B



Date of issue

26-01-2012

Address

APT BLK 273 PASIR RIS STREET 21 #04-494 SINGAPORE 510273



gence Number \$ 1395874B

KEE CHYE ONG

Birth Date 10 Apr 1959 Issue Date 27 Jan 2012



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWI

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 04 Apr 1979 of the driver; and other motor vehicles =< 2500kg

*Motor vehicles which are constructed to carry Class 4 load or passengers and the unladen weight > 2500kg 26 May 1992

*Motor vehicles which are not constructed to

carry load and the unladen weight < 7250kg

Class 5 Motor vehicles not constructed to carry any load and the unladen weight > 7250kg

23 Nov 1992

Licence No: \$1395874B

NP 428A



中国太平保险(新加坡)有限公司

CHINA TAPING INSURANCE ISINGSPORE FTE LTD.

SHISOD OF CH ASSESSED

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

DMCVEN3016451+04

Contine No 1202591757

 Index Mark and Registration Number of Vehicle

SUSTRIAL

2. Name of Policy Holder

M/S VEGETALE FOOD SUFFLIES FIL ATL

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

20 APRIL 2018

4 Date of Expiry of Insurance

19 APRIL 2019

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 OF CITES LAW OF REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT LITENSALIFIED AT SHEER OF A COURT OF LAW OF BY REASON OF ANY ENACTMENT OF 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 CARPIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR PEWARD) IN CORNECTION WITH THE FOLICYHOLDER'S BUSINESS.
 - (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.
 - THE FOLICY DOES NOT COVER
 - (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR STEED TESTENS.
 - (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROTELLED VEHICLE.

HIRE FURCHASE CO. : ETHOZ GROUP LTD AS HE CWNER

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

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

intersigned By

Authorised Officer

63896111