3 2 / 3:	Involve date	d Fee Charged	
NAME AND ADDRESS OF THE PARTY O	9) N12: Idao		30 SIMPLY SAILS
viditors Commence	Carried Children By Carried + No. DV	Repair Inspection / Collect Excess Coordination	53 520 • •
C Checked by (Engr-In-Charge):	• N6: Rev	ir Co-ordination	\$10
C Charled by Charles Iv Charles	OD:	ricsy Cor / Tpt Allowance	33
arnäged Portion:	7) N1 (Idao)	DA + SMRT Survey dillonal Servicesi-	
	6) TR : Re-fu	rpestion	\$75
ontact No:	4 VT - Walley	w-Through Survey (Reservey) ng against INC Only (Waf 10 Jan 200)	530
river/Owner:	3) TV : Towle	ng Pee . San w-Through Survey	120
illin interveriguinesee	THE TOTAL PROPERTY OF THE PARTY	dent Reporting (530); INC (55	
NA(807746	The state of the s	是原始的多别多别的	A STATE OF THE STA
12.00	18053005300	COMPONENTS OF THE PROPERTY OF	Elizabeth (State Control of the Cont
	4		
man and a second			
PERSONAL PROPERTY SEED AND ASSESSED AND ASSESSED ASSESSED.	SHOW SHARMAGE TO STANDESTING THE TANK THE PARK	SHOW COMPLETE ADMINISTRATION OF THE	•
Dalvariani (Zentaria)	A CONTRACTOR OF THE PROPERTY O		E San
Infurý:			
3) Upload Resurvey Photo [Repuir Cost> \$	3000] ()	1	
2) QC Check / Post Repair Inspection	(·)		
1) Apply for Transport Allowance ()/	Courtesy Car ()		
nodores e se consensión escrenteción		AND PHENOMERAL SHE	Tel-Monepy
Drive-In ()/ Towed-In (); Invoice	ce: YES() / NO();	Towing Co: (/
() Total Loss Case : to e-mail Insur		, · 3	
() Walk-In Customar : Customer's Info		Strictly NO refer of repairer.	
General Kelphologick Constitution		即是民族的影響的學科學的文字	Con Silvin . C.
Excess: (\$) Londing: \$1,	000()/\$2,000()		HENCH PROPERTY.
Year of Registration: ()	Warranty: YES ()/NO ()	
		-20%; P: 21-79%. P: 80-10	0%]
Confirmed by : (Date:	Timer)
	eriod: (Cover Type: ()
Owner / Driver: (Tel:)
TP Particulars: Veh No:	INC	and the second of	
Proferred Wksp / INC Assign Wksp / QW: (Assertation of Particular	Tel: Fa	x:)
TP Insurer:	Ass't Report by Fax / Hans		
	Assessment/Survey Report		
OD : TP Reporting Only	I-Photo Uploaded		
DON THURSD	I-Motor W/O (Within: OD 2	hrs. TP 4hrs)	
0.0 A: 27 W20 W145	I-Motor Člaim Form	d.	
Veli No. GBH 7695 H	E-mail(winte this, AIC 23m)	1	-
	SAS c-filing	i i	
Ref No: NBA/CTL/62/420/	Jeb description		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 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.

- 5. 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 Report	27/11/2018 17:18
Date Of Accident	27/11/2018 09:45
Exact Location Of Accident	PANTECH BUSINESS HUB CARPARK
Country/State of Loss	SINGAPORE
The Control of the Co	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH7695H
Insured/Policyholder	
Name Of Registered Owner	M/S ARCSROBO PTE LTD
Work Permit No	200509002E
Email Address	ANG_CC@ARCSROBO.COM
Mobile Phone No	(LOCAL) +65-91598877
Alternative Phone No.	OFFICE-67636261
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE-3.0 D TURBO 5 DR (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	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	DMCVSN1829451800
Cover Note Number	
Driver	
Name of Driver	ANG CHIP CHUA (HONG JIQUAN)
Work Permit No	S7127135H
Date Of Birth	30/07/1971
Occupation	INDOOR
Date Of Driving Pass	17/03/1994
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91598877
A CONTRACTOR OF THE PROPERTY O	The Target March 1 of Company Desired Desired State Company

OFFICE-67636261

ANG_CC@ARCSROBO.COM

BLK 406 FAJAR ROAD Address #03-303

Postcode 670406

Was driver an employee of the Insured's Company NO

if No. Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

0

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 1 Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? NO I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND ATTACHMENT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

SKETCH PLAN

IMPORTANT NOTICE

- 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 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.
- 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 upder any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 27 N to 19

Drivera Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CONTROL SCHOOL STATE OF

		1 mfed	$\mathcal{N}_{\mathcal{I}}$
	A	15 ACH MED	
	02		
64926			
21-1			

DESCRIBE	CIRCUMSTANCES	OF	THE	ACCIDENT

MAGRET	20	Ansbert	MAKIN!	
LARATION		0.18.		

I/We declare the foregoing particulars and trulelin every respect.

SERVICE SECURED OF

Policyholder's Signature
Date & Time: 27 NOV 18

Con Date & Time:

Reporting Centre Personnel's Signature Name:

-Name:

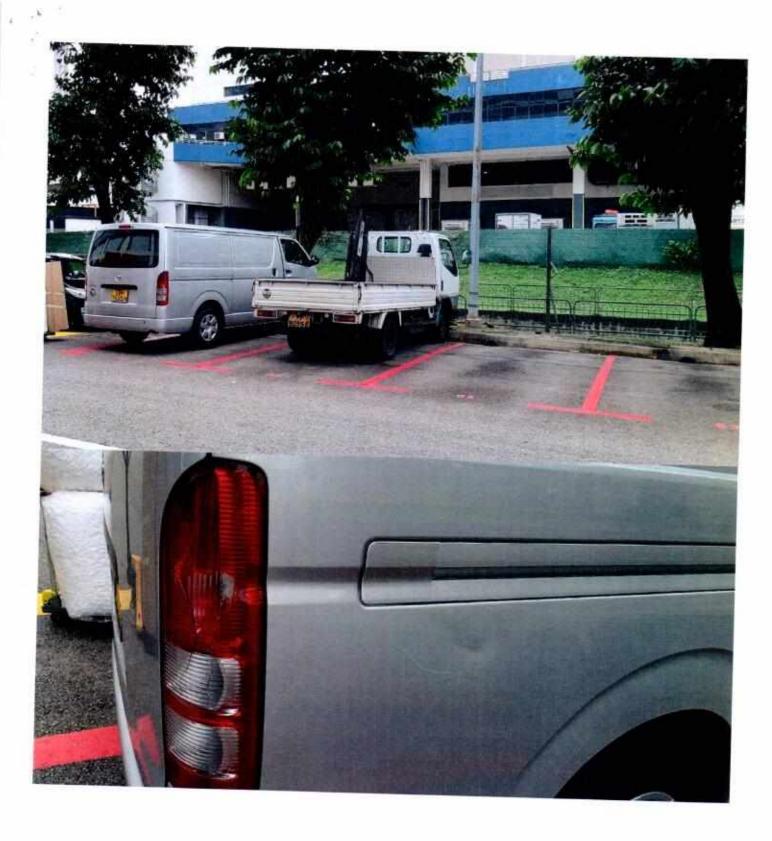
NRIC/FIN No.:



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

3 Artson Road #16-09 Springleal Tower Singapore 079909 Tel: 6389 6111 Fax: 6222 1033 Wathsite: www.sp.cntaiping.com Co. Reg. No. 200209384E

DETAIL	OF ACCIDENT
PLEASE EXPLAIN CLEARLY THE CIRCUMSTANCS UNDE	R WHICH THE ACCIDENT TOOK PLACE.
SKETCH:	IMPACT IMPACT
OUR COMPANY'S VZHICLE GRHT695H	WAS PARKED AT 194 PANDAN LOOP, PANTECH
BUSINESS HUB'S OPEN-AIR CARPARK B	ETWEEN 26 NOV 2018 5 PM TO 27 NOV 2018
9:45AM. AT 27 NOV 2018, 9:45MM, MY	DRIVER, MR NG AH CHEONG, NRIC
SILESTASSE INSPECTED THE VAN AND FOR	AND THE DAMAGE BEFORE HE STARTED THE
NOTE:- Every communication you receive in connection w DATA PRIVA In accordance with the Personal Data Protection Act 2012, I personal data (whether contained in the Claim Form or oth its affiliates and service providers (within or outside Singapo provide advice and information relating to the claim to me (MMS) and fax messages (notwithstanding the registration of Registry) Yes, I have read and agreed to the above Data Privacy Staten Signature of Claimant Name: ANG CHP CHUNT NRIC/FIN/Passport No ST127135H 27 N 18	ith this matter should be forwarded to the Company without delay. ACY STATEMENT consent to the collection, use, disclosure of and/or process of my nerwise obtained) by China Taiping Insurance (Singapore) Pte Ltd, ore), for the purpose relating to the evaluation of the claim and to by Short Message Service (SMS), Multimedia Messaging Service of my telephone or mobile number in the Singapore's Do Not Call ment. ACS Signature Driver Signature
FOR OFFI	CE USE ONLY
NAMED DRIVERS:- a, b. c. d. ENDORSEMENTS:- a, b.	PERIOD OF INSURANCE:- FROM:







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

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6222 1033 Website: www.sg.cntaiping.com Co.Reg.No.200208384E

MOTOR ACCIDENT ADVICE FORM

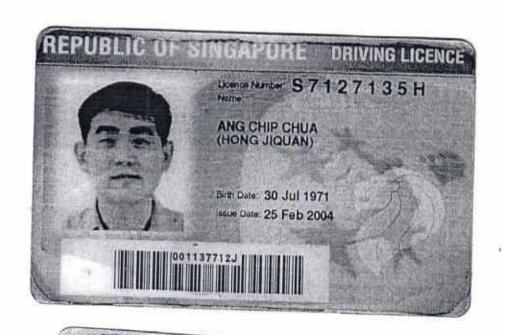
(Applicable to Windscreen Claim)

	Agency	AUTOSHIELD PTE LTD / AN0567A Claim No						
1)	PARTICULARS C	FINSURED			100		-print 12 2 - 10	Charles Lab
	Name	ARCS ROBO PTE LTD. Policy No.				DMCUSN 1829451800		
	Address		194 PANDAN LOOP, #07-08 SINGAPORE 128383					67636261
	Occupation	DIRECTOR	Registration	No	GBH	7695H	Make	TOYOTA
	Year Model	2018 HIACE	C.C./ Tonnag	ge	29820	c/1700 kg	Amount Insured	
2)	ACCIDENT INFO	RMATION	DESERTE AND IN	2224			1 msureu	DIE PER LINE
111.	Date of Accident	26 -27	NOV 2018				Time	50m TO 9:45 Pm
	Place	PANTECH BUS	INESS HUB	S CAR	PARK	5	Approximate Speed	0 km/h
	Name of Police Stati	on Reported To					1 11	-11
3)	PARTICULARS O	FDRIVER		SUITE OF	de la company	o de la late		WENTER TO THE
	Name of Person driving your vehicle	ALLG CHIP CH	TO CHOULY	Age	i.e.	Address		
	Licence No	S7127135H	Date of Expiry			Relationsh	ip to owner	8085
	If Assured was not d			nicle ?	f so, plea	se state:	Contact Nos	0 0 4
	Your Car No	Name of Insurance					(H)	
							(HP)	
4)	DETAILS OF DAM	AGE TO YOUR	/EHICLE		J. 180. T.			
	GOVERNMENT OF THE STATE OF THE	rear - right		آء لم	de Di	anel.		THE PARTY OF THE P
		-		-				
5)	DAMAGES TO TH			vely.			CHET POTEN	MITTER STREET
a.	Registration Number	(s) and details of da	mage to the ot	her vehi	icle(s) inv	olved		
				_				
b.	Any other property							
6)	INJURY TO PERS	ONS	ET-JUSTEN	SENCE	to find the			
100	Nam			Addr	ess		Exten	d of Injury
	- NII							
7)	WITNESS			أبولاح		E.VELIE		
	Passenger's N	ame	Address		Other	Witness Na	me	Address
247	Have you obtained a	o netimals for	214	0.00				
8)	Have you obtained as and amount of estima	ite.					V.	
No li cost	ability attaches this repairs approved.	Company UNLE	ESS the vehi	cle is i	nspecte	d after acc	ident and the	estimate for the



27/u/18





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 . Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

17 Mar 1994

NP 428A

Licence No: S7127135H



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ME300/CE SN ANO633A Cov.Type: C 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)

CERTIFIED TRUE COPY

CERTIFICATE No.

DMCVSN1829451800

Engine No :1KD2824399 Chassis No: JTFHT02P800244877

Index Mark and Registration

Number of Vehicle

GBH7695H

2. Name of Policy Holder

M/S ARCSROBO PTE LTD

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

EX ON WINDSCREENS\$100.00

4. Date of Expiry of Insurance

19 SEPTEMBER 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 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 EMACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: *

(1) USE IN CONNECTION WITH THE PCLICYHOLDER'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 FURPOSES.

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.

* 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.

Countersigned By:

Authorised Officer

Authorised Signatory

Transaction ref 20180920150413539613

Please check that the owner and vehicle details are correct:

1.	Name	· APCSPORO PER LERO
2.	Identification No. Type	: ARCSROBO PTE. LTD
3.	Identification No.	: Company
4.	Country/Region	: 200509002E
5.	Registered Address	104 DAND
		: 194 PANDAN LOOP #07-08
		PANTECH BUSINESS HUB
6.	Mailing Address	SINGAPORE 128383
7.	Mailing Address	3-
8.	Vehicle Registration No.	: GBH7695H
9.	Effective Date of Ownership	: 20 Sep 2018
	Original Registration Date	: 20 Sep 2018
	First Registration Date Vehicle Type	: 20 Sep 2018
	SCI.	: A50 - Goods (Closed) Van/Van Pane (Delivery)
	Vehicle Scheme	: Normal
	Attachment 1	: No Attachment
	Attachment 2	3
	Attachment 3	Marts
	Vehicle Make	; TOYOTA
	Vehicle Model	: HIACE VAN TURBO 5DR MT
	Year of Manufacture	: 2018
	Primary Colour	: Silver
20.	Secondary Colour	:-
21.	Passenger Capacity	: 2
	Chassis/Trailer Chassis No.	: JTFHT02P800244877 / -
20.	Propellant/Emission Standard	: Diesel / JPN2009 + Euro VI PN limit
25.	Engine No./Motor No.	: 1KD2824399 / -
20, 1	Engine Capacity(cc)/Power Rating(kW)	: 2982 / -
40. 1	Maximum Power Output(kW/bhp)	:-/-
90 1	Unladen Weight(kg)	: 1700
0. (Maximum Laden Weight(kg)	: 2800
0 .	Open Market Value	: \$28,136.00
0. I	PARF Eligibility	: No
1. F	PARF Eligibility Expiry Date	¥ = 1
2. N	Minimum PARF Benefit	: \$0.00