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TP Insurer: Ass	't Report by Fax / Hand	to Owner/Wksp	DOMESTIC OF THE OWNER, THE PARTY OF THE PART
Preferred Wksp / INC Assign Wksp / QW: (		Tol: F	ax:
TP Particulars: Veh No: SMF 8	TO INC	)/Non-INC( ).	
Owner / Driver: (		Tel:	
Policy No: ( ) Period: (	)	Cover Type: (	
Confirmed by : (	· Date:	Tlmer	)
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1) Apply for Transport Allowance ( )/ Courtesy	Car ( )		
2) QC Check / Post Repair Inspection	( ·)		- T .
3) Upload Resurvey Photo [Repair Cost > \$3000]	( ) ;;	· · · · · · · · · · · · · · · · · · ·	
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 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.
- 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

Complete seed the complete or or and	ACCIDENT STATEMENT
Date Of Report	17/01/2019 16:44
Date Of Accident	11/01/2019 22:15
Exact Location Of Accident	T-JUNCTION OF KALLANG WAY
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB2246K
Insured/Policyholder	
Name Of Registered Owner	VERTICAL ENGINEERING PTE LTD
Co Reg No	52838210A
Email Address	VERTICAL_ENGRG@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-87981620
Alternative Phone No	OFFICE-68414509
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCVSN3074831801
Cover Note Number	
Driver	
Name of Driver	RAZZAQUE ABDUR
Passport No/FIN	G6776878M
Date Of Birth	02/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87981620
Fax Number	

OFFICE-68414509

VERTICAL ENGRG@SINGNET.COM.SG

Address

2 YISHUN INDUSTRIAL STREET 1 #05-01 NORTH POINT BIZHUB

Postcode

768159

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

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)

6

Passenger 1

NAME:

: COLLEGUE

GENDER:

: MALE

Passenger 2

NAME:

: COLLEGUE

GENDER:

: MALE

Passenger 3

NAME:

: COLLEGUE

GENDER:

: MALE

Passenger 4

NAME:

: COLLEGUE

GENDER:

: MALE

Passenger 5

NAME:

: COLLEGUE

GENDER:

: MALE

**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 PLAN

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

SMF8487R

Page 2 of 13

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

HONDA VEZEL

PRIVATE CAR

GOH YAU TONG

82882875

### 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.
- 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. 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 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:

- 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
- 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

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:

Repetting Centre Personnel's Signature

NRIC/FIN No.:

At 11/01/19 arround 10:15 hus. As I was at Kalling way
Name vehicle A. My lorrry come to the Junction at that point
the traffice light is on red So I Stop beside car "B" which she
is on hazzard light on when truffice light trum green on our
fallow. I stort to more my lorvey to make a left tran. At that
Point, Car "B" Start to move So as of trum towards left my
lowing hits the right side (Front side) of con B. This is all
about the accident happon.

DECLARATION

I/We declare the foregoing 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 H

Name:

## ACCIDENT STATEMENT

ACCIDENT DATE: 11 01 2019 (DD/MM/YYY)	). TIME:( 22: 15 )(HH:MM)
LOCATION: KALLANG WAY / Internal	tion (T Tunetion)
	HATE CONTRACTOR
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: SIBB 2266K	
D)INSURANCE COMPANY: CHTNA TATOTA	OF INSURANCE (SINGAPORE) PTELID
C)POLICY NUMBER: DMDCSN 30093	94040
d) POLICY TYPE: COMPREHENSIVEY THIRD PAR	TY ATIMES DADTY FIRE STIFFE
	CANTER
f)TYPE:(SALOON / COUPE / MPV /V AN /(LORRY	MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCI.	AU/ MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME:	WITTER PURPOSES
I) ARE YOU CLAIMING UNDER YOUR OWN INSUI	RANCE (YES/NO)
JORKING COUNCILL IF NO, PLEASE STATE (HIDDEN TOUR OWN INSUIT	PORTING ONLY)
	n-r le
AINAME: VFRT TCAL Engineering	the state of the s
(M) b)NRIC/FIN/PASSPORT: 528382104 C	CONTACT: 68416500
c)ADDRESS: 2 yinhun Industrial	Street -1
#05-01 Non-th	Brint Richab 768/50
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	LDER
Ho of passange, DRIVER PASSAGLYE ALSO POLICY HO	
(Including driver) GINAME: BARRIES	(MALE / FEMALE)
(6) b) NRIC/FIN/PASSPORT: Q6776878M	_CONTACT: <u>870.8f620</u>
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Street -1
#05-01 Noreth	Point Bizhab, 768150
-d) DATE OF BIRTH: (02 / 10 / 1990) (DD/A	MW/AAAW
e OCCUPATION: (INDOOR / OUTDOOR)	and the second s
1) DATE OF DRIVING PASS 15 April	2016
4. WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANY? (YES) NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED:
5. a) WEATHER CONDITION: CLEAR / RAINING / C	OTHERS
b)ROAD SURFACE: (DRY)/ WET / OTHERS	
6. WAS ANYBODY INJURED (YES /NO	w w
7. a) REPORTED TO POLICE (YES NO)	±3
IF YES, PLEASE STATE WHICH POLICE STATION:	
# No of passenger a) VEHICLE NUMBER: SMF 8487 R	11 W. (. C. P.)
	MODEL: HONDA (VEZEL)
(Including driver) b) DRIVER'S NAME: Goh you Tong	0.00000
() PARTY VEHICLE	_CONTACT: 80 88 0 875
	(4)
4 140 AL DAZZENISE	_MODEL:
(Indudian datas) of Driver's NAME:	<del></del>
NRIC/FIN/PASSPORT:	_CONTACT::
()	525
250	(A)

email = VERTICAL ENGRAGE SINGNET. COM. SG VIDEO



S PASS

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

Engleyer VERTICAL ENGINEERING PTE. LTD. \*



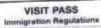
RAZZAQUE ABDUR

0 63360252

Sector CONSTRUCTION







te lie 2019

RAZZAQUE ABDUR

G6775878M

02-10-1990

BANGLADESHI

MULTIPLE JOURNEY VIBA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OF HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7. 15 Apr 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NF 42BA



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

MZ300/CR SN AMO101A 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)

CERTIFICATE No.

DMCVSN3074831801

Engine No : 4M42A64413

Chassis No:FB70BBA10645

1. Index Mark and Registration

DBB2246K

Number of Vehicle

2. Name of Policy Holder

WERTICAL ENGINEERING PTE LTD

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

4. Date of Expiry of Insurance

23 SEPTEMBER 2019

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 DR 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 OF 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. : UNITED OVERSEAS BANK LIMITED 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 (Malayxia), 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

Countersigned By

ITRUST PTE LTD

52 FOCH ROAD

#03-02

SINGAPORE 209274

TEL: 6488 0883 FAX: 6286 0295

EMAIL: itrust@singnet.com.sg

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory