f		31110 11	
ATIONAL Assessment Centi	e Services. pur marion	MNOYCOGOS	7
Dute In: 10x105/2018 14'28	Job description	Date & Time Completed	./ Done by
REI NO: NRA/CTI19007704/4	SAS c-filling		
veh No. GAE 413	E-mail (bjode this, Ale this)	
50 NOSTXOLA 07:15	I-Motor Claim Form	X+ V	
	I-Motor W/O (Within OD	2hrs, TP (hrs)	
OD (TP) Reporting Only	I-Photo Uplonded	- market	
	AssessmenUSurvey Repo	rt	
TP Insurer:	Ass't Report by Fax / Ha		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
Proferred Wksp / INC Assign Wksp / QW: (and a second sec	Toli	Faxt 1
P Paniculars: Veh No:	C2710R . IN	C(,)/Non-INC().	
Owner / Driver: (• • • • • • • • • • • • • • • • • • •	Tel:	
	eriod: () Cover Type: (
Confirmed by : (. Dater,	Timer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N	0-20%; P: 21-79%. P: 80	-100%]
Year of Registration: ()	Warranty: YES ()/NO	()	
Excess: (5 ') Londing: \$1		war a same to the same to	mark in
STATE OF THE NEXT STATE OF STA	对方:1200年2月20日 1200日 1200	项则进行数据积4777/1545757	3300 B
STRUMMENT REPRESENTATION ASSESSMENT OF THE STREET	nformation strictly Confidential	& Strictly NO refer of repaire	<u></u>
/ Walleda Customar i Customers if		The state of the s	The state of the s
() Walk-In Customar i Customer's Ir	urer URGENTLY.	\	
() Total Loss Case : to e-mail Ins	urer URGENTLY,); Towing Co: (
() Total Loss Case : to e-mail Ins	urer URGENTLY,	\	A veganative
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO(\	y vdenebly · ·
Orive-In ()/ Towed-In (); Invo	urer URGENTLY,	\	A Septiment .
Drive-In () / Towed-In (); Invo	/ Courtesy Car ()	\	A Paris California Dy
Orive-in ()/ Towed-in (); Invo	/ Courtesy Car ()	\	A STATE Dane by
Drive-In () / Towed-In (); Invo () Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>	/ Courtesy Car ()	\	West Supplied to the second se
() Total Loss Case : to e-mail Instruction () / Towed-in (); Invo Registrate () / Towed-in (); Invo Registrate () / Towed-in (); Invo Registrate () / Towed-in () 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury /	/ Courtesy Car ()	\	The Control of the Co
() Total Loss Case : to e-mail Instruction (); Invo Carried () / Towed-in (); Invo (Carried () / Towed-in (); Invo	/ Courtesy Car ()	\	A Company
() Total Loss Case : to e-mail Instruction (); Invo Carried () / Towed-in (); Invo (Carried () / Towed-in (); Invo	/ Courtesy Car ()	\	A Company .
() Total Loss Case : to e-mail Instruction (); Invo Carried () / Towed-in (); Invo (Carried () / Towed-in (); Invo	/ Courtesy Car ()	\	All Millione by
() Total Loss Case : to e-mail Instruction (); Invo	/ Courtesy Car ()	\	W. Marinone by
() Total Loss Case : to e-mail Instruction (); Invo	/ Courtesy Car ()	\	William Dane by
Drive-In () / Towed-in (); Invo	rice: YES() / NO(/ Courtesy Car() (·) S3000) ()) Towing Co: (West And the war but
Drive-In () / Towed-In (); Invo Orive-In () / T	rice: YES() / NO(/ Courtesy Cur() (·) - \$3000) ()	Towing Co: (A COLOR DE LA CALLEDIA DEL CALLEDIA DELLA CALLEDIA DELLA CALLEDIA DE LA CALLEDIA DE LA CALLEDIA DELLA CALLEDIA
Drive-In () / Towed-in (); Invo	rer URGENTLY, rice: YES() / NO(/ Courtesy Car() (·) S3000) ()	Assident Paperting (310); Damage Ansument (5100); Towing Fig.	C CESO SAUGES VIACAL DISTRICT STORY
Drive-In ()/ Towed-In (); Invo	rer URGENTLY, rice: YES() / NO(/ Courtesy Cur() (·) S3000) () DAR DAR DITE OFFI	Assident Reporting (J30); Towing Fis Follow-Through Burvey (Garages)	CO (CLO) STOCK ST
Drive-In ()/ Towed-In (); Invo Drive-In ()/ Towed-In (); Invo Drive-In ()/ T	rer URGENTLY, rice: YES() / NO(/ Courtesy Cur() (·) - \$3000] () - \$3000] () - \$3000] () - \$3000 () - \$3000 () - \$3000 ()	Aseldest Paperting (330); Demage Assessment (5100); Towing Fie Pollow-Through Burvey Pullow-Through Burvey Pul	(C (250) 240.745 2120 210.745 2120 2120 2120 2120 2120 2120 2120 212
Drive-In () / Towed-in (); Invo (IN FELL ALL DRIVE AND	rer URGENTLY, rice: YES() / NO(/ Courtesy Cur() (·) - \$3000] () 1 NAR 3) DA 5) FT 6) TR 6) TR	Assidest Paperting (330); Towing Fee Pollow-Through Burvey Pollow-Through Burvey Pollow-Through Burvey Pollow-Through Burvey Planting States (3100); Towing Fee Pollow-Through Burvey Pollow-Through Burvey Planting States (3100); Re-lamestion Re-lamestion	CO (CLO) STOCK ST
Drive-In () / Towed-in (); Invo Refined (INCOME) (INCOME) Reprint Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Deficient August (Income) Driver/Owner: Contact No:	Courtesy Car ()	Assident Repording (330); Towing Fis Pollow-Through Survey Pollow-Through Survey (Resurvey) plaiming atalast INC Only (west 10 J); I Re-Jarpeston I (the DA + SMRT Survey UC Additional Services:	(C (280) \$40/245 \$120 \$300 \$2000) \$775 \$160
Drive-In () / Towed-in (); Invo Remarks (INCOME) (INCOME) (INCOME) (INCOME) (INCOME) (INCOME) (INCOME) (I) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury : Date China Agriculture Driver/Owner: Contact No: Damaged Portion:	Courtesy Car ()	Assident Reporting (310); Towing Fee Follow-Through Burvey Fullow-Through Burvey Fullow-Through Burvey Fullow-Through Survey Fullow-Through Survey Claiming stalest INC Only (was Inc.) I Re-Jarpeellon I Idae DA + SMRT Survey UC Additional Services:	(C (230) 310 310 310 310 310 310 310 310
Drive-In () / Towed-In (); Invo Replied (1) / Towed-In (); Invo Replied (1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury / Date Dintal Agriculture Driver/Owner: Contact No: Damaged Portion:	Courtesy Car ()	Acidest Paperting (330); Towing Fis Pallow-Through Burvey Pullow-Through Burvey Pullow-Through Burvey Pullow-Through Burvey Pullow-Through Survey Pullow-T	(Caso) 510 510 510 510 510 510 510 510
Drive-In () / Towed-In (); Invo (Control () / T	TOUR TENTLY, Side: YES() / NO(/ Courtesy Cur () (·) S3000) () III AR III A	Towing Cot (Towing Cot (Towing Cot (Towing Cot (Towing Pise Follow-Through Burvey (Resurvey) Islaming against UNC Only (was 10 J) I Re-larpestion I the DA + SMRT Survey UC Additional Services: St Cauristy Cet T Tex Attention G Espair Co-ordination (2002) Frat Espair Co-ordination (2002) Frat Espair Co-ordination (2002)	10 (240) 10 (24
Drive-In () / Towed-in (); Invo Remarks (INCOME) (INCOME) (INCOME) (INCOME) (INCOME) (INCOME) (INCOME) (I) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury : Date China Agriculture Driver/Owner: Contact No: Damaged Portion:	TEAL OF THE STATE	Towing Cot (Towing Cot (Towing Cot (Towing Cot (Towing Pise Follow-Through Burvey Pollow-Through Burvey (Resurvey) Islaming against UNC Only (was 10 J) I Re-lampeston I the DA + SMRT Survey UC Additional Services: St Cauristy Cett Tipt Attention Ge Espeit Cheardination (Frat Espeit Cheardination (Frat Espeit Cheardination (Frat Espeit Cheardination (Frat Espeit Cheardination (Frat Espeit Cheardination (Frat Espeit Cheardination (Frat Espeit Cheardination (Frat Espeit Cheardination ((C (240) 510 510 510 510 510 510 510 510

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.
- 3. Information provided must be as truthful and accurate as possible. Any wiful 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 aforesaid.

The same of the sa	ACCIDENT STATEMENT		
Date Of Report	02/05/2019 14:28		
Date Of Accident	02/05/2019 07:15		
Exact Location Of Accident	PIE TOWARDS TUAS (BUKIT BATOK)		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBE413S		
Insured/Policyholder			
Name Of Registered Owner	SAN HSING FOOD MANUFACTURING		
Co Reg No			
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-90032808		
Alternative Phone No	OFFICE-93382683		
Vehicle Particulars			
Manufacturer	NISSAN		
Model	CABSTAR		
Exact Purpose for which vehicle was being used a 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	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	DMCVSN3048581800		
Cover Note Number			
Driver			
Name of Driver	NG PANG HENG(HUANG BANGXING)		
NRIC No	S7134469Z		
Date Of Birth	02/10/1971		
Occupation	OUTDOOR		
Date Of Driving Pass	02/12/2002		
Driving Experience	16 YEARS AND 5 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-90032808		
Fax Number			
Contact Number	OTHERS-93382683		
EMail Address	NOEMAIL		

Address BLK 677B JURONG WEST STREET 64

#14-299

Postcode 642677

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?

NO

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

3

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)

1

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

PC2710R

Vehicle Make/Model/Colour

TOYOTA HIACE

Details Of Properties

Vehicle Category Name of Driver COMMERCIAL VEHICLE

NRIC/Passport Number

THAM MENG KOK

Contact Number

S0533036Z 96348509

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

FT6931Y

Page 2 of 31

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)

MOTORCYCLE KADIR SULTAN

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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, WIT LEVEL TANKS .
- 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 aforesald.
- 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' jawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (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")
- 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.
- 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.
- 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 Pe Name:

NRIC/FIN No .:

SKETCH PLAN PIE 2	owards Mas	CBUKN BAND	k)
→	B	A	C)
→			
	AHGBEAB 3 BIRC 2710R		
	0) ++ 67314.		
DESCRIBE CIRCUMSTANCES O			1
also slow of fron the Manne for cycle	1 To Agray a	MOON NOW	0 -0 1
ECLARATION			
We declare the foregoing particular	s are true in every respect.	ad 62	105/2018
ilicyholder's Signatures	Oriver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Pers Name: NRIC/FIN No.:	annel' Signature

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the dataits 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 majorial facts may allow insurance companies to
- 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. Any false reporting may be referred to the Police for investigation.
- 6. 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 independent of this report to the insurers, you have by consent to the archiving of this report at the centre and to copies of the report being made available.

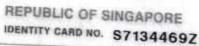
stabilities and to copies of the report being a stabilities of the report	made available
Date Of Report	
Date Of Accident / Time 02 05 19 07/5/40	Charles SON
Control Location Of Accident	
Country/State of Loss PIE 70 WHAS TUAS (BURIT BATOK)	
Vehicle Registration Number GBE 4/2S	A CONTRACTOR OF THE PARTY OF TH
insured/Policyholder	
Name Of Registered Owner / company	
NRIC NO /CO- REG ND.	
Email Address	
Mobile Phone No 90032808	
Alternative Phone No	
Vehicle Particulars	
Manufacturer ///SSA	
Model CABSTAR	
at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	F
If No. Please state action to be taken	
Vehicle Category 200 CAAIM THEO PARTY	
Insurance Company	
Name of the	
Type Of Coverage Type Of Coverage	
Fleet Policy	
Policy Number PMCVSN/S04-858/800	
Cover Note Number	
Driver MG PANC WEND	
Name of Driver	
NRIC NO S 7/36416 97	
Date Of Birth	
Occupation 02/0 197/	
Date Of Driving Pass DR/VER. 1997	
Driving Experience 1992	
Gender MALE	
Notice (Application)	
A CONTRACTOR OF THE STATE OF TH	
Contact Number	
EMail Address	

Was driver an employee of the Insured's Company	
If No, Relationship of the Driver with the Insured	
Venicle Registration Number of D.	
Vehicle Vehicle	
114:	
Insurance Company of Driver's Own Vehicle	
General Information of the Accident	
Type Of Accident CHAIN COLLICION	
Weather Conditions	
Road Surface	
Other Information	
Was any foreign vehicle involved in this accident?	
Was any body injured in the Accident?	
Was any other material or property damaged?	
1 Neve been engrepoked by	
S	4
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?	
If Yes,against whom?	
Circumstances of Accident	
PLEASE REFER TO SKETCH PLAN	
Attachment(s)	
Are accident photos available for attachment?	91
Was there any video captured by Car Camera?	
Remarks/ Reasons:	
And the Control of th	
Vehicle Registration Number CO COLLARO	
Vehicle Atul, ne	100
Details Of Properties POYOTA HIACO FT 6931Y	
Name of D.:	
Name of Driver THAM MENG KOK KADIR SULTAN NRIC/Passport Number S 05320367 Address 96348569 Postcode	
Contact Number S 05320367	
Address 963/8589 ADT CHAR	
Postcode GT/VEX/-	
Insurance Company Name	
Nature Of Damage FREAD T	
No. Of Passenger (Including Driver) NO Y CNOWX	
Details of Witness	

Address Postcode

Name

Phone Number Email Address





Name

NG PANG HENG (HUANG BANGXING)

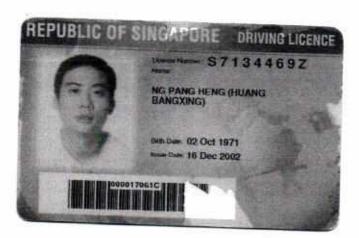


CHINESE

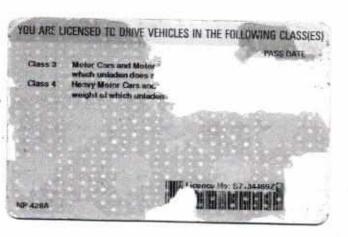
Date of birth 02-10-1971

O2-10-1971 Country of birth SINGAPORE











中国太平保险(新加坡)有限公司

ME300/C N SH AN0435A COMPREHENSIVE AUTOSAPR

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950 Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia) CERTIFICATE No. Engine No : 2D30345708K DMCVSN3048581800 Chassis No: JN1SC2F24E0856975 Index Mark and Registration Number of Vehicle G8E413S 2. Name of Policy Holder M/S SAN HSING FOOD MANUFACTURING Effective date of the Commencement of Insurance for 18 AUGUST 2018 the purposes of the Regulations, Ordinance or Enactment. EX ON WINDSCREEN Date of Expiry of Insurance 17 AUGUST 2019 Pentons 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 OF 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.

(1) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.

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.

HIRE PURCHASE CO. : ETHOZ CAPITAL LTD 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 (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:

Author

Authorised Signatory