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Veh No	GBH9998X	E-mail (within 8hrs.	1600			
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TP Particu	ars: Veh No: S	JR6119P		/Non-INC()	ax:	
Owner / D	river: (Tel:)	
Policy No) I CIR	od: (ver Type: (
	nfirmed by: (D	ate:	Time:		
	river Liability: (%) [No	ote-Est. Status (WO)	: N: 0-20%;	P: 21-79%. F: 80-1	00%]	
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2) QC Checl	Transport Allowance ()/Cou	() () ()			17.20	
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	ticulars :-	2) D/	R : Accident Report A : Damage Assess	ting (\$30); ment (\$100); INC (\$80		
Priver/Owner:		4) FT	3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120			
ontact No:		5) FT	: Follow-Through	Survey (Resurvey) 5	30	
amaged Porti	on:	6) TF	R: Re-inspection	S	175	
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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.
- 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.
- 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 ladgement 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

aloresalo.		
	ACCIDENT STATEMENT	
Date Of Report	04/05/2019 10:26	
Date Of Accident	03/05/2019 17:40	
Exact Location Of Accident	JUNC OF LOR 101 CHANGI	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH9998X	
Insured/Policyholder		
Name Of Registered Owner	M/S EDVERYTING M&E SERVICES	
Co Reg No	V-0	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-92204518	
Alternative Phone No	OFFICE-92204518	
COMMON PROPERTY.		

Vehicle Particulars

Manufacturer NISSAN

Model

Exact Purpose for which vehicle was being used at WORK

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

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 DMCVSN3063351800

Cover Note Number

Driver

Name of Driver CHUA TECK HUA NRIC No S9050934I Date Of Birth 12/12/1990 Occupation OUTDOOR Date Of Driving Pass 03/08/2017

Driving Experience 1 YEAR AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92204518

Fax Number

Contact Number OTHERS-92204518

EMail Address NOEMAIL Address

BLK 490B CHOA CHU KANG AVENUE 5

#08-273

Postcode

682490

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 - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

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

PLS REFER TO THE ATTACHED STATEMENT.

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

SJR6119P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

SALLEH BIN ISMAIL

NRIC/Passport Number

S8404493H

Contact Number

92382464

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.
- 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:
 - 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.:

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

Name:

NRIC/FIN No.:

GARMS State British or V.J.



10 Sin Ming Drive Singapore 575701 www.lta.gov.sg

26 Sep 2018

Our ref 2609180203N057022045

EDVERYTING M&E SERVICES 6 BUTTERWORTH LANE #09-07 BUTTERWORTH 8 SINGAPORE 439422

000068

հրվերկիկրիկլիկիկիկիլ

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. GBF2901G WITH VEHICLE REGISTRATION NO. GBH9998X

You may be pleased to know that your application of 26 Sep 2018 for replacement of registration number is approved.

The details of the vehicle after the transaction are as follows: 2.

Vehicle Registration No. : GBH9998X (Previously GBF2901G)

Vehicle Make

: NISSAN

Vehicle Model

: NV350 PANEL VAN 2.5 5MT 5DR

EURO V

Chassis No.

: JN1MC2E26Z0006389

Engine No./ Motor No.

: YD25391826A / -

- Please change the number plates on your existing vehicle (ie. Chassis No. : JN1MC2E26Z0006389, Engine No./ Motor No.: YD25391826A / -) to display the new/ replacement registration number, GBH9998X by 29 Sep 2018. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.
- Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you any questions. You can either quote the Business Transaction Reference No. 20180926101048378399 or the vehicle registration number when making your enquiry.

Yours sincerely

NG LAY CHOO (MS) DEPUTY DIRECTOR, VRL SERVICE OPERATIONS VEHICLE SERVICES GROUP LAND TRANSPORT AUTHORITY

[This is a computer-generated notice that requires no signature.]



Reported on 415/2019
@ 1025Am.

ACCIDENT STATEMENT

A	CCIDENT DATE: 3 15 12019 (DD/MM/YYY), TIME: 17:40 (HH:MM)
LC	OCATION: June of LOR tol CHANGI (HH:MM) number
	CPHAGOOD AND ALLIAM
	4 2 - 2 2
	a) VEHICLE NUMBER: GBF 29016 & old Vehicle plate.
	DINSURANCE COMPANY:
	d)POLICY TYPE: ICOMPREHENSING A THURS
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	F)TYPE: (SALOON / COUPE / MPV /VAN / LOPRY / MOTORCYCLE / COTO
	ON THE ONE ON THE POINT AND TH
	TO SOUND AT ACCIDENT HAR.
	IF NO. PLEASE STATE (THIRD BASES)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
	A)NAME:
	b) NRIC/FIN/PASSPORT:(MALE / FEMALE)
22	c)ADDRESS:CONTACT:
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
The of passenge	2 DRIVER
Claduding driver) a)NAME:
(1)	b) NRIC/FIN/PASSPORT:CONTACT: Q 220 45 18
V	C/ADDRESS
	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)
4	1) TEAKS OF DRIVING EXPRERIENCE.
	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	a) WEATHER CONDITION: (CIPAR / PAINING / OTHERS
	DINOND SURPACE: MORY / WET / OTHERS
0.	WAS ANTRODY INJURED IVES INCO
	IF YES, PLEASE STATE WHICH POLICE STATION:
s. A 8.	THIRD PARTY VEHICLE
no of passenger	a) VEHICLE NUMBER: SIK 6 19
ciriver)	
(_) 9.	c) NRIC/FIN/PASSPORT: S8404493H CONTACT: 92382464 THIRD PARTY VEHICLE
No of passenger	d) VEHICLE NUMBER-
Induction dular	MINITED IN
()	f) DRIVER'S NAME:CONTACT:CONTACT:
Nel	will remove state class D V 11 00000
	wide number plate charge? X old -9BF29019
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中国太平保险(新加坡)有限公司

MZ300/C N SN AN0421A 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)

GENTINICATE NO.
Accessed to the second
d dada at the con-

DMCVSN3063351800

Engine No :YD25391826A Chassis No: JN1MC2E26Z0006389

 Index Mark and Registration Number of Vehicle

GBF2901G

2. Name of Policy Holder

CERTIFICATE NA

M/S EDVERYTING M&E SERVICES

Effective date of the Commencement of Insurance for

26 SEPTEMBER 2018 EX SECT. I

the purposes of the Regulations, Ordinance or Enactment

EX ON WINDSCREEN

4. Date of Expiry of Insurance

25 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 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 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:

Vitesse Solutions

Authorised Officer

Authorised Signatory