| NATIONAL Assessment Centre | Services. | fort 1 Jan'05] . | : MMAI | 19101344. | | |
|--|--|--|--|-------------------------|-----------------------------|-----------------------|
| Date In: 2/8/19 14:50 | Jeb description | 1 | Date &Time | Completed | Don | e by |
| Res No. 144/ c72190 13576 / 64. | SAS c-filing | | | | | |
| Veli No. 68E 53 82 B | E-mail (within | Shis, AIC 2hrs) | | | 294117100s 200 | |
| 1)(1)A 30/7/19 10:40. | i-Motor Cial | m Form | L. | 11 | | |
| 11 - 11 - 12 - 12 - 12 - 12 - 12 - 12 - | I-Motor W/C | (Within: OD Thu | , TP 4brs) | | | |
| (71) TP / Repeting Only | I-Photo Uplo | aded | 1 | | • | |
| 200 | Assessment/Si | nvey Report | | | | |
| TP Insurer: | Ass't Report b | y Fax / Hand t | o Owner/Wkan | | CHARGE THE SALE | and the second second |
| Preferred Wksp / INC Assign Wksp / QW: (| Consequences are a series of the series of | \ | Tol: | Fax | : |) |
| TP Particulars: Veh No: 68 | F 3169 Y. | . INC(| .)/Non-INC | 2(). | AV- | |
| Owner / Driver: (| | | Tel: | |) | |
| Policy No: () Perio | od: (|) | Cover Type: | (|), | |
| Confirmed by : (| | Date: | Tim | |) | |
| Insured/Driver Liability: (%) [No | ote-Est. Status (V | WO): N: 0-20 | 0%; P: 21-799 | 6. P: 80-100 | %] | |
| Year of Registration: () W | arranty: YBS (|)/NO(|) | | | |
| Excess: (\$) Loading: \$1,000 | 0()/\$2,000 | () | | | • • | |
| Goneral Reinarks as Sans Market 1985 | | | 非构则的 为 | SALE TANK | 0.4 . | |
| () Walk-In Customer : Customer's Inform | nation strictly Co | ntidential & Str | rictly NO refer o | of repairer. | | |
| () Total Loss Case ; to e-mall Insurer | URGENTLY. | | , ,,,,, | .3 | <u> </u> | |
| Drive-In ()/ Towed-In (); Invoice: | YES()/r | 10 (); T | owing Co: (| 1 | |) |
| tteningles (100 months overlotons) | | | Ditextonic | Olimbria de la | Don | by |
| The state of the s | urtesy Car (|) | L William Control | | | |
| 2) QC Check / Post Repair Inspection | (·) |)- | | | | |
| 1) Upload Resurvey Photo [Repair Cost > \$30 | 00] (|) | - | | | |
| Injury: | | | <u> </u> | | | |
| | thin the synchist | egosulausposv | | in axemist. | THE STATE OF | arrend since |
| Date/Time /Actions: | (See Section 1994) | | THE RESIDENCE OF THE PARTY OF T | SERVICE SERVICE | PARCHIEN | |
| *************************************** | | | | | | |
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| A | CALIFORNIA DE TENTRA PORTA DE TENTRA | | i a che | dist. | (3)) (3)) (4) | Nak(1) |
| CONTRACTOR | 1905808 | 1) AR : Accident | Reporting (530); | MARKETER | 30.00 | - stulijom |
| litimant's Particulars is the same of greater | | 2) DA : Damege | Assessment (\$100) | ; INC (380) \$40/\$4 | 5 | |
| river/Owner: | | 3) TP : Towing Fo 4) PT : Follow-Th | rough Survey | \$12 | 0 | |
| ontact No: | • | 5) PT : Pollow-Ti | rough Survey (Res | of 10 Jan 2000) | | |
| nnäged Portion: | | 6) TR: Re-inspec | tion | 57 | | |
| 1 | | 7) N1 : Idao DA 4 8) NTUC Additio | nal Services:- | | | |
| Checked by (Engr-In-Charge); | | OD. | Car / Tpt Allowand | <u> </u> | 5 | |
| | | *NG: Repelr Co | n-ordination | 51 52 | | |
| nditors Comments | | *N7; Post Repo | lect Excess Coordin | ation 3 | 3 | |
| l. Jr. | Comfere, ash timber | TP (N11): TP | (Kun INC) against | INC 53 | 0 | <u> </u> |
| 279: | | Involve dated | - | Fee Charged | THE STATE OF | PATON ACAN |
| | | Javolce dated | | Fee Charged | PARTIE IN | |

a per et torr

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.
- 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.

| | ACCIDENT STATEMENT |
|---|--|
| Date Of Report | 02/08/2019 14:50 |
| Date Of Accident | 30/07/2019 10:40 |
| Exact Location Of Accident | SECOND HOSPITAL AVE ENTER TO HEALTH PROMOTION BOAR |
| Country/State of Loss | SINGAPORE |
| D. D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBE2385B |
| Insured/Policyholder | |
| Name Of Registered Owner | HEALTHY HOMES MARKETING PTE LTD |
| Co Reg No | The second secon |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98368463 |
| Alternative Phone No | OFFICE-98368463 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | DMCVSN3070851801 |
| Cover Note Number | 2 |
| Driver | |
| Name of Driver | CHUA KWANG KAI |
| NRIC No | S1121653F |
| Date Of Birth | 28/04/1955 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/04/1977 |
| Driving Experience | 42 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96803961 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

Address BLK 219 BISHAN ST 23 #10-295

Postcode 2057

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 - HEAD TO REAR

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?

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)

2

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

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 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

GBF3169Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

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.
- 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:
 - (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

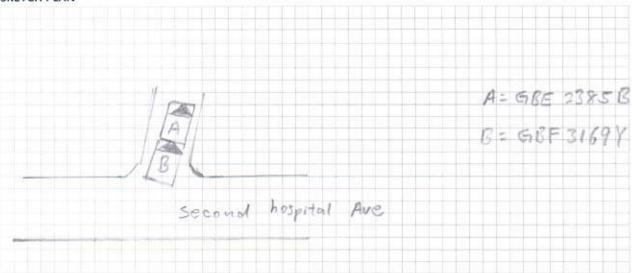
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Please | Refer | to | Statement |
|--------|-------|----|-----------|
| | | | |
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DECLARATION

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

Policyholder's Signature Date & Time:

Driver's lighature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

I HAD JUST ENTERED THE WRONG CARPARK SO I STOPPED AT THE CAR PARK ENTRANCE TO REVERSE BACK, THIS CAR PARK ENTRANCE AND MY VEH WAS ON A SLOPE AND IT WAS DIFFICULT TO SEE BACK CLEARLY SO I REVERSED SLOWY. AS I REVERSED, I FELT THE BACK OF MY VEH TOUCHED SOMETHING SO I STOPPED AND COME OUT OF THE VEH. THEN I SAW ANOTHER SMALL VAN HIS FRONT BUMPER AND MY BACK BUMPER HAD TOUCHED TOGETHER, BOTH OF US DRIVERS CHECKED OUR VEH AND WE SAW THAT THERE WERE NO DENTS OR DAMAGES ON BOTH OF OUR VAN BUMPER. BEFORE WE MOVED OFF, I ASKED THE OTHER DRIVER TO GIVE ME HIS PARTICULARS JUST FOR RECORD BUT HE REFUSED. HE TOLD ME TO TAKE DOWN HIS VEH NUMBER. THERE WAS NO INJURY AND NO DAMAGES, BUT I AM MAKING A REPORT JUST FOR RECORD

ACCIDENT STATEMENT

| | ACCIDENT DATE: 30 | 17/19/DD/ | MM/YYYY), TIME:(10 | : 40 ·)(HH:MM) |
|--|----------------------|--------------------------------------|---|---|
| | LOCATION: Se | cond hospital | Aug. Entry | to Health Promo |
| | 1. DETAILS OF VE | HICLE | | Board. |
| | a) VEHICLE NU | MBER: GBE 2 | 385 R | · · · · · · · · · · · · · · · · · · · |
| | | COMPANY: | | 5 |
| | c)POLICY NUM | | | |
| | | | 1000 0100111300 | Carrier Control Control |
| | e)MAKE & MOE | (COMPREHENSIVE / T | HIRD PARTY / THIRD P | ARTY FIRE &THEFT) |
| | | | | |
| | ALVERIOLE CAT | V / COUPE / MPV /V AI | Y / LORRY / MOTORC | YCLE / OTHERS) |
| | STATISTICLE CAT | EGORY: (PRIVATE / CO | MMERCIAL / MOTOR | CYCLE) |
| | ILA PE YOU CLA | USING AT ACCIDENT TO | ME: Working | |
| | JAKE TOU CLAT | MING UNDER YOUR O | WH INSURANCE (YES/ | NO) |
| | 3 INCURED (DOLL | STATE (THIRD PARTY CL | - | ILY) |
| | 2. INSURED / POLICE | | pe Ltd. | _ |
| | AJNAME: H | ealthy Homes ma | The Had | ALE / FEMALE) |
| | b) NRIC/FIN/PAS | SPORT: | CONTACT | : 9836 8463. |
| | c)ADDRESS: | | | |
| | * CONTINUE TO | 2 d IF DDD /FD 1100 DO | | |
| A CONTRACTOR OF THE PARTY OF TH | 3. DRIVER | 3.d IF DRIVER ALSO PO | | |
| ma of posseng | CV- | | (qi | O1 2 1 2 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| A service of the service of | b)NRIC/FIN/PASS | 200 | | ALE / FEMALE) |
| Include driver | c)ADDRESS: | SFORT, | CONTACT: | 96803 961 |
| (2) | C// (OD/(E33 | | Harris Harris Commencer | |
| | *d)DATE OF BIRTI | 4.1 1 1 | 1/55/11/150000 | |
| . 1 | elOCCUPATION: | H: (// : (INDOOR / OU <u>TDOO</u> | | ii . |
| J- | flyFARS OF DRIV | ING EXPRERIENCE: | ZĪ. | (2) |
| t | 4. WAS DRIVER AN | N EMPLOYEE OF THE | INCLIDED'S COMPAN | V2 (VEC:/ NO) |
| | IF NO, RELATIO | NSHIP OF THE DRIVE | ED WITH INCLIDED | IT (TES / NO) |
| | 5. a) WEATHER CON | IDITION: (CLEAR / RAIN | VING / OTHERS | |
| 18 | b)ROAD SURFAC | E: (DRY / WET / OTHER | S · · | |
| se ⁴ . | 6. WAS ANYBODY IN | JURED (YES / NO) | | |
| | 7. a) REPORTED TO P | OLICE (YES / NO) | | |
| | IF YES, PLEASE ST | TATE WHICH POLICE ST | TATION: | |
| | 8. THIRD PARTY VEHI | CLE | | |
| | a) VEHICLE NUM | ABER: 58 F 316 | 9 Y- MODEL: | |
| | b) DRIVER'S NA | ME: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | c) NRIC/FIN/PAS | SSPORT: | CONTACT: | |
| 723 | 9. THIRD PARTY VEHIC | | | 683 683 |
| | d) VEHICLE NUM | BER: | MODEL: | |
| | e) DRIVER'S NAM | ME: | | 7 2 |
| 1.00 | | SPORT: | CONTACT:_ | |
| | | menous de la company | | |
| 9 | | | | |
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| 60 | 97 ₈₀ | | | 177 TK |
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| waiting | thop | cma: 1 | 00 | |
| 3 | - / | Table Vis | | .00 |
| 1 | | Video | | |





Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 lategrans

For LKK/NAC Use (

APT BLK 219 BISHAN STREET 23 #10-295 SINGAPORE 2057



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MZ300/C R SN AN0421A Cov.Type: C

MOTOR COMMERCIAL VEHICLE

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)

ORIGINAL

Engine No :1KD2552483

| C | CERTIFICATE No | DMCVSN3070851801 | Chano: JTFHT02P900176797 |
|-----|---|--|---|
| -1 | Index Mark and Registration | GBE2385B | AUTOSAFE |
| | Number of Vehicle | | |
| 2 | Name of Policy Holder | HEALTHY HOMES MARKETING | PTE LTD |
| 3 | Effective date of the Commencement of Insurance for the purposes of the Regulation Ordinance or Enactment | 01 October 2018 | EXCESS SECT I |
| 4 | Date of Expiry of Insurance | 30 September 201 | 9 |
| | | | |
| | OFFICE ORDER OF STATE | 7527 | 920 |
| - 5 | Persons or Classes of Persons entitled to dr | tve" | 393 |
| | Any person who is driving on | the Policyholder's order | or with their permission. |
| | regulations to drive the Moto | r Vehicle or has been so | rdance with the licensing or other laws or permitted and is not disqualified by order of a ion in that behalf from driving the Motor Vehicle. |
| | | | (8) |
| 6 | 5. Limitations as to use;* | | |
| | ï | | |
| | (1) Use in connection with th | e Policyholder's busines | 5. |
| | (2) Use for the carriage of p Policyholder's business. | assengers (other than fo | r hire or reward) in connection with the |
| | (3) Use for social, domestic | or pleasure purposes. | |
| | The Policy does not cover. | | |
| | (1) Use for hire or reward or | racing, pace-making, re | liability trial or speed testing. |
| | (2) Use whilst drawing a trai | ler except the towing of | any one disabled mechanically propelled vehicle. |
| | * Limitations rendered inoperati and Section 95 of the Road Trai | ve by Section 8 of the Motor Ve nsport Act 1987 (Melaysia), are i | hicles (Third-Party Risks and Compensation) Act (Chapter 189) not to be included under these headings. |

provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

| ssued | By: | XITESSE SOLUTIONS | | | |
|-------|-----|--------------------|--|--|--|
| | | Authorised Officer | | | |

Authorised Signatory