

[wef: 1 Jan'05] MNA119139885-01

| | | |
|--|------|------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
|--|------|------|

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by : () *Date:* *Time:*)

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

☐ **Walk-In Customer :** Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

[illegible]

| REMARKS: | (INC. NO. INC. 6/88-0010) | Date Filed | Page | of |
|------------|---------------------------|------------|------|----|
| 1) Amended | 11 | | | |

| | | |
|---|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) OG Check / Post Office Inspection () | | |

| | | | |
|---|-----|--|--|
| 2) QC Check / Post Repair Inspection | () | | |
| 3) Upload Recovery Photo [Repair Cost > \$3000] | () | | |

| | | | | |
|---|-----|--|--|--|
| 7. Special Reports, Plans (Rupiah Cost - \$50000) | () | | | |
|---|-----|--|--|--|

Injury: _____

| Date/Time | Actions |
|------------------|--|
| 11/11/2018 14:00 | 1. 检查了11月11日的销售数据，发现销售额较前一周有所增长，主要得益于新客户的增长。 |
| 11/11/2018 15:00 | 2. 与销售部开会，讨论了下一季度的销售目标和策略，确定了重点推广的产品线。 |
| 11/11/2018 16:00 | 3. 完成了本周的周报，总结了工作进展和遇到的问题，并提出了改进建议。 |
| 11/11/2018 17:00 | 4. 参加了公司的培训会议，学习了最新的行业动态和竞争对手分析。 |
| 11/11/2018 18:00 | 5. 下班前检查了邮件，回复了客户的咨询，并整理了明天的工作计划。 |

[illegible]

[illegible]

| Invoice Preparation Checklist | | 1st Bill | Add Bill |
|-------------------------------|--|----------|----------|
| NA1507589 | | | |

| | | | |
|---------------------------|------------------------------------|------------|--|
| Claimant's Particulars :- | 1) AR : Accident Reporting (\$30); | | |
| | 2) AR : Accident Reporting (\$30); | INC (\$80) | |

| | |
|--------------------|-----------|
| 3) TF : Towing Fee | \$40/\$45 |
|--------------------|-----------|

| | |
|--|-------|
| 4) FT : Follow-Through Survey | \$120 |
| 5) HT : Follow-Through Survey (Resurvey) | \$30 |

For claiming against JNC Only (wef 10 Jan 2005)

| | | |
|------------------------------|-------|--|
| 6) IR: Re-inspection | \$75 | |
| 7) N1: Idao DA + SMRT Survey | \$160 | |

| | | | |
|--|-------------------------------|--|--|
| | 8) NTUC Additional Services:- | | |
|--|-------------------------------|--|--|

| | | | |
|------------------------------|------------------------------------|-----|--|
| Checked by (Engr-In-Charge): | * NS: Courtesy Car / Tpt Allowance | \$5 | |
|------------------------------|------------------------------------|-----|--|

| | |
|-----------------------------|------|
| *N6: Repair Co-ordination | \$10 |
| *N7: Post Repair Inspection | \$25 |

| | |
|---------------------------------------|-----|
| *N8: DV / Collect Excess Coordination | \$5 |
|---------------------------------------|-----|

| | | |
|---------------------|----|--|
| 9) N12: Idnc Mobile | 30 | |
|---------------------|----|--|

| | | |
|------|---------------|-------------|
| 2/3: | Invoice dated | Fee Charged |
| | | |

Invoice dated 7 Dec 2014

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 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. 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 | 22/10/2019 11:16 |
| Date Of Accident | 20/10/2019 14:20 |
| Exact Location Of Accident | PUNGGOL FIELD TWDS PUNGGOL RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | GBJ4724S |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S RICCO CURTAIN DESIGN |
| Co Reg No | 52972811K |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96683817 |
| Alternative Phone No | OFFICE-96683817 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | TOYOTA |
| Model | HIACE VAN TURBO 5DR MT |
| 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 | 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 | DMCVSN1918251900 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | MOCK SANG SHEN |
| NRIC No | S2609334A |
| Date Of Birth | 08/10/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/11/1988 |
| Driving Experience | 30 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81213219 |
| Fax Number | |
| Contact Number | OFFICE-81213219 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 954 HOUGANG AVENUE 9 #09-536 |
| Postcode | 530954 |
| 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? | YES |
| 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) | 2 |
| Passenger 1 | NAME: : NG SOON TIONG 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

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 | SJW8114M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | NG SOON TIONG |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | GBJ4724S |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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.
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:

- (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:
- (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
- (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.

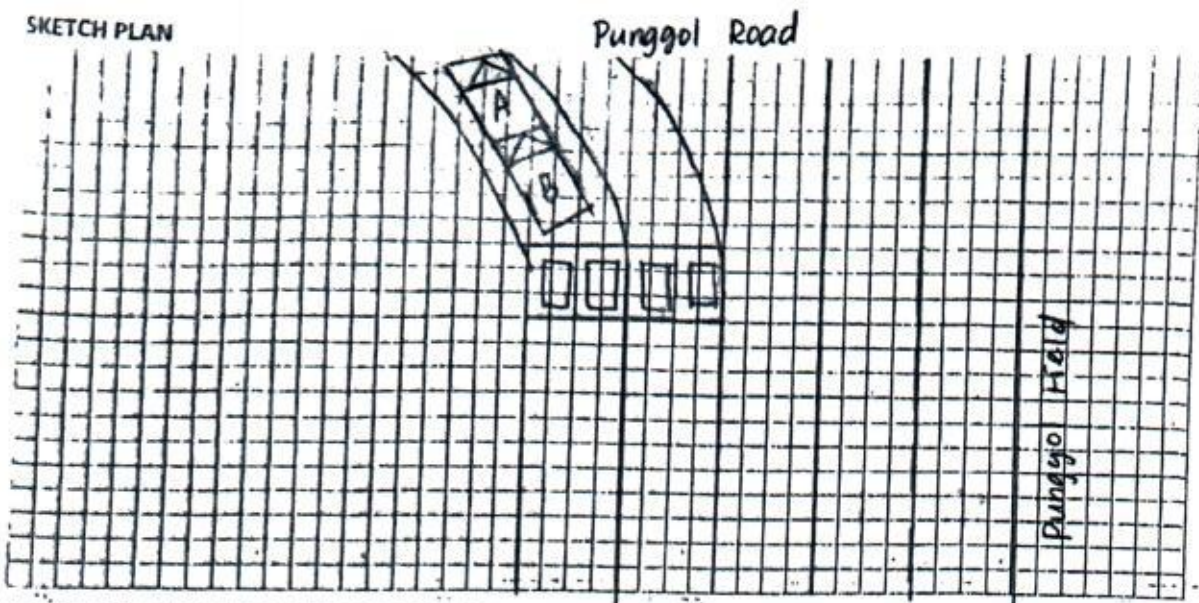
01-130 5560804
BLK 804 HOANG CENTRAL
RICCO CURTAIN DESIGN

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,
I was driving my company van Ven A: GBJ 4724S along
Punggol Field towards Punggol Road Zebra crossing. I slowed
down to check for on-coming traffic. Suddenly, I felt
an impact from my rear and realised a car Ven B:
SJW 8114M had collided onto my rear.

Vehicle A: GBJ4724S

Vehicle B: SJW8114M

Driver: MOCK SENG SHEN S 2609 334 A

Passenger: NG SOON TIONG

DECLARATION

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

RICCO CURTAIN DESIGN

8LK 804 HOUGANG CENTRAL

Policyholder's Signature
#01-1305550804

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident : 20/10/2019 Accident Time: 1426 (24-HR-Format)
Accident Place : Runggol Field Towards Runggol Road Zebra Crossing
Vehicle Reg. No. (Car Plate No.) : GBJ 4724S
Vehicle Make/Model : Toyota Hiace
Insurance Company : China Taiping Policy No. ~~DAES~~ DMCVSN1918251900
Owner or Company Name / IC No. : Rico Curtain Design 52972811K 25/04/2020
Owner or Company Contact No. : 96683817 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : MOCK SANG SHEN S2609334 A
DRIVER'S Date Of Birth : 08/10/1962 DRIVER'S License Pass Date _____
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling (Employee) Others: 25/11/1988
DRIVER'S Address : BIK⁹⁵⁴ LANGKAM AVE 9 #09-534 S530954
DRIVER'S Contact No / Alt No. : 1) 8121 3219 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Rico.curtain@yahoo.com.sg / Admin@mycar.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02 male - 2 days mc
Was there any video Captured by car camera: YES (NO) Hig soon Tiong - 2 days mc.
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SJW 8114 M

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119139885 Vehicle Registration No: GBJ4724S
Name(as shown in NRIC) : M/S RICCO CURTAIN DESIGN NRIC/FIN/Passport No : 52972811K
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : 96683817 Mobile No. : _____
Email Address : _____
Date of Accident : 20/10/2019 Time of Accident : 14:20
Place of Accident : PUNGGOL FIELD TWDS PUNGGOL RD
Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add in passenger injuries

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



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

MZ300/CE SN
AN0650A
Cov.Type: C

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. | DMCVSN1918251900 | Engine No :1KD2845754 Chassis No:JTFHT02P500248286 |
| 1. Index Mark and Registration Number of Vehicle | GBJ4724S | |
| 2. Name of Policy Holder | M/S RICCO CURTAIN DESIGN | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 26 APRIL 2019 (15:35 HOURS) | EXCESS SECT IS\$350.00 EX ON WINDSCREENS\$100.00 |
| 4. Date of Expiry of Insurance | 25 APRIL 2020 | |
| 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 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.

HIRE PURCHASE CO. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC

* 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

10/21/2019