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TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Profused Wisp / INC Assign Wisp / QW: (And have seen to the second of	Tol: Fa	x:)
TP Parliculars: Veh No: 53 G	90935. INC	(,)/Non-INC ()	
Owner/Driver: (Tel:	
Palicy No: () Period	()	Cover Type: ()
Confirmed by : (Dates	Tlme:)
Insured/Driver Liability: (%) [Note	-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-10	10%]
Year of Registration: () Warn	anty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000 (STREET, STREET	The second secon	
Gond of Reministration of the state of the s			200 97 11 2
() Walk-In Customer's Informat	ion strictly Confidential & S	Strictly NO refer of repairer.	Indiana and a second
() Total Loss Case : to e-mail Insurer U	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	<u>, </u>	
Drive-In () / Towad-In (); Invoice: YI	ES()/NO();	Towing Co: ()
ncemmala: ***********************************		The Clinical history	at collone by
1) Apply for Transport Allowance ()/ Court	Contractor and Contra		
2) QC Check / Post Reprir Inspection	(•)		
3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
Injurý :			
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Date Line CARDONS CONTROL CONTROL			SEPTEMBLE.
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Driver/Owner:	3) TP : Towing 4) FI : Pollow-1	Chremela Survey \$1	
Contact No:	Callett , Malleyer	Through Burvey (Resurvey) 3 against INC Only (well 10 Jan 2005)	30
	6) TR: Re-Inspe	eution 3	75
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	on•		\$5
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nditory Commonts:	With Property . NY: Post Rep	pair Inspection	25
and the same and t	TP (N11) : T	P (Non INC) against INC	20
U.J.	9) N12: Idea Ma lavelor dated	, Fee Charged	MANAGE THE PARTY
	Involce dated	Fee Charged	MERK

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 <u>truthful and accurate</u> 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.

aforesaid.	
the reservoir and the second of	ACCIDENT STATEMENT
Date Of Report	14/02/2020 11:49
Date Of Accident	13/02/2020 15:20
Exact Location Of Accident	BLK 155 TANGLIN HAULT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD9634S
Insured/Policyholder	
Name Of Registered Owner	DONJON PTE LTD
Co Reg No	5.00m (5.00m)
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63163461
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCVSN3044981901
Cover Note Number	
Driver	
Name of Driver	NARAYANAN ANBARASAN

 NRIC No
 GXXXX970L

 Date Of Birth
 20/04/1991

 Occupation
 OUTDOOR

 Date Of Driving Pass
 12/01/2015

Driving Experience 5 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-84262543

Fax Number

Contact Number

EMail Address NOEMAIL

Address 16 BOON LAY WAY #01-54

Postcode 609965

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?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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

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

SJG9093S

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LEE NGHEE POH

NRIC/Passport Number

Contact Number 90939959

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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

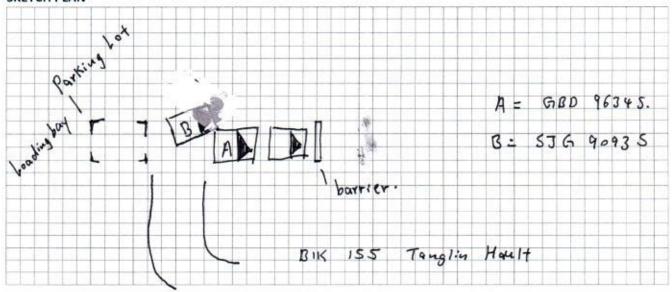
(If driver is not the policyholder)
Date & Time:

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 02 / 2020) (DD/	MM/YYYY), TIME:(15 : 20)(HH:MM)
LOCATION: BIK-155 TANG	TADAH MIJA
1. DETAILS OF VEHICLE	
Jajvehicle Number: Gran ab	5.0
O GIVEHICLE NUMBER: GTOD CIG	A
DINSURANCE COMPANY: CHYNA	TAIDING
c)POLICY NUMBER:	0.00
d)POLICY TYPE: (COMPREHENSIVE / TI e)MAKE & MODEL:	HIRD PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /VAN	V/LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / CO	MMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TI	ME: WORK
I) ARE YOU CLAIMING UNDER YOUR O	WN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CL	AIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	
~ AINAME: DONJON Pto	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT: (316-346)
CIADDRESS: 16 PORT LOU US	ay, # 51-54 Trade heb
	d in the state of
* CONTINUE TO 3.d IF DRIVER ALSO PC	DLICY HOLDER
The of passenges DRIVER	
(Including driver) aNAME: NARAYANAN ANBARAS	AN (MALE / FEMALE)
b)NRIC/FIN/PASSPORT: G1222295	+01 CONTACT: 84362548
() c)ADDRESS:	COMMON TO THE CO
*d) DATE OF BIRTH: (20/04/1991)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR	RI
f) YEARS OF DRIVING EXPRERIENCE:	Vear
4. WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANYS (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVE	ER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAIN	UNIC / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHER	11143 / OTHERS
6. WAS ANYBODY INJURED (YES / NO.)	9
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE ST	TATION:
9 THIRD BARTY VEHICLE	
to of passenger a) VEHICLE NUMBER: SONTG, 900	12 C MODEL
Induding June b) DRIVER'S NAME: 1 EE SIGEE	MODEL:
Including driver) b) DRIVER'S NAME: LEF NGIFE () NRIC/FIN/PASSPORT:	COUTLOT OF AL COTO
9. THIRD PARTY VEHICLE	CONTACT: 90939959
	110051
No of passenger of Donneple Marie	MODEL:
Indulia di a la l	THE RESERVE OF THE PARTY OF THE
(NRIC/FIN/PASSPORT:	CONTACT:
NO.	8
**************************************	· ·

email = antorasana 634@ gmail.com

VIDEO =

Ms.



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 AN0646A 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

1. Index Mark and Registration GBD9634S AUTOSAFE Sumber of Vehicle GBD9634S AUTOSAFE Sumber of Vehicle GBD9634S AUTOSAFE Sumber of Vehicle GBD9634S AUTOSAFE SUMBER OF Policy Holder DONJON PTE. LTD. 3. Effective date of the Commencement of Insurance or Enactment GBD9634S Ordinance or Enactment EX ON WINDSCREEN S\$500.00 EX ON WINDSCREEN S\$100.00 4. Date of Expiry of Insurance O3 August 2020 5. Persons or Classes of Persons entitled to driver 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	CE	RTIFICATE No.	DMCVSN3044981901	Engine No :1KD2480599 Chano:KDY2318019646
Number of Vehicle 2. Name of Policy Holder 2. Name of Policy Holder 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 4. Date of Expiry of Insurance 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	00	KIIFICATE NO.	UNICV3N3044301301	Charteria
2. Name of Policy Holder DONJON PTE. LTD. 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment EX ON WINDSCREEN S\$500.00 4. Date of Expiry of Insurance 03 August 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	1,	Index Mark and Registration	GBD9634S	AUTOSAFE
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment O4 August 2019 Excess Sect I		Number of Vehicle		12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
Ordinance or Enactment EX ON WINDSCREEN	2.	Name of Policy Holder	DONJON PTE, LTD.	
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	3.	insurance for the purposes of the Regulation		
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	4.	Date of Expiry of Insurance	03 August 2020	
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	5.	Persons or Classes of Persons entitled to o	rive*	
regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a		Any person who is driving on	the Policyholder's order or with	their permission.
	87	regulations to drive the Moto	or Vehicle or has been so permitt	ed and is not disqualified by order of a

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.: ETHOZ CAPITAL LTD AS HP OWNER
*Limitalians 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.

Issued By: _____NET_LINK_COMMERCIAL_PIE_LTD.

Authorised Officer

Authorised Signatory