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Veh 1817 APG 7001 R =	E-mail(b)ala san	, A10 1lm)				*
001 26/05/2020 20/95	I-Motor Claim	(orm	4			
	1-Motor W/O (V	Ville: OD 2hts,	TP (brs)			. I
(OI) (IP) Reporting Only	I-Photo Upload	ed	1	100		
	Assessment/Surv	sy Report				-1
TP Insurer:			Owner/Whan	CALL PROPERTY OF THE PARTY OF T		nes Walter
Professed Wkep I INC Assign Wkep / QW: (Toli	Fω	4	1
TP Particulion: Veh Nor SL	×99882	, INC(.)/Non-INC	().		
Owner/Driver: ('Tels	- 1		
Policy No; () Per	rlod: ()	Cover Type: (
Confirmed by : (Dates,	Tine.		09/1	
	Note-Est. Status (W		3%; P: 21-79%	P; 80-10	0.74)	
VenrofRegistration: () Loading: \$1.0	Wurranty: YES (00 ()/\$2,000 ()\NO()			CHES S
() Walle-In Customer ; Customers Info () Total Less Case ; to e-mail Insur- Drive-In () / Towed-In (); Invoice 1) Apply for Transport Allowance () / (2) QC Check / Post Rupstr Inspection 3) Upload Resurvey Photo [Repuir Cost > 5]	rmation strictly Confer URGENTLY. st YES () / No Courtesy Car ()	idential & St	owing Co: (rapolior.)
Injuri i	THE PROPERTY OF THE PROPERTY O	ATTRIBUTE STATE	RIEDŽIAJE SE		REAL NO.	nese.
	NAMES OF THE PROPERTY OF THE P		STEVEN SYNTEM	EMILIES FISS IN		
MA 2003078 Striver/Owner: Contact No: Darnaged Portion:		3) DA i Daney 5) TP : Towley 4) FT : Follow- FO : shallow- FO : Shallow- FO : TR : Re-lay 7) NI : Re-lay 1) NI UC Add	Through Curvey (flee strings to Curvey (flee	11 (19 Jun 200) 17 10 Jun 200	5) 0733 1 5110 310	ZAGU
		0.115	Total control of the control of		22	
QC Checked by (Engr-In-Charge):		· No: Rapali	ry Cor/Tpt Allowers Co-ordination and risepsection Collect Basers Coordin to (rise rec') against	. vilon	\$10 \$10 \$25 \$3 \$48 \$3	

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.
- 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 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	01/06/2020 19:53
Date Of Accident	26/05/2020 20:45
Exact Location Of Accident	B/F JUNCTION OF BEDOK NORTH RD/BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE
PERSONAL PROPERTY OF DESCRIPTION OF	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG7001R
Insured/Policyholder	
Name Of Registered Owner	DYNAMEX ENGINEERING PTE LTD
Co Reg No	2XXXX541G
Email Address	INFO@CARSMITH.BIZ
Mobile Phone No	(LOCAL) +65-92711844
Alternative Phone No	OFFICE-98503722
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
Exact Purpose for which vehicle was being used at 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	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800103666-01
Cover Note Number	
Driver	
Name of Driver	SEE TOW CHEE CHIEW
NRIC No	SXXXX582D
Date Of Birth	15/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1997
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92711844
Fax Number	
Contact Number	OTHERS-98503722
EMail Address	INFO@CARSMITH.BIZ

Address

BLK 568 HOUGANG STREET 51

#12-79

Postcode

530568

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

4

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

YES

ambulance?

YES

Was any other material or property damaged? 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?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200528/2033

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

SLX9488Z

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLZ6498D

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLX8062A

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

SEE TOW CHEE CHIEW

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBG7001R

Were seat belts worn?

YES

Was this injured conveyed to hospital by

YES

ambulance?

Postcode

Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly 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 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 companies.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, using 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:

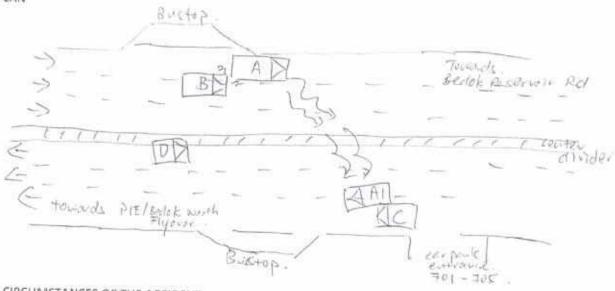
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Peyso

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A114 (8)	
Veh A-6B6 7001R	
VILL B-SLX 9488 Z-	
VIN C-SLZ 6498 D.	
ULL D - SL X 8062 A.	
was travelling along Brook North Ad towards Brook Reservoir Pol	1
on the left most law of a 3-love read semewhere before	
sedole North Rol and Bedok Reservoir Juntier , septentil feet a	Otrons
impact from the near portion of my vehicle The impact	J
continued to push my vehicle against the least and cause	1
my vehicle to steer towards the center divider and	50
But to the appoints ends of the read I was in a days	
and lost consideresses. All I know offer the accident is	
was involved in an accretent of 4-can accident.	7897
did not longer how I hat outs vehicle c or Din	
shock order.	Ý
POLICK PARORY 7/20200508/2033	

DECLARATION

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

Policyholder's Signature

Date & Time:

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

NRIC/FIN No.:

Date of Accident	36 5 7070 Accident Time: 2045 (24-HR-Format)					
Accident Place	: Before Junction of Redok North Rd and Relok Received Rd					
Vehiele, No. (Car Plate No.)	GB6 7001R Make Model: Dason Toyota Dyna.					
Insurace Company	: Al(1 Policy No: 1800103666-01					
Owner or Company Name /IC No.	: Dynamox Engineering Pte Ltd 900007541					
Owner or Company Contact No.	: 927/1844 Owner's Hp Company Tel					
DRIVER'S Name / IC No.	See Tow Chee Chew SIL498220					
DRIVER'S Date Of Birth	: 15/7/1964 DRIVER'S License Pass Date 1/9/1997 (C19554)					
Relationship of Owner & Driver	Spouse Parents Children Sibling (Employee Others:					
DRIVER'S Address	: EIK 568 Hongang St 51 # 12-79 S(\$30568)					
DRIVER'S Contact No./ All No.	11) 98503722 2)					
DRIVER'S Occupation	ccupation : INDOOR (OUTDOOR (e.g. working inside or outside office)					
Email Address	into @ carsmith Biz.					
Weather & Road Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET					
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance					
Number of Passengers (Including D	river);					
Was there any video Captured by ea Exact purpose for which vehicle wa Any Injury (If YES, PIs state):	s being used at the finte of accident. Private use Work purpose					
Other l	Party Driver's Particular (if any)					
Vehicle, No: SLX 9488	₹ - Vehicle No. SLZ (498 D.					
Vehicle Make Model:	Vehicle Make Model:					
Name Driver:	Name Driver:					
IC No. Driver Contact:	IC No. Driver Contact.					
* NEW - Passenger's name &	gender:					





1 of 4

Report No. T/20200528/2033

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2020 14:51		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		oma e serantara e alcendado ao	
	Informant: W CHEE C		Address: APT BLK 568 HOUGANG 530568	STREET 51 #12-79 SINGAPORE	
ID Type / ID No.: NRIC NO / \$1649582D			Contact No.: Home/Office: Mobile: 98503722		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 55	Date of Birth: 15/07/1964	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: OTHERS			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambuland	Drink e Drive: No	Date/Time of Accident; 26/05/2020 20:45	Type of Location:	
Location: Along Road 1 BEDOK NOR	TH ROAD OK NORTH ROAD				
The state of the s		oad Surface: y		Road Speed Limit:	
Traffic Flow: Traffic Control: Not Controlled			Traffic Volume: Light		
Type of Collis Between Mov	ion: ing Vehicles - Head To Rear		1	Anyone conveyed by ambulance: Yes	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBG7001R	Lorry				Seriously Damaged	0
SLX8062A	Car				Slightly Damaged	0
SLX9488Z	Car				Slightly Damaged	0
SLZ6498D	Car				Seriously Damaged	0





2 of 4

Report No. T/20200528/2033

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Perso				de ann	THE STATE	Washington and the second
Any Pedestrian						
No. of Pedestria	ns Injured: NIL	= = = 11	Use of F	Pedestria	n Cme	sing: NA
Driver	Affilia de Altino de Alfa	es sul lisa liste liste	DESERVED AND SERVED	3544	11 0103	eling, INA
Name	SEE TOW CHEE C	HIEW		ID No).	S1649582D
Related Vehicle	GBG7001R (Lorry)			Conta	act No.	98503722
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licen	g	Class: NIL Date of Expiry: NIL
Date Treatment	26/05/2020		Date Dis	scharge	-	(0000
No. of Days gran	Date Dis			of Injury	The second second second second	/2020
Driver	THE REAL PROPERTY.	TO ALL WASS	Seamer	Or injury	Slight	CANADA SERVICE
Name	Unknown Driver			ID No	5H/26500	NIL
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Data Die		NIL	
	ed Medical Leave	NIL		egree of Injury NIL		
Driver	TEXT PSAIDS CONT	OLD BUILDING ST	Degree C	n nijury	INIL	
Name	Unknown Driver	THE PARTICULAR		ID No.	10-65	NIL
Related Vehicle	NIL			Conta	ct No.	NIL
lospital/Clinic	NIL			Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
And the Parties of the Control of th	NIL		Date Disc		NIL	
lo, of Days grante	ed Medical Leave	NIL	Degree o		NIL	





3 of 4

Report No. T/20200528/2033

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver			THE RESERVE	OBJECT TO	TOTAL ST	
Name	Unknown Driver			ID No		NIL
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licend Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Di			charge	NIL	
No. of Days granted Medical Leave NIL			Degree of Injury NIL			

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION. I WAS DRIVING ALONG BEDOK NORTH ROAD ON THE EXTREME LEFT LANE TOWARDS BARTLEY ROAD EAST. BEFORE THE JUNCTION OF BEDOK RESERVOIR, A VEHICLE SUDDENLY HIT ME FROM SOMEWHERE, I AM UNSURE AS TO WHAT HAPPENED AFTER THE ACCIDENT BECAUSE I WAS CONCUSSED. I WAS ONLY CONSCIOUS DURING THE ACCIDENT WHEN SOMEONE CALLED OUT TO ME SO AS TO HELP ME EXIT THE VEHHICLE. AFTERWARDS, THE POLICE AND AMBULANCE CAME. I WAS CONVEYED TO CHANGI GENERAL HOSPITAL. THAT'S ALL. IO IN CHARGE ZICKIE

AMENDMENT TO VIDE REPORT T/20200527/2030



T/20200528/2033

4 - 4 4

Report No. T/20200528/2033

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: TP / MUHAMMAD DANIAL BIN KHAIRILAMRI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/05/2020 14:51
Officer In Charge Of Case: TP / GIT / Sgt 3 INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476256	Classification Of Gase: SINGAPORE POLICE FORCE
Authentication Stamp NP168	Signature:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Period of Insurance

Name of Policyholder : Dynamex Engineering Ple Ltd 28 Sep 2019 To 27 Sep 2020

Engine No. Chassis No.

1KD2749023 1 JTFAT35Y40K209104 Vohicle No.

GBG7001R

Policy No.

1800103666-01

Endorsement No. Issued Date

1 04 Sep 2010

ABOUT THE COVER

Make/Model

TOYOTA DYNA 150 1 8 ton [Lony]

Engine Capacity/Tonnage : 1.78 Tonnage

Sum Insured ... Market Value

First Year of Registration

2017

Driver Restriction

Off Peak Car No

Insuring with COE/PARF

: NA

Person or Classes of Persons Entitled to Drive*

Any partner who is growing on the Problemoster's highe or with their partnership.
 This Policy will intermedy the Policy higher in any authorized about only it has been made the specified age condition.

Age Condition

: All Age Condition

Limitation as to use.

It Use in promestion with the Policyholder's business.

It Use in promestion with the Policyholder's business.

Use to the carriage of passenger judge than for his or reward in connection with this policy today's business.

Use to speak donestic or pressure purposes. The Policy does not cover at use for his or reward, driving solders imming test, resting passengering, reveiting into or specific solders and or example to some purpose or pressure purposes. The Policy does not cover at use and or example to some purpose or covered to with Editor Frade.

** T. Limitations rendered incoperative by Section 6 of the Motor Vehicles (TrinsParty Rises and Compensation) Act (Cop. 300). Section 95 of the Rings Transport Act. 1997 (Maleyum) and Road Transport (Amendment) Act 2019, we not to be included under these residings.)

EXCESS

Fire - 3D Own Clamage - \$500 Then - \$0 Flood Cover - \$3

Section 2 Property Comage - 50

Windscreen 1.5100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the test regional on the Vehicle in Singapore. You have the sprain of this right accident repairs carried out at the Sole Agents workshop.
For other Approved Repeding Contractal Authorised Repedings, please contact our 24-hour accident emergency house or 465 8229 8209. Attenuately, You may refer to AID workshop was any contract our 24-hour accident emergency house or 465 8229 8209. Attenuately, You may refer to AID workshop was any contract or AID Sole Agents.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MERCEDES BENZ FINANCE CO LTD

1/We hereby perbly that the poorty is which this Certificate of Insurance relates is issued in accontance with the provisions of the Motor Vehicles (Third Party Risks and Compensation). Act Can. 188. Part IV a time Hoad Transport Act 1987 (Malaysia). Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1868 (Malaysia).

0902203500

SAFE HARBOUR ASSURANCE AGENCY BLK 208 HOUGANG ST 21 #04-207 SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd AUTHORISED REPRESENTATIVE