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Owner / Driver:		1 Starti	INC ()/Non-INC	().	7	
Policy No. (1000	-	-	-)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-100%]		Period: ()	Cover Type: ()	
Insured/Driver Liability (%) [Note-Est Status (WO): N: 0-20%, P: 21-79%, P: 80-100%] Year of Registration: () Warranty YES ()/NO () Excess: (\$) Loading: \$1,000 () /\$2,000 () General Remarks: () Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repairer. () Walk-In Customer: Customers 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: () Remarks: (INC hottine: 6788 6616) [Date Time Completed () Done by 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Actio			Date:	Time	:)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Contact Number EMail Address

Fax Number

- 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

MANAGEMENT OF THE PROPERTY OF	ACCIDENT STATEMENT				
Date Of Report	24/06/2020 11:49				
Date Of Accident	30/10/2019 00:30				
Exact Location Of Accident	GEYLANG BAHRU TWDS BENDEMEER				
Country/State of Loss	SINGAPORE				
angle () 1000 1000 1000 1000 1000 1000 1000	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SKG3791M				
Insured/Policyholder					
Name Of Registered Owner	S47 AIRCON SERVICES				
Co Reg No	5XXXX761K				
Email Address	NOEMAIL				
Mobile Phone No					
Alternative Phone No	OFFICE-89999999				
Vehicle Particulars					
Manufacturer	HONDA				
Model	CRV 2.4L AT				
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE				
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	PRIVATE HIRE				
Insurance Company					
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.				
Type Of Coverage	COMPREHENSIVE				
Fleet Policy	NO				
Policy Number	DMPCSN3098481801				
Cover Note Number					
Driver					
Name of Driver	CHIN KING KUAT				
NRIC No	SXXXX271E				
Date Of Birth	05/08/1966				

OUTDOOR

08/06/1984

MALE

NOEMAIL

35 YEARS AND 4 MONTHS

(LOCAL) +65-90075281

OFFICE-90075281

BLK 119 POTONG PASIR AVENUE 1 Address

#05-1000

Postcode 350119

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

COLLISION - HEAD TO REAR Type Of Accident

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

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE Police Station Name

NO

ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING, Police Station Address

POSTCODE: 319194 . COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200328/2003. VEHICLE HAS BEEN SOLD.

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SML8675H

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)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

S47 AIRCON SERVICES

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: VEN A: SKG 3791M

VEN B: SML 8675H.

DESCRIBE CIRCUMST	ANCES OF THE ACCIDENT	
		/
	Refer to Police report	
	Pulite WOONY	
	your veport	
/		

DECLARATION

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

S47 AIRCON SERVICES

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IN PORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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 traffic police department for investigation.

美国大学科学科学 美国人名英	ACCIDENT DETAILS	A PROPERTY OF THE REAL PROPERT
Date of accident	30/10/2019	(DD/MM/YY)
Time of accident	00: 30	(HH:MM)
Exact location of accident	Along Geylang Bahrn towards	

建筑的水平 流流区。水流流		DETAILS O	FVEHICLE			
Vehicle registration number	1	SKG 3	79 IM			
Vehicle make and model	Honda CRV					
Type of vehicle	Saloon Lorry	MPV o				
Vehicle category	Private	Comm	ercial Motorcycle			
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes Third part	No 🗆	if no, please select: Reporting only			

	INSURANCE IN	FORMATION	Water Land Comment
Insurance company	china	Taiping.	
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

以图26 年,1987年1月,中国第二届日本	INSUR	ED / POLIC	CY HO	LDER	NAME OF	沙州 山林村出	
Name	547	Aircon	Sen	vices		Male 🗆	Female 🗆
NRIC / Fin / Passport number							
Contact							
Address	914	Hono	ang	Street	91	#03-16	3 (530914)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	No. of the last of
Name	Chin King Kuat Male &	Female
NRIC / Fin / Passport number	S1742271E	
Contact	9007 5281	
Address	BIK 119 Potong Pasir Ave 1 #05-1000	5 (35019)
Email address		
Date of birth	05/08/1966	
Occupation	Indoor D Outdoor	
Driving date pass	08/06/1984	

能得到在10年度的200 年度	GENERAL	INFORMATION	OF THE ACCIDENT	Medic Lawrence Con
Was driver an employee of	Yes	No 🗆		
the insured's company?	If no, rel	ationship of the	driver and insured:	
Accident captured by camera?	Yes 🗆	No		
Weather condition	Clear	Raining	Others:	
Road surface	Dry	Wet □		
No of passenger	1			(Inclusive of driver)
AC.				(111111)
超性和 法证明 医二次形式		PASSENGER	21	
Name	and the second second second			Charles and Control of the Control o
Gender	Male 🗆	Female		
			A Part Property of the last	
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Name			With School of the Control of the Co	ALL STATES OF THE STATES OF TH
Gender	Male 🗆	Female		
和国际公司 中央2000年,1960年,	STATE OF THE PARTY OF	PASSENGER	2 DADES AND AND ADDRESS OF THE	
Name		N. P.		Security of the Control of the Contr
Gender	Male 🗆	Female		
	IVIGIC D	Telliale L		
Market Control of the Assets of	- New York of the	PASSENGER	A She had to be to be a few and	
Name	THE SHAPE STREET	PASSENGER	* WASHING ASSESSMENT OF THE PARTY OF THE PAR	Alternative Services
Gender	Male 🗆	Female		
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Mark Radio and Sant Reserved	attinent small or find			
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Gender	N/-1	#20000F0000		District Control
Gender	Male 🗆	Female 🗆		
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Gender	Male 🗆	Camala =		
Gender	IVIAIE L	Female		
	CALLS STATE OF THE PARTY OF THE		M. STANDARD BALL BOOK AND ALL STANDARD	
Was anubadu inium da		THER INFORMA	TION	
Was anybody injured? Was other vehicle damaged?	Yes 🗆	No.z		
was other venicle damaged?	Yes	No 🗆		
And the second s				
Poported to police?	100	OF POLICE STAT		ACCOUNT OF A SHARE
	Yes	No D If yes,	please state which po	lice station.
Police station name	Too p	ton MPC		
	CONTRACTOR DE LA CONTRA			
And the Secretary of the Secretary Secretary	是我們能學的	WITNESS 1	ASSESSED AND THE	经验的证明的
Name				
以上,他们的		WITNESS 2	为是自己的	MERCHANICAL PROPERTY.
Name				

Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2			
Vehicle registration number			
Vehicle make model			
Name			
NRIC / Fin / Passport number			
Contact			

	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

The state of the s	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

是对你看过了这个一个人们是这些人的意思	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

A CONTRACTOR OF THE PARTY OF TH	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

The state of the s	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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And the second of the second of the second		INJURED PERSON 1	馬邊
Name			E UNIVERSE
Injuries sustained			
Which vehicle person in?			-
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	1200000000000		
Market Comment of States		INJURED PERSON 2	100
Name			- Charles
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes □	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
如果是 是		INJURED PERSON 3	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes □	No 🗆	
Was injured conveyed to	Yes □	No 🗆	
hospital by ambulance?			
《新闻》		INJURED PERSON 4	MAN
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1 of 3

Report No. T/20200328/2003

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2020 00:53			Vide Report No.:	Station Diary No.	
Informa	int's Partic	ulars			
	f Informant: ING KUAT)	Address: APT BLK 119 POTONG PA SINGAPORE 350119	SIR AVENUE 1 #05-1000	
	/ ID No.: O / S17422	71E	Contact No.: Home/Office: Mobile: 90075281		
National SINGAR	lity: PORE CITIZ	ΈN	Email:		
Sex: Male	Age: 53	Date of Birth: 05/08/1966	Type of Informant:		
Race: Chinese			Language: Institution / School English		
Occupat	tion: I TECHNIC	IAN	Driving Licence Information: Class: 3,4,5	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/10/2019 00:30	Type of Location Straight Road	
Location: Along Road 1 GEYLANG BA Along Geylan Weather: Clear	AHRU	rn left into Bendemeer Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffi		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis	ion:			Anyone conveyed by	

Details of Vehicle Involved					A THE RESERVE	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKG3791M	Car	HONDA	CRV	Black	No Damage	0
SML8675H	Car	HONDA	VEZEL	Gold	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Tel No: 1800-2519999



2 of 3 Report No. T/20200328/2003

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Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194

CONTINUATION OF REPORT

			E GOLD	
CHIN KING KUAT		D No.		S1742271E
SKG3791M (Car)			No.	90075281
NIL	L	oriving icence	&	Class: 3,4,5 Date of Expiry: NIL
NIL	Date Discha	rge I	NIL	
		jury I	NIL	
	为2000年的	語。時間	PERM	がる。
Unknown Driver	10	D No.		NIL
SML8675H (Car)		Contact No.		96906535
NIL		Oriving icence	&	Class: NIL Date of Expiry: NIL
NIL	Date Discha	rge	NIL	
	SKG3791M (Car) NIL NIL ted Medical Leave NIL Unknown Driver SML8675H (Car) NIL	SKG3791M (Car) NIL NIL Date Dischated Medical Leave NIL Degree of In Unknown Driver SML8675H (Car) NIL CC CC CC CC CC CC CC CC CC	SKG3791M (Car) NIL Class of Driving Licence Expiry II NIL Date Discharge Ted Medical Leave NIL Degree of Injury Unknown Driver ID No. SML8675H (Car) NIL Class of Driving Licence Expiry II Class of Driving Licence Expiry II Class of Driving Licence Expiry II Contact	SKG3791M (Car) Class of Driving Licence & Expiry Date NIL Date Discharge NIL Degree of Injury NIL Unknown Driver ID No. SML8675H (Car) Class of Driving Licence & Expiry Date Class of Driving Licence & Expiry Date

Brief Details.

No. of Days granted Medical Leave

On 30/10/2019 at around 0030hrs, I was driving along Geylang Bahru along the leftmost lane and had stopped my car behind another car bearing registration plate number SML8675H waiting to turn left into Bendemeer. There was no traffic light and I was just waiting for the traffic along Bendemeer to be clear.

Degree of Injury NIL

I then saw that the traffic was clear and moved out however realized that the car in front of my have yet to move as such could not stop in time and the front of my car had into the rear of the other car. I was not injured. We then took photos of each other vehicles and I took his contact number before leaving.

On 27/03/2020 at around 4.42pm, TP IO Christopher informed for me to lodge a traffic accident report.





3 of 3

Report No. T/20200328/2003

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
CONTINUATION OF REPORT

Tel No: 1800-2519999

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 <u>report number</u> as reference.

Date/Time: 28/03/2020 00:53
Classification Of Case:

S47 Aircon Services (Company Reg. 53245761K)

Blk 914 Hougang Street 91, #03-16 Singapore 530914 HP: 90075281

914 November 2019

To:

Swee Seng Credit Pte Ltd 21 Toh Guan Road East #01-09 Toh Guan Centre Singapore 608609

Dear Sir/Madam,

PAYMENT RECEIVED

I/We refer to the above mentioned and hereby confirmed that the vehicle has been fully settled by your company.

Registration No:

5KG3791M

Make & Model:

Honda CRV 2.4L AT

Year of Manufacture: 2008

Chassis No.:

JHLRE48509C201838

Yours faithfully

Chin Woon Chang



中國太平保险(新加坡)有限公司

CHINATAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MX4F R SN AN0420A Cov.Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1897 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMPCSN3098481801

Engine No : K24Z13743839 ChaNo: JHLRE48509C201838

1. Index Mark and Registration

SKG3791M

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

\$47 AIRCON SERVICES

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

29 December 2018 Named Drivers Ex Sect. I \$\$1,900.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age - 25...... 5\$3,000.00

4. Date of Expiry of Insurance

28 December 2019 Ex Sect. I - Age >= 26...... 5\$500.00

* Age as at date of accident

EX ON WINDSCREEN 5\$100.00

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:"

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event

HIRE PURCHASE CO.: MAYBANK AS HP OWNER
*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 rev

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

BOW Issued By: _____INXPRESS INSURANCE AGENCY PTE LYD Authorised Officer

Authorised Signatory