#1 ⁰	61 19	1 · p/	11 10
NATIONAL Assessment Cent	re Services. [will said [2110001100	ot .
Dute In: 11 91 0021 1206	Jeb desoription	· Date & Time Complete	ed . Done by
RETNO: NBB/ (1721800456N	SAS c-filling		
Vah No. (181) 37596	E-mail (bjale shee, Ale the	5	· ·
0.01 0810100 109 25	I-Motor Claim Form		
OD : Th! Reporting Only	I-Motor W/O (Wilde: OD	Ther. TP (hrs)	22-47-AV-00A-00
	I-Phote Uploaded		
	Assessment/Survey Repor	,	1
TP Insurer:	Ass't Report by Pax/Har		
Profested Wkep / INC Assign Wksp / QW: (Mast temperatory Post Man	Yelt	Faxt
TP Phillippia Veh No.	519001 no)
Owner / Driver: (20 1991	Tel:)
	erlod: () Cover Type: (,).
Confirmed by ; (, Dater,	Timar)
Insured/Driver Liability: (%)	[Note-Est Sintus (WO): N:	0-20%; P: 21-79%. P:	80-100%]
Year of Registration: ()	Worrenty: YES ()/NO ()	
Excess: (\$ ') Londing: \$1	,000()/52,000()		A COLUMN TO A COLU
	作为自己的 1000000000000000000000000000000000000	北京440名以前,1889年188	283424 1833
() Walk-In Curcomar : Customers In	formation strictly Confidential &	Stictly NO refer of repoi	ltor.
() Total Loss Case to e-mail Yasu	rer UNGENTLY	Y 1 .5	
		Towing Co: (.	,)
an engangan manangan sahangan sahangan yangan dan sahangan sahan sahan sahan sahan sahan sahan sahan sahan sah	SHARROWN CONTRACTOR OF THE SHARROWN CONTRACTOR OF THE SHARROWN CONTRACTOR OF THE SHARP OF THE SH	NATE OF THE PROPERTY OF THE PR	TO CENTRAL PROPERTY
GRAPH CONTRACTOR OF THE STATE O	STANSON STANSO	What warman har and side you	Ter International
	Courtesy Car ()	X	•
2) QC Cheele / Post Repair Inspection	(')		
3) Upload Resurvey Photo [Repuir Cost>	\$3000]	1.	
Infurý i	-,1	Towns and the same of the same	CHARLES TO THE PARTY OF THE PAR
			1%以建型中2016
A TANAN TAN SECOND SECO	ADWIN ADDITION POSTS STREET		
			· · ·
			· · · · · · · · · · · · · · · · · · ·
1/10/10/00	NAMES OF THE PARTY		
MA21005910	N N N N N N N N N N N N N N N N N N N	dent Importing (336)	With the same of t
	的。 中国的现在分词,但是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	wer Assessment (5100); U	2402(42 .
CONTRACTOR OF THE PROPERTY OF	3) TV 1 You	or Wheel who have you	\$130
river/Owner:	3) Pri Pulle	ov-Through Durvey (Recovey)	1200}
Ortaet No:	ATILITA	a rosepulors	2160
nrnäged Portion:	7) NI 1 Idao	DA+SMRT Survey	
	ON.	The state of the s	33
C Checked by (Engr-In-Churge):	. I NSI CAL	itary Cor/Tpt Allowands	\$10 \$23
THE PROPERTY OF THE PROPERTY O	CHARLES CONTRACTORS - MICKOR	ttepelr Inspection	23
ATTEREST TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO TH	TPONI) ITP (CAR INC) -	30 SWIN
The state of the s	Part Carne Lile		
<u> </u>	Involve del	Mobile Fee Ch	TIPE WATERTY

SN08211B0005 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 11/01/2021 17:06 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (11/01/2021 17:06 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 Submission Date of Accident

Country/State of Loss

Exact Location of Accident Additional Location Information 11/01/2021 17:06 (SGT) 09/01/2021 09:30 (SGT) Punggol Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBD3759E

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No.

Alternative Phone No

Yes

CONCEPT ENV PTE LTD

2XXXXX290K

hancarrepairs@gmail.com

(Phone) +65-97864120

+65-97864120

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Renault

Kangoo

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance

Comprehensive

No

DMCVSNA00085162004

DRIVER

Name of Driver

NRIC No

LIM TIANG KWANG

SXXXX158H

Date Of Driving Pass 10/09/1981 **Driving** experience 39 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-97864120 Alt. Phone Number Email Address hancarrepairs@gmail.com Address BLK 427 BUKIT PANJANG RING ROAD Address complement #14-697 Postcode 670427 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 YEOW LAY GIM Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN 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 **GBJ9550T** Vehicle Manufacturer Toyota Vehicle Model Hiace Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle

Contact Number	
Address	-
Address complement	*
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.
- 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.
- 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 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

11-JAN-2021

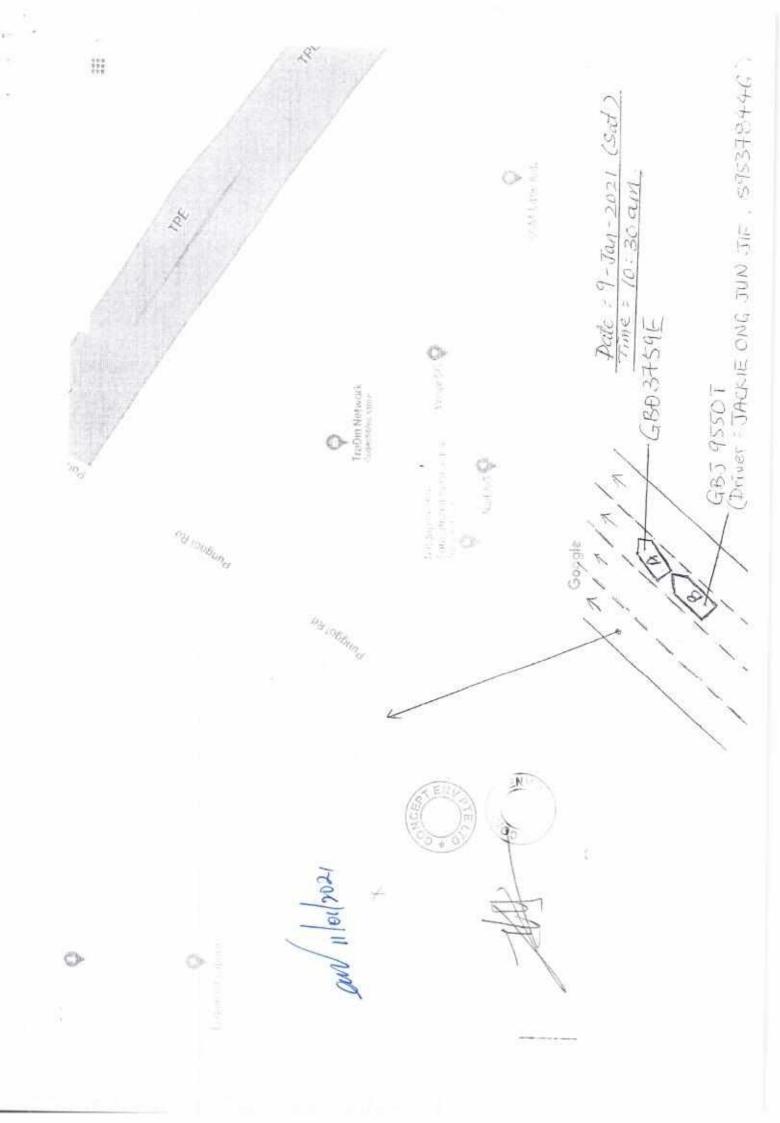
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

Personnel

BUDGHUMAN,

Sketch Plan



1	was travelling along Puggol Road towards Punggol flyore 9-1-21 at about 10.30am when suddenly vehicle B me from behind and hit onto me.
on	9-1-21 at about 10 3000 when sudded ranged tryove
car	me from behind and hit not and suddenly vehicle B
	Trom sering and nit outome
_	
_	
-	

Declaration

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

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

AGCIDENT'STATEMENT

LOCATION: MUMBER: DELTA SO PUED STATE ON TAKE TO PREMAME CONTACT: 9786 912 1. DETAILS OF VEHICLE STATE OF VEHICLE CONTACT: 910-1000 NUMBER: DMC VS N 00085 16 2004 dipolicy number: DMC VS N 00085 16 2004 dipolicy type: (comprehensive / third party / third party fire either) e) MAKE & MODEL: Penaut fitype: (saldon / coupe / MPV (VAN) LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (private Commercial / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (private Commercial / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (private Commercial / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (private Commercial / MOTORCYCLE / OTHERS) i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: CONCEPTENT PTE LTD (MALE / FEMALE) b) NRIC/FIN/PASSPORT: S159415 BH CONTACT: 9786 912 c) ADDRESS: DIVER c) NAME: JM TIANG - KWANG - (MALE / FEMALE) b) NRIC/FIN/PASSPORT: S159415 BH CONTACT: 9786 912 c) ADDRESS: BIK 922 H 19-697 BT PROJUCE / OTHERS c) ADDRESS: BIK 922 H 19-697 BT PROJUCE / OTHERS c) ADDRESS: BIK 922 H 19-697 BT PROJUCE / OTHERS c) ADDRESS: BIK 922 H 19-697 BT PROJUCE / OTHERS c) ADDRESS: BIK 923 H 19-697 BT PROJUCE / OTHERS c) ADDRESS: BIK 923 H 19-697 BT PROJUCE / OTHERS b) NRIC/FIN/PASSPORT: S159415 BH CONTACT: 9786 91 c) ADDRESS: BIK 923 H 19-697 BT PROJUCE / OTHERS c) ADDRESS: BIK 923 H 19-697 BT PROJUCE / OTHERS b) NRIC/FIN/PASSPORT: S159415 BH CONTACT: 9786 91 c) ADDRESS: BIK 923 H 19-697 BT PROJUCE / OTHERS b) NRIC/FIN/PASSPORT: S159415 BH CONTACT: 9786 91 c) ADDRESS: BIK 923 H 19-697 BT PROJUCE / OTHERS b) NRIC/FIN/PASSPORT: S159415 BH CONTACT: 9786 91 c) ADDRESS: BIK 923 H 19-697 BT PROJUCE / OTHERS b) NRIC/FIN/PASSPORT: S159415 BH CONTACT: 9786 91 c) ADDRESS: BIK 923 H 19-697 BT PROJUCE / OTHERS c) ADDRESS: BIK 923 H 19-697 BT PROJUCE / OTHERS b) NRIC/FIN/PASSPORT: S159415 BH CONTACT: 9786 91 c) ADDRESS: BIK 923 H 19-697 BT PROJUCE / OTHERS c) ADDRESS: BIK 923 H 19-697 BT PROJUCE / OTHERS c) ADDR	
1. DETAILS OF VEHICLE GIVERICLE NUMBER: GBB3759E DINSURANCE COMPANY: CHINA TAIPING CIPOLICY NUMBER: DMC VS NOOOSS 16 2009 CIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY FIRE & THEF!) B) MAKE & MODEL: PENGLE FITTPE: (SALOON / COUPE / MPV(VAN) LORRY / MOTORCYCLE / OTHERS) GIVERICLE CATEGORY: (PRIVATE COMMERCIAL) MOTORCYCLE / OTHERS) GIVERICLE CATEGORY: (PRIVATE COMMERCIAL) MOTORCYCLE / OTHERS) I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) IF NO, PLEASE STATE([THIRD PARTY CLAIM] REPORTING ONLY) 2. INSURED / POLICY HOLDER ANAME: CONTENT PTE LTD (MALE / FEMALE) b) NRIC/FIN/PASSPORT: SIS 9415 BH CONTACT: 9786 9/2 C) ADDRESS: DOUGH AND CONTACT: 9786 9/2 C) ADDRESS: BIK 427 # 14-697 BT RANJOYS C) ADDRESS: BIK 427	
DINSURANCE COMPANY: CHINA TAIPING CIPOLICY NUMBER: DMC VS NO 00085 16 200 9 dipolicy type: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE ETHEFT) e) MAKE & MODE: PROWN fittpe: (SALOON / COUPE / MPV (VAN) LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE COMMERCIAL) MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: WORKING fitter YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: CONTENTIAN PTE LTD (MALE / FEMALE) b) NRIC/FIN/PASSPORT: SISTEMAN CONTACT: 9786 912 CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: JIM TIANG KWANG (MALE / FEMALE) b) NRIC/FIN/PASSPORT: SISTEMAN CONTACT: 9786 92 CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: JIM TIANG KWANG (MALE / FEMALE) b) NRIC/FIN/PASSPORT: SISTEMAN CONTACT: 9786 92 "CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: JIM TIANG KWANG (MALE / FEMALE) b) NRIC/FIN/PASSPORT: SISTEMAN CONTACT: 9786 92 "C) ADDRESS: BIK 427 # 196 91 "C) ADDRESS: BIK 42	
DINSURANCE COMPANY: CHINA TAIPING CIPOLICY NUMBER: DMC VS N 00085 16 200 9 dIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) B) MAKE & MODE: PRAWE FITTYPE: (SALOON / COUPE / MPV (VAN) LORRY / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (PRIVATE COMMERCIAL) MOTORCYCLE) TIPOLICE CATEGORY: (PRIVATE COMMERCIAL) MOTORCYCLE TIPOLICE CATEGORY TIPOLICE CATEGOR	
CIPOLICY NUMBER: DMC US NOORS 16 200 9 dJPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE ETHEFT) e) MAKE & MODEL: Renauf f) TYPE: (SALOON / COUPE / MPV(VAN) LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE COMMERCIAL) MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE COMMERCIAL) MOTORCYCLE / h) PURPOSE OF USING AT ACCIDENT TIME WORK / MOTORCYCLE / h) PURPOSE OF USING AT ACCIDENT TIME WORK / MOTORCYCLE / i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: CONCEPTENT PTE LTD (MALE / FEMALE) b) INRIC/FIN/PASSPORT: S159415611 CONTACT: 9786412 c) ADDRESS: DIVER ALSO POLICY HOLDER DIVER CINCLUDING CONTACT: 97864 d) DATE OF BIRTH: (20/08/1965) (DD/MM/YYY) e) OCCUPATION: (INDOOR COUDOOR) 1) DATE OF BIRTH: (20/08/1965) (DD/MM/YYY) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES)/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. G) WEATHER CONDITION: (CLEAR)/ RAINING / OTHERS b) IRROD SURFACE: (DRY)/ WEI / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. GIREPORTED TO POUCE (YES / NO) 1. GIREPORTED TO POUCE (YES / NO) 1. GIREPORTED TO POUCE (YES / NO)	
DIPOLICY TYPE (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE ATHER) 9) MAKE & MODEL: PRODUCT 6) TYPE: (SALDON / COUPE / MPV(VAN) LORRY / MOTORCYCLE / OTHERS) 9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL) MOTORCYCLE / 1) APR YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) 1) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) 1) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: CONCEPTENT PTE LTD (MALE / FEMALE) b) NRIC/FIN/PASSPORT: S159415611 CONTACT: 9786412 C) ADDRESS: DIVER ALSO POLICY HOLDER DRIVER () NAME: LIM TIANG KWANG (MALE) FEMALE) c) ADDRESS: BIK 427 # /4-697 BT RANJONG 1) OCCUPATION: (INDOOR COUDOOR) 1) DATE OF DIRTH: (20 / 80 / 96) (DD/MM/YYY) 4. WAS DRIVER AN EMPLOYER OF THE INSURED'S COMPANY? (YES) NO) 15 NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. G) WEATHER CONDITION: CLEAR / RAINING / OTHERS b) ROAD SUFFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES NO) 7. G) REPORTED TO POLICE (YES NO) 7. G) REPORTED TO POLICE (YES NO)	
6)MAKE & MODEL: REAGUET FITTPE: (SALOON / COUPE / MPV(VAN) LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL) MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME WORK AND IJ ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: CONVENTANT PTE LTD (MALE / FEMALE) b)NRIC/FIN/PASSPORT: S15941564 CONTACT: 9786412 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER C)NAME: LIM TIANG KWANG (MALE) FEMALE) b)NRIC/FIN/PASSPORT: S159415614 CONTACT: 97869 C)NAME: LIM TIANG KWANG (MALE) FEMALE) b)NRIC/FIN/PASSPORT: S159415614 CONTACT: 97869 c)NAME: LIM TIANG KWANG (MALE) FEMALE) b)NRIC/FIN/PASSPORT: S159415614 CONTACT: 97869 c)ADDRESS: B/K 427 # /4-697 BT RANJONG d)DATE OF BIRTH: (20/08/1962) (DD/MM/YYY) e)OCCUPATION: (INDOOR (OUDOOR) f)DATE OF DRIVING PASS (3-JUL 20/9) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d)WEATHER CONDITION: (CLEAR) RAINING / OTHERS b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES (NO) 7. GIREPORTED TO POUCE (YES (NO)	
FITYPE: (SALDON / COUPE / MPV (VAN) LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE COMMERCIAL) MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME WORK (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: CONTENT OF LTA (MALE / FEMALE) b) NRIC/FIN/PASSPORT: SISTHEAM CONTACT: 9786 9/12 C) ADDRESS: DRIVER c) NAME: //M TIANG KWANG (MALE) FEMALE) b) NRIC/FIN/PASSPORT: SISTHEAM CONTACT: 9786 9/12 C) ADDRESS: BIK 427 # /4-697 BT KENDANG c) ADDRESS: BIK 427 # /4-697 BT KENDANG d) DATE OF BIRTH: (20 / 08 / 94 / 20 / 97 / 97 / 97 / 97 / 97 / 97 / 97 / 9	
South Sout	
h)PURPOSE OF USING AT ACCIDENT TIME WORK OF I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: CONCEPTENV PTE LTD (MALE / FEMALE) b)NRIC/FIN/PASSPORT: SIS 9 4 15 8 H CONTACT: 9 786 412 C)ADDRESS:)005/2290 k **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER d)NAME: IM TIANG KWANG (MALE) FEMALE) b)NRIC/FIN/PASSPORT: SIS 9 4 15 8 H CONTACT: 9 786 9 b)NRIC/FIN/PASSPORT: SIS 9 4 15 8 H CONTACT: 9 786 9 b)NRIC/FIN/PASSPORT: SIS 9 4 15 8 H CONTACT: 9 786 9 c)ADDRESS: B/K 427 # / 4-697 BT FRANCE d)DATE OF BIRTH: (20 / 08 / 96 2) (DD/MM/YYY) e)OCCUPATION: (INDOOR (OUTDOOR) f)DATE OF DRIVING PASS (3-74L-20/9) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES)/ NO) 15 DIROAD SURFACE: (DRY)/ WET / OTHERS b)ROAD SURFACE: (DRY)/ WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POUCE (YES / NO)	
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESTED) IF NO, PLEASE STATE(THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: CONCEPTENT PTE LTD (MALE / FEMALE) b) NRIC/FIN/PASSPORT: SISTY 415 6H CONTACT: 9786 412 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: LIM TIANG KWANG (MALE) FEMALE) b) NRIC/FIN/PASSPORT: SISTY 415 6H CONTACT: 97869 b) NRIC/FIN/PASSPORT: SISTY 415 6H CONTACT: 97869 b) NRIC/FIN/PASSPORT: SISTY 415 6H CONTACT: 97869 c) ADDRESS: BIK 427 # 14-697 BT RANJONG d) DATE OF BIRTH: (20108 1965) (DD/MM/YYY) e) OCCUPATION: (INDOOR COUTDOOR) 1// OR PORTION: (INDOOR COUTDOOR) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES)/ NO) 15 O) WEATHER CONDITION: (CLEAB/ RAINING / OTHERS) b) ROAD SURFACE: (DRY)/ WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7 OIR EPORTED TO POUCE (YES / NO)	y "
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER AJNAME: CONTENT PTE LTH (MALE / FEMALE) b)NRIC/FIN/PASSPORT: S159415844 CONTACT: 9786412 C)ADDRESS:)QDS(1290K **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER ()NAME: //M //ANG / KWANG (MALE) FEMALE) b)NRIC/FIN/PASSPORT: S159415844 CONTACT: 97869 b)NRIC/FIN/PASSPORT: S159415844 CONTACT: 97869 b)NRIC/FIN/PASSPORT: S159415844 CONTACT: 97869 c)ADDRESS: B/K 427 # /4-697 BT PANYONG d)DATE OF BIRTH: (28) 08/96 (DD/MM/YYY) e)OCCUPATION: (INDOOR OUTDOOR) f)DATE OF BIRTH: (28) 08/96 (DD/MM/YYY) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: b)ROAD SURFACE: (DRY) WET OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. GIREPORTED TO POUCE (YES / NO) 7. GIREPORTED TO POUCE (YES / NO)	
2. INSURED / POLICY HOLDER A) NAME: CONCEPTENT PTE LTT (MALE / FEMALE) b) NRIC/FIN/PASSPORT: SISTY 41584 CONTACT: 9786 9/12 *CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER c) NAME: LIM TIANG KWANG (MALE) FEMALE) b) NRIC/FIN/PASSPORT: SISTY IS 14 14-697 BT RANJONG C) ADDRESS: BIK 427 # 14-697 BT RANJONG *d) DATE OF BIRTH: (20/08/1962) (DD/MM/YYY) e) OCCUPATION: (INDOOR OUTDOOR) 1091'E OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES)/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d) WEATHER CONDITION: CLEAR/RAINING/OTHERS b) ROAD SURFACE: (DRY)/ WET/OTHERS 6. WAS ANYBODY INJURED (YES/NO) 7. d) REPORTED TO POUCE (YES/NO)	£1
A)NAME: CONCEPTENT PTE LITE (MALE) FEMALES b)NRIC/FIN/PASSPORT: SIST 4158H CONTACT: 9786 417 C)ADDRESS:) 205/1290K *CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER d)NAME: LIM TIANG KWANG (MALE) FEMALES b)NRIC/FIN/PASSPORT: SIS 94/58H CONTACT: 97869 b)NRIC/FIN/PASSPORT: SIS 94/58H CONTACT: 97869 c)ADDRESS: B/K 427 # /4-697 BT Panyang *d)DATE OF BIRTH: (28/08/76) (DD/MM/YYY) e)OCCUPATION: (INDOOR OUTDOOR) f)DATE OF DRIVING PASS f)ORTE OF DRIVING PASS IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d)WEATHER CONDITION: CLEAR/RAINING/OTHERS b)ROAD SURFACE: (DRY)/WEI/OTHERS 6. WAS ANYBODY INJURED (YES/NO) 7. d)REPORTED TO POUCE (YES/NO)	
CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER (Including driver) DRIVER DRIVE	
CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER (Including driver) DRIVER DRIVE	.0
CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER (Including driver) DRIVER DRIVE	-
Cludding driver DINAME: IM TIANG KWANG (MALE) FEMALE! (Including driver) DINRIC/FIN/PASSPORT: S1594158H CONTACT: 97869 (Z) CLADDRESS: BIK 427 # 14-697 BT Panjang didate of Birth: (20/08/962) (DD/MM/YYY) e) OCCUPATION: (INDOOR (OUTDOOR) f) DATE OF DRIVING PASC 13-JUL-2019 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. DIWEATHER CONDITION: CLEAR/ RAINING / OTHERS b) ROAD SURFACE: DRY/ WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POUCE (YES / NO)	ŧ
Cludding driver DRIVER (Including driver) (I	*
(2) CINCLUST SING PAIS H CONTACT: 97869 (2) CINCLUST SING PAIS H 14-697 BT PANYONG (2) CINCLUST SING PAIS (DD/MM/YYY) 6) OCCUPATION: (INDOOR OUTDOOR) 6) DOTE OF DRIVING PAIS 13-JUL-2019 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. CIWEATHER CONDITION: CLEAR/ RAINING / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. CIREPORTED TO POUCE (YES / NO)	
(2) b) NRIC/FIN/PASSPORT: \$1594.507 CONTACT: c) ADDRESS: B/K 427 # /4-697 BI Panyang d) DATE OF BIRTH: [20/08/96 (DD/MM/YYYY) e) OCCUPATION: (INDOOR (OUIDOOR) f) DOTE OF DRIVING PASS was driver an employee of the insured's company? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d) REPORTED TO POUCE (YES / NO)	120
*d)DATE OF BIRTH; (28/08/962)(DD/MM/YYY) *d)DATE OF BIRTH; (28/08/962)(DD/MM/YY) *d)DATE OF BIRTH; (28/08/962)(DD/MM/Y	no l
*d)DATE OF BIRTH: [20/08/96 (DD/MM/YYY) e)OCCUPATION: (INDOOR COUTDOOR) f)DATE OF DRIVING PASS /3-Jul-20/9 f)DATE OF DRIVING PASS /3-Jul-20/9 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d)WEATHER CONDITION: CLEAR/RAINING/OTHERS b)ROAD SURFACE: (DRY)/WET/OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POUCE (YES / NO)	-7'
6)OCCUPATION: (INDOOR COUTDOOR) FIDATE OF DRIVING PASS /3-Jul-20/9 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a)WEATHER CONDITION: CLEAR/ RAINING / OTHERS b)ROAD SURFACE: (DRY/ WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POUCE (YES / NO)	7.
FIDATE OF DRIVING PASC WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: S. GIWEATHER CONDITION: CLEAR / RAINING / OTHERS BIROAD SURFACE: DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) T. GIREPORTED TO POUCE (YES / NO)	
WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: CLEAR! RAINING / OTHERS b) ROAD SURFACE: (DRY!/ WET / OTHERS 6. WAS ANYBODY INJURED (YES!/NO) 7. a) REPORTED TO POUCE (YES!/NO)	
5. d)WEATHER CONDITION: CLEAR / RAINING / OTHERS b)ROAD SURFACE: DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POUCE (YES / NO)	
5. d)WEATHER CONDITION: CLEAR / RAINING / OTHERS b)ROAD SURFACE: DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POUCE (YES / NO)	-
6. WAS ANYBODY INJURED (YES / NO) 7. GIREPORTED TO POUCE (YES / NO)	_1
6. WAS ANYBODY INJURED (YES /NO)	_1
7. GIREPORTED TO POUCE (YES (NO)	1
7. GIREPORTED TO POUCE TESTATION:	102
	_
The second secon	
MODEL WELICIE NUMBER 413 75501 MODEL WORLD	-
TACKIE ONG JUN JE	17
(Including driver) b) DRIVER'S NAME	-
THIRD PARTY VEHICLE	
A) VEHICLE NUMBER: MODEL!	
No of passanger, e) DRIVER'S NAME:	-
(Including driver) NRIC/FIN/PASSPORT:CONTACT:	1
A second	
	3.523
a il acoul	

email = conceptent@gmail.com



中国太平保险(新加坡)有限公司

NA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Commercial

MZ300/C

AN0412A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act Chapter 16th Motor Vehicles (Third Party Risks and Compensation Rules, 1866) Rober Transport Art 1867 (Marayska) Motor Vehicles (Third Party Risks) (Bare, 1969 (Maraysia)

CERTIFICATE No.

DMCVSNA00085162004

Engine No.: K9KB808D339544 Cha. No.:VF1FW18H551373763

Insers Mark and Negronston:

GBD3759F

AUTOSAFE -----

Number of Version National Policy History

CONCEPT ENV PTE LTD

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

Excess Sect 1.

5\$450.00

30/09/2020

EX ON WINDSCREEN

S\$100.00

Date of Expense Insurance

29/09/2021

Marsons or Classics of Persons unit top 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. Lordations to take 1

Use in connection with the Policyholder's business.
 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

Use for hire or reward or racing, pace-making, reliability trial or speed testing.
 Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

*Limitalisms rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Rusia 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

FIT CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD

Issued By Chua Suat Lay Sally Authorisid Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 📦 3 Anson Road #16-00 Springleaf Tower Singapore 0.79909

C 6389 6111

6222 1033

www.sg.cntaiping.com