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	Assessment/Sur	vey Report			
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	Jiknown.	. INC(.)/Non-INC()	- V 2
Owner / Driver: (Tcl:)
Policy No: () Pâ	riod: ()	Cover Type: ().
Confirmed by: (Date:	Time:)
Insured/Drivet Liability: (%) [1	Note-Est Statuls (W	O): N: 0-2	0%;+ P: 21-79%. F;	80-100%]	1
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1) Apply for Transport Allowance ()/C	Courtesy Car (' '))			
2) QC Check / Post Repair Inspection	.(• •).		· · · · · · · · · · · · · · · · · · ·		•
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SN092126000C / National Assessment Centre Services [408933] ENTRY DATE & TIME: 06/02/2021 16:09 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (06/02/2021 16:09 (SGT))



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 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.

- 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	06/02/2021 16:09 (SGT)
Date of Accident	06/02/2021 08:00 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4778H
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No	Yes JORDANS ELEVATOR (S) PTE LTD 2XXXXX978G

Email Address Jordans.hehuiting@gmail.com Mobile Phone No (Phone) +65-67426898 Alternative Phone No +65-67426898

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	undefined
Variant	-
Exact purpose for which vehicle was being used at time of	
accident	Employment
Are you claiming under your own insurance policy for repair to	

your vehicle? No - Reporting only Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00103272003
Cover Note Number	=

DRIVER

Name of Driver	ISLAM MIR TARIKUL
Work Permit No	GXXXX316X
Date Of Birth	08/11/1983
Occupation	Outdoor

D . 0/D D	
Date Of Driving Pass	03/09/2020
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83103772
Alt. Phone Number	-
Email Address	Jordans.hehuiting@gmail.com
Address	500 OLD CHOA CHU KANG #07-84
Address complement	300 OED CHOA CHO NAING #07-04
Postcode	
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
	ы
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
W	
Was the accident reported to the police?	No
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	R VEHICLE PROPERTY 1
Valida Daviatatian Name	
Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	•
Vehicle Model	•
Vehicle Variant	•
Vehicle Colour	•
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address	
	_
Address complement	

Postcode

Insurance Company Name

Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

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 <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.
- 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)

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' 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
- $(v) \ complying \ w \ ith \ applicable \ law \ \ in \ administering, \ processing, \ handling \ and/or \ dealing \ w \ ith \ my \ claims.$

(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 &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

The Haffic Mas Moderate and all venices were moving at moderate, and suddenly be venice be stop for no reason and recorded and collider onto him.	Describe Circumstances of the Accident
the traffic was moderate and all vivilles were morning at moderate, agus suddenly & viville B stop for no rason and I couldn't stop in time and collided onto him.	1 Was travelling along KJE (BKE) exiting to Choa Chu lang
stude suddenly & venicle B stop for no reason and I couldn't stop in time and collider onto him.	the traffic was moderate and all venicles were moving at moderate,
time and collided onto him.	speed. Suddenly & runicle B Stop for no reason and I couldn't stop in
	time and collided onto him.

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

The

Witnessed by Reporting Centre Personnel



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

Motor Commercial

MZ300/C

R SN

AN0421A

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.

DMCVSNW00103272003

Engine No.: 198A30007773410 Cha. No.:ZFA26300006D89738

1. Index Mark and Registration

GBF4778H

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

JORDANS ELEVATOR (S) PTE LTD

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

17/11/2020

Excess Sect I

\$\$350.00

EX ON WINDSCREEN .

\$\$100.00

4. Date of Expiry of Insurance

16/11/2021

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

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.

* 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.

Issued By: VITESSE SOLUTIONS **Authorised Officer**

Authorised Signatory

SINGAPORE ACCIDENT STATEMENT

IMPORTANT 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.

ACCIDE	ENT DETAILS		
6 FCb 7071			(DD/MM/YY)
0800.			(HH:MM)
KJF (BKF)	towards	Choa Chu Kang	
	6 F(b 707) 0800 KJF(BKF)	6 FCB 7071 0800 KJF(BKF) EATH TOWARDS	6 FCB 7071 0800 KJF(BKF) EATH TOWARDS Choa Chu Kang

DETAILS OF VEHICLE			
Vehicle registration number	GBF477	8H	
Vehicle make and model	Fiat		
Type of vehicle	Saloon	MPV 🗆	CRV □ Van □
	Lorry 🗷	Bus 🗆	Motorcycle Others:
Vehicle category	Private	Commo	ercial Motorcycle 🗆
Purpose of using at said time			
Are you claiming under your	Yes □	No 🗷	if no, please select:
own insurance company?	Third part cla	aim 🗆	Reporting only

INSURANCE INFORMATION				
Insurance company	China Taipin	9		
Policy number	\			
Type of policy	Comprehensive	Third party fire & theft □	TP only □	

INSURED / POLICY HOLDER						
Name	Jordans Ellyator Ptc Ltd	Male □	Female 🗆			
NRIC / Fin / Passport number	2011179789					
Contact	67426898					
Address	10 Ubi Crescent #04-65					

DRIVER	SAME AS INSURED ABOVE □ (SKIP TO D.O.B)			
Name	ISIAM Mir Tarikhi Male -	Female 🗆		
NRIC / Fin / Passport number	a 8484316X			
Contact	83108772			
Address	500 Old Choa Chu Kang ##-#07-84			
Email address	jordans nu huiting@amail.com			
Date of birth	08 NOV 1983			
Occupation	Indoor Outdoor			
Driving date nass	nz con sorn			

	CENTERAL INFORMATION OF THE ACCIDENT		
	GENERAL INFORMATION OF THE ACCIDENT		
Was driver an employee of	Yes No No If no relationship of the driver and in the second in the		
the insured's company?	If no, relationship of the driver and insured:		
Accident captured by camera?			
Weather condition	Clear Raining Others:		
Road surface	Dry Wet 🗆		
No of passenger	(Inclusive of driver		
	PASSENGER 1		
Name			
Gender	Male Female		
	PASSENGER 2		
Name			
Gender	Male D Female D		
	Transfer to an advantage Element and a second a second and a second and a second and a second and a second an		
	DASSENCED 3		
Name	PASSENGER 3		
Name			
Gender	Male Female		
	PASSENGER 4		
Name			
Gender	Male Female		
能可以使用使用的数据的扩发的	PASSENGER 5		
Name			
Gender	Male Female		
	PASSENGER 6		
Name	TASSENGENO		
Gender	Male Female		
Gender	Ividie Fellidie		
	OTHER INFORMATION		
Was anybody injured?	Yes D No.		
Was other vehicle damaged?	Yes No 🗆		
THE EAST WORLD THE WILLIAM	DETAILS OF POLICE STATION ACTION		
Reported to police?	Yes No If yes, please state which police station.		
Police station name			
技术工具的企业工程的工程	WITNESS 1		
Name			
NEW TRANSPORTER TO BE A SECOND	WITNESS 2		
Name			

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E NEW YORK TO SEE THE	THIRD PARTY VEHICLE 1
Vehicle registration number	NUKNOMN
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	
The state of the s	THIRD DARTY VEHICLE 3.
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THEO DADTY VEHICLE A
Valida es sistematica e escape	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A 200 See See See See See See See	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
计设计数据表示的 城市区域的	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Comtost	

		INJURED PE	RSON 1
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
		INJURED PE	RSON 2
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes	No 🗆	
Was injured conveyed to	Yes	No 🗆	
hospital by ambulance?	1.03 🖂	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
对数据证明数据检验的表示的		INJURED PE	RSON 3
Name		INJONEDIE	N30N 3
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	\
hospital by ambulance?	ies 🗆	NO 🗆	
nospital by ambulance:			
		INJURED PE	PSON 4
Name		INJUNED PE	NOUN 4
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	\
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	163	NO 🗆	
nospital by ambulance:			<u></u>
		INJURED PE	DCON F
Name		INJUKED PE	RSUN 3
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
T	165 🗆	NO L	
hochital by ambulance?			\
hospital by ambulance?			
nospital by ambulance?		INUIDED DE	PSON 6
		INJURED PE	RSON 6
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