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SN0821380006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 08/03/2021 17:39 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (08/03/2021 17:39 (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
- 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.
 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 08/03/2021 17:39 (SGT) 06/03/2021 23:15 (SGT) Date of Accident **Exact Location of Accident** CTE, Singapore Additional Location Information TOWARDS ANG MO KIO Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD9548C

INSURED/POLICYHOLDER

Yes Is company? CLX55 PTE LTD Name Of Registered Owner 2XXXXX868G Company Reg No garyong66@icloud.com **Email Address** (Phone) +65-97458239 Mobile Phone No +65-81985352 Alternative Phone No

VEHICLE PARTICULARS

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

No - Reporting only your vehicle? Private hire Vehicle Category

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Comprehensive Type of Coverage Fleet Policy DMHCSNA00002282000 Policy Number Cover Note Number

DRIVER

ZULKANAIN BIN AMIN Name of Driver NRIC No SXXXX435H

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	24/02/1992 29 YEARS AND 1 MONTH Male (Phone) +65-81985352 - zul_byrne@hotmail.com 38 LENTOR LANE - 789163 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20210308/7015	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	SMQ9488Z Private car

Address	2
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 Formmust 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)

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 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.

UEN 201807868G

Policyholder's Signature / Date & Time

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

2100-

Witnessed by Reporting Centre Personnel

Sketch Plan

C18 10008 BUG MO KG- | B2/A | A) SMD 9548 C
B2/A | B) SMQ 94827_

Describe Circumstances of the Accident				
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Declaration

We declare the foregoing particulars are true in every respect.

& Time

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

Email: sm@idac.com.sg Tel no: 6555 6888 *If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week. Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 06/03/2021 (dd/mm/yy) 23 . 15 ____(24-HR-FORMAT) Vehicle No. : SMD 9548 C Vehicle Make & Model / Engine (cc): Toyota Vellfire 2493 cc Exact location of Accident: CTE TOWARDS ANG MO KIO Policyholder's Name / IC No.: CLX55 PTE LTD 201807868G Driver's Name / IC No.: ZULKANAIN BIN AMIN S7118435H (As Above) Driver's Contact No.: 8198 5352 Company Contact No / Owner Contact No: 9745 8239 Driver's Address: 22 SIN MING LANE #06-76 MIDVIEW CITY SINGAPORE 573969 Owner Email address: garyong66@icloud.com _____ Insurance Company : China Taiping Driver Email address : zul_byrne@hotmail.com Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Hirer What do you wish to claim? (Please TICK one only) Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ V Outdoor *No. of Passengers (Including Driver): 01 Private use / Work purpose *Passanger Name: Gender: *Passanger Name: Gender: Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / ✓ No Any Injuries: Yes / V No (If YES) Injured Person' Name: ____ Injured Person in Which Vehicle: ____ Injuries Sustain: Police Report filed: Yes / No (If YES) Which Police Station: 10 ubi ave 3 The Other Party(s) Details: 1. Driver's Name / IC No: _______ SMQ 9488 Z Driver's Contact No: _____ Insurance Company : 2. Driver's Name / IC No (If Any): _______ Vehicle No: ______ Driver's Contact No: ____Insurance Company : *Independent Witness (If Any): _____ Contact No: Contact No: Preferred Workshop Name:



T/20210308/7015

1 of 4

Report No. T/20210308/7015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 08/03/2021		ade:	Vide Report No.:	Station Diary No.:
Informant'	s Particu	lars		[] 图形 [] 计图像 [] 图 []
Name of In ZULKANAI		MIN	Address: 38 LENTOR LANE SINGA	PORE 789153
ID Type / II NRIC NO /		5H	Contact No.: Home/Office:	Mobile: 81985352
Nationality: SINGAPOR		ΞN	Email: ZUL_BYRNE@HOTMAIL.	СОМ
Sex: Male	Age: 49	Date of Birth: 01/06/1971	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: OTHERS		Driving Licence Informatio Class:	n: Date of Expiry:	

General Inform	mation of the Accider			
Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 06/03/2021 23:15	Type of Location: Straight Road
Location: CENTRAL EX	(PRESSWAY			
Weather: Clear	Road Surface: Dry			Road Speed Limit:
Traffic Flow: Traffic Control: One Way Traffic Light - Working		ng	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMD9548C	Car	TOYOTA	VELLFIRE	Black		0
SMQ9488Z	Car	HONDA		White		0

Details of Ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





/20210308/7015

2 of 4

Report No. T/20210308/7015

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

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMD9548C	CHINA TAIPING INSURANCE				

Details of Perso	n Involved						
Any Pedestrian Ir	volved: No						
No. of Pedestrian	s Injured: NIL		Use of Peo	Use of Pedestrian Crossing: NA			
Driver					artifet.		
Name	ZULKANAIN BIN AN	MIN		ID No.		S7118435H	
Related Vehicle	SMD9548C (Car)			Contac	et No.	81985352	
Hospital/Clinic	NIL			Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL	
Date	NIL Date		Date	NIL			
No. of Days gran	ted Medical Leave	Degree of	of NIL				
Driver				100	190	DESCRIPTION OF THE PROPERTY OF THE	
Name	YANG CHIN		ID No.		S8371886B		
Related Vehicle	SMQ9488Z (Car)			Conta	ct No.	NIL	
Hospital/Clinic	NIL			Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	f	NIL		

Brief Details.

I was outermost lane 1 and he was lane 2 beside me. I did not notice his car until I felt a knock and notice his car swerving to my lane. I chased him and he exited to moulmein road exit. Then he turned right before balestier road red light. I stopped the car and went to him. He said let's stop on the left. I followed him and turned left to balestier road. He turned left into somewhere near quality hotel and we made 3 loops there before he sped away.

I chased him until at red light along balestier road and asked him to come out of his car but he refused. Luckily there was a police car nearby and the police came.

Police brought out nebuliser kit and he was positive.

Police called TP and handed case over and traffic police provided me a case card number : E/20210306/0237 and informed me to file a police report.



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



T/20210308/7015

3 of 4 Report No. T/20210308/7015

CONTINUATION OF REPORT





4 of 4

Report No. T/20210308/7015

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

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2021 12:44
Officer In Charge Of Case: TP / TPIB / YEO KIA HUAT Contact No.: 65476325	Classification Of Case:



中国太平保险 (新加坡) 有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Hire Car

MZ406L/B

SN

CERTIFICATE OF INSURANCE

onor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act 1997 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0420A Cov. Type.C

CERTIFICATE No.

DMHCSNA00002282000

Engine No.: 2ARJ061945

Cha. No.: AGH300174163

Index Mark and Registration

SMD9548C

AUTOSAFE

Number of Vehicle

Name of Policy Holder

CLX55 PTE LTD

Excess Sect 1.

\$\$1,500.00

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

05/04/2020

Excess Sect. I (Outside Singapore)

\$\$3,000.00

Excess Sect. II

S\$1,500.00

4. Date of Expiry of Insurance

04/04/2021

Excess Sect.II (Outside Singapore)

\$\$3,000.00 55100.00

EX ON WINDSCREEN

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below. 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

ANY EMPLOYEE OF THE COMPANY

ANY AUTHORISED HIRER/DRIVER

5. Limitations as to use.*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

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

HIRE PURCHASE CO.: SPEEDO CAPITAL PTE LTD 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).

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Lee Choo Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) *3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q63896111

6222 1033

www.sg.cntaiping.com