

SME MOTOR PTE LTD

1 Kaki Bukit Ave 6, #02-15@ Kaki Bukit, Singapore 417883

TEL: 6747 6106 (6 lines) Fax: 6744 2368

Email: service@smemotor.com.sg Website: www.smemotor.com.sg

Co. & GST Reg. No: 201119451E

M/S : CHINA TAIPING INSURANCE (SINGAPORE) PTE

3 ANSON ROAD #16-00

SPRINGLEAF TOWER

SINGAPORE 079909

TEL: 63896111 FAX: 62247478

ATTN: Motor Claim Department

Your Ref No : 21/CN/TP-050(03)

Claim Type : Third Party

Accident Date : 25/03/2021

TP Veh Reg No : XE1474Z

Claim No :

No : **EST21032601**

Date : 26/03/2021

Policy No : DH0M110172582001

Veh Reg No : **GBJ2473D**

Make / Model : TOYOTA HIACE

Chasis No : 0

Engine No:

Reg. No :

ESTIMATE FOR VEHICLE NO: GBJ2473D

| | Discription | Quantity | Unit Price | Amount |
|---|--------------------|----------|------------|-----------------|
| | LIST PRICE | | | S\$ S\$ |
| 1 | FRT BUMPER | 1 PC | | \$550.00 |
| 2 | FRT BUMPER CLIPS | 10 PCS | | \$55.00 |
| | | | TOTAL | <u>\$605.00</u> |
| | SPECIAL NET | | | |
| 5 | NUMBER PLATE | | | \$35.00 |
| | | | TOTAL | <u>\$35.00</u> |
| | Labour | | | |
| 1 | WIRE CHECKING | | | \$20.00 |
| 2 | LABOUR CHARGE | | | \$300.00 |
| 3 | SPRAY PAINTING | | | \$300.00 |
| | | | TOTAL | <u>\$620.00</u> |

| | |
|----------------------|-------------------|
| Amount Before Excess | <u>\$1,260.00</u> |
| Add GST @7% | <u>\$88.20</u> |
| Total Amount Payable | <u>\$1,348.20</u> |

For SME MOTOR PTE LTD

AUTHORISED SIGNATURE

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 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.
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 | 26/03/2021 16:40 (SGT) |
| Date of Accident | 25/03/2021 12:50 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | PIE AFTER ENG NEO. |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | GBJ2473D |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | ALEX TRADING ENTERPRISE |
| Company Reg No | 3XXXX800B |
| Email Address | alextrading@163.com |
| Mobile Phone No | (Phone) +65-97433120 |
| Alternative Phone No | +65-97433120 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Hiace |
| 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 - Claiming third party |
| Vehicle Category | Commercial vehicle |
| Transmission | Auto |
| CC | 3000 |

INSURANCE COMPANY

| | |
|---------------------------|-------------------------------|
| Name of Insurance Company | United Overseas Insurance Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DH0M110172582001 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------------|
| Name of Driver | CHANG CHEOW HUANG |
| NRIC No | SXXXX696D |

| | |
|--|-----------------------------|
| Date Of Birth | 21/02/1958 |
| Occupation | Outdoor |
| Date Of Driving Pass | 12/09/2007 |
| Driving experience | 13 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96616561 |
| Alt. Phone Number | - |
| Email Address | alextdgent@yahoo.com |
| Address | BLK 11 HOLLAND DRIVE #13-20 |
| Address complement | - |
| Postcode | 271011 |
| 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 | Hit by fallen tree / Other objects |
| 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

| | |
|--------|-----------------|
| Name | CHANG YONG KHEE |
| Gender | Male |

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

I WAS TRAVELLING ON THE PIE, VEHICLE B WHICH WAS A TRUCK WAS TRAVELLING ON MY LEFT FRONT SUDDENLY A ROCK FROM VEHICLE B FELL OFF AND HIT ONTO MY VEHICLE.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------|
| Vehicle Registration Number | XE1474Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |

| | |
|---|--------------------|
| Vehicle Category | Commercial vehicle |
| 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 **truthful and accurate as possible**. Any willful 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.
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 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.
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' lawyers/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' 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:
 - (i) 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.

ALEX TRADING ENTERPRISE
 2023 Bukit Timah Street 23
 #02-88 Singapore 659528
 Tel: (65) 6286 8316 Fax: (65) 62668316



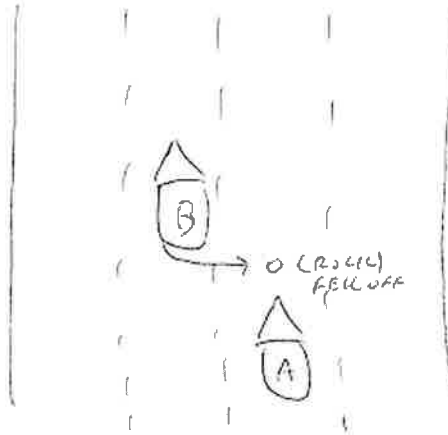
Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name
 NRIC/FIN No.:

AME

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the pike, vehicle B which was a truck was travelling on my left front suddenly a rock from vehicle B fell off and hit onto my vehicle.

屹立貿易企業
 DECLARATION ENTERPRISE
 17, Wee Joo Ee Street #02-88 Singapore 659528
 Tel: (65) 6266 8315 Fax: (65) 6266 8316

[Handwritten signature]

Policyholder's Signature
 Date & Time:

Driver's Signature
 (if driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
3 Anson Road
#28-01 Springleaf Tower
Singapore 079909
Tel (65) 6222 7733
Fax (65) 6327 3869 / 6327 3870
Email: ContactUs@uoi.com.sg
uoi.com.sg
Co. Reg. No. 197100152R

ORIGINAL

RENEWAL CERTIFICATE

Agency A000024 Class of Policy MOTOR Policy Number DHOM110172582001
Account A000024 Issued on 04/02/2021 in UOI Replacing Policy no. DHOM110172582000
Client 0143305 Acceptance Date 01/02/2021 Replacing Cover Note 20089206

Period of Insurance from 01/03/2021 to 28/02/2022 , both dates inclusive

Insured's Name.... ALEX TRADING ENTERPRISE
Mailing Address.... 2023 BUKIT BATOK STREET 23
#02-88 INDUSTRIAL PARK A
SINGAPORE 659528

Business/Occupn... STATIONERY RETAILING
Financial interest UNITED OVERSEAS BANK LIMITED

Table with 2 columns: Description and Amount. Rows include Premium (BASIC ANNUAL PREMIUM, NO CLAIM BONUS, Total Annual Premium), Premium Due, Premium GST, and Total Due.

Risk No. 001 COMMERCIAL VEHICLE
1. Registration GBJ2473D Make/Model .. TOYOTA HIACE VAN TURBO 5 DR
Type of Cover COMPREHENSIVE No. of seats 2 Body Type VAN
Engine No. .. 1KD2845157 Capacity cc's 0 Yr of Manuf/Regn 2019/2019
Chassis No. . JTFHT02P400248263 NCB%..... 20.00 Certificate Ref. LCVC
Tonnage 1.00
INDEMNITY FOR TOTAL LOSS..... MARKET VALUE
SECTION 1 SGD600.00
APPL TO <25 YRS & OR <3YRS EXP SGD3,000.00
WINDSCREEN DAMAGE CLAIM SGD100.00

15 & 15(B) & 15 (C)
2 - EXCESS - DAMAGE CLAIMS
AN EXCESS OF \$100 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM
TERRORISM EXCLUSION ENDORSEMENT
CONTRACTS (RIGHT OF THIRD PARTIES) ACT 2001
2 E - YOUNG AND INEXPERIENCED DRIVERS
30 - REPLACEMENT PARTS
89 [UNLIMITED WINDSCREEN COVER)
AIR-CON/RADIO-CASS/CD COVERAGE INCLUSIVE
POLICY OWNERS' PROTECTION SCHEME
PREMIUM PAYMENT WARRANTY
SANCTION LIMITATION AND EXCLUSION CLAUSE
Authorised Drivers for vehicle(s) with Certificate Ref. LCVC
Goods carrying - Private Type [MZ 300]

Any person who is driving on the Insured's order or with their permission

"And provided further that the Motor Vehicle is registered under the Road

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

XE1474Z

Date of Accident

25/03/2021



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**

Period of Insurance **08/03/2021 - 07/03/2022**

Requested By **Han Zhuang Chou (SME MOTO...**

Requested Date **26/03/2021 14:42**

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**