11' Insurer:	Assessment/Survey Repor		
	Ass't Report by Fax / Han		The state of the s
Professed Wissp / INC Assign Wissp / QW: (Tol: # Fa	x: /
TP Particulius: Veh No: Sy	ny 2753 . INC	Tel:	· ,
Owner / Driver: (1.1/) Cover Type: (·
	eriod: (Date:	Tlina:)
Confirmed by : ([Note-Est. Status (WO): N: '		00%]
* In the second	Warranty: YES ()/NO ()	-
Year of Registration: () Excess: (\$) Loading: \$1,		/	
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1) Apply for Transfort Allowance ()/	the land of the state of the st	STLATE COMPANY TO STATE OF THE STATE OF	
2) QC Cheuk / Post Repair Inspection	.(·).		
1) Upload Resurvey Photo [Repair Cost > 1	3000] () :		
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Durezzina zareliania NA Zioz 759	1) AR1 Acc	TELLITER (DATE CHECKILLS) CON-	Mid plove in Sulfation
NA ZIOZ 759	1) AR; Acc. 2) DA: Dan 3) TF: Tow	dent Raparding (530); large Assusament (5100); INC (53	Mid plove in Sulfation
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Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):		Interpretation Chicalitist (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	0)
Driver, Owner: Contact No: Damaged Portion:		dent Reporting (\$100); INC (\$1 sept Assessment (\$100); INC (\$1 sept Assessment (\$100); INC (\$2 sept Assessment (\$100); INC (\$3 sept Assessment (\$1 sept As	0) 5445 5120 530) 575 5160 530

SN09214U0004 / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 30/04/2021 15:25 (SGT)

SUBMITTED BY: Liew Shan Hui VERSION: 1 (30/04/2021 15:25 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly 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 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 Exact Location of Accident Additional Location Information Country/State of Loss

30/04/2021 15:25 (SGT) 30/04/2021 08:20 (SGT) West Coast Rd, Singapore JALAN MAS KUNING Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLB2905S

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No.

KSB INTEGRATED SERVICES PTE LTD

PROJECT@KSBINTEGRATED.COM

(Phone) +65-91872715

+65-91872715

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

Transmission CC

Toyota

Wish

Employment

No - Reporting only

ThirdPartyFireTheft

Private car Auto

1800

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number

No DMPCSNW00079052000

DRIVER

Name of Driver NRIC No

PANNEERSELVAM SHANMUGARAJA GXXXX427M

China Taiping Insurance (Singapore) Pte. Ltd.



Page 1 of 14

Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender Mobile Number Alt, Phone Number

Email 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

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?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

10/05/1987

03/06/2011

9 YEARS AND 10 MONTHS

PROJECT@KSBINTEGRATED.COM

BLK 123A RIVERVALE DRIVE #16-127

(Phone) +65-82674934

Indoor

541123

Side Swipe

Clear

Dry

No 2

No

Yes

No

No

No

No Employee

No

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category Name of Driver

Contact Number Address

Address complement

SMU275J

Private car

Accident report SN09214U0004

Page 2 of 14

Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

ne Vehicle A was (oming out from the bustap Stop I fort a impact on my front right B left portion.	When Hetnick B 1
suchdeniu heard or i	felt a impact on my front right	hand side. & I had
ollicled onto vehide	B 16ff portion.	Water Strate Control of the Control
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		W-
4		
d olek elementek kurua azar bilak Georga Minasaki dalan bersanak		
eclaration	s are true in every respect	
E (RELIEF)		
(C)	Privar's Signature (# driver is not the policyholder) / Date	de
olicyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre

& Time

Time

Personnel

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 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. 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 fform] 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.

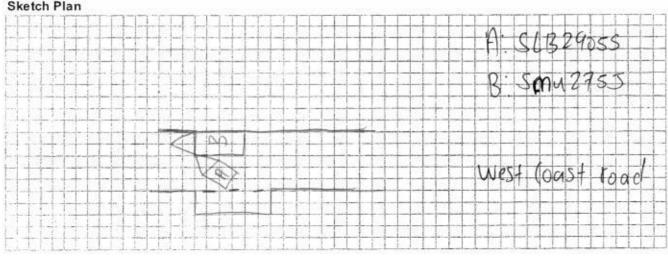
Q. & 20/04/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1W

N SN

AN0542A

Cov. Type:F

CERTIFICATE OF INSURANCE

otor 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, 1950 (Malaysia)

CERTIFICATE No.

DMPCSNW00079052000

Engine No.: 1ZZ2607753 Cha. No.: ZNE100312652

1. Index Mark and Registration

SLB2950S

Number of Vehicle

Name of Policy Holder

KSB INTEGRATED SERVICES PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 15/07/2020

4. Date of Expiry of Insurance

14/07/2021

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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 will be doubled). A Flat S\$5,000 Excess shall apply for Theft Losses occurring outside Singapore. Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops (For Private Car/Parallel Imported Models Only).

* 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: INSURANCE 1 AGENCIES PTE LTD Authorised Officer

Authorised Signatory

ACCIDENT STATEMENT

ACCIDE	NT DATE: (30/4/4)(DD	/MM/YYYY), TIME:(_8;	(HH:MM)	×.,
LOCATIO	on: West Coast ro	ad Jalan mas huning	· · ·	
	PETAILS OF VEHICLE JVEHICLE NUMBER: SLB 29055	1.0		
b	INSURANCE COMPANY:			*0
	POLICY NUMBER:			
	POLICY TYPE: (COMPREHENSIVE /	THIRD PARTY / THIRD PAR	TV FIDE & THEETI	73
е	MAKE & MODEL: 'togota wish	WIND FART / WIND FAR	THING WITHCH	
	TYPE: (SALOON / COUPE / MPV /V		TE / OTHERS	*
g	VEHICLE CATEGORY: (PRIVATE / C	OMMERCIAL / MOTORCY	(CLE)	
h)	PURPOSE OF USING AT ACCIDENT	TIME: WOYK		題
1) /	ARE YOU CLAIMING UNDER YOUR	OWN INSURANCE (YES AN	9	
0 151	NO, PLEASE STATE (THIRD PARTY C	CLAIM / REPORTING ONL)	Δ.	
	SURED / POLICY HOLDER NAME:			95
N23 (2	NRIC/FIN/PASSPORT:		LE / FEMALE)	
	ADDRESS:	CONTACT:_	1101 6713	
	ADDRESS.		**	
* (CONTINUE TO 3.4 IF DRIVER ALSO P	OLICY HOLDER		*
Chelodina dia a all	IVER	(MAL	E / FEMALE)	
(1)	ADDRESS: B/H 12	CONTACT: 2317 Fluervale Clrive 541 173	4187 2715 8267 #16-127	4934
*d)	DATE OF BIRTH: (//)(DD/MM/YYYY)		
1.0	CCUPATION: (INDOOR ASSITTOO		(2) (2)	
	EARS OF DRIVING EXPRERIENCE:		E.	
4. WA	S DRIVER AN EMPLOYEE OF TH	E INSURED'S COMPANY	? (YES / NO)	
IF	NO, RELATIONSHIP OF THE DRI	VER WITH INSURED:		
5. a)V	VEATHER CONDITION: (CLEAR / RA	INING / OTHERS		
b)R	OAD SURFACE; (DBY / WET / OTHE S ANYBODY INJURED (YES /(10))	RS		
7. a)R	EPORTED TO POLICE (YES /NO)			*
	YES, PLEASE STATE WHICH POLICE	STATION:		
g THIS	D PARTY VELICIE			
the of passenger of	VEHICLE NUMBER: SMU2755	MODEL:		0.83
(Induding driver) b)	DRIVER'S NAME:		**************************************	
	NRIC/FIN/PASSPORT:	CONTACT:_		
	D. P'ARTY VEHICLE	Migration		87.
a loo of harrander	VEHICLE NUMBER:			21
(Including driver)	DRIVER'S NAME:NRIC/FIN/PASSPORT:	00117107	*	
()	INCOPIN/PASSPORT:	CONTACT:	 .	

Cimail = Project @ hsbintegrated. long
fax =
vioko = No