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SN09218I0004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 18/08/2021 12:50 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (18/08/2021 12:50 (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.
- 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 18/08/2021 12:50 (SGT) Date of Accident 30/07/2021 07:45 (SGT) Exact Location of Accident 16 Upper Boon Keng Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBK8480M**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner YISHUN TOWING PTE LTD Company Reg No 2XXXXX908W Email Address admin@yishuntowing.com Mobile Phone No (Phone) +65-83380184 Alternative Phone No (Office) +65-64588480

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna 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 Transmission Manual 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00036182100 Cover Note Number

DRIVER

Name of Driver KOH ZHAN PING NRIC No SXXXX916F

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	2 YEARS Male (Phone) +65-83380184 - admin@yishuntowing.com BLK 330 SERANGOON AVENUE 3 #09-369 - 550330 No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Motorcyclist 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 vehicle 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
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
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 Name of Driver Contact Number Address Address complement	LTA2C Motorcycle REMUS (Phone) +65-84980168

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.
- 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 itsus and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any take 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 bigament 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)

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 who have haured vehicle(s) involved in this accident (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 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
- (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 packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to colect, 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 hourers 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 &

200106908W

Ortver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

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Declaration

IWe 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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 130 / 7 / 2021 100/MM/777), TIME: (07 : 45) (HH:MM)
LOCATION: 16 upper Boon Keng
1. DETAILS OF VEHICLE (Ale Co.) (Ale Co.
DINSURANCE COMPANY: CHICA Tor Ping
CIPOLICY NUMBER: IMCVSN W OOD 36 18 2100
DIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE &THEFT!
DIMARE & MODEL: TOYOTA M
GITYPE: (SALOON / COUPE / MPV /VAN / ORR) / MOTORCYCLE. / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
THE COLOR DING AT ACCIDENT TIME
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY)
ANAME VISION OF PARTY 120
DINRIC/FIN/PASSPORT: 200/06908 WCONTACT: 6458 8480
c)ADDRESS:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
The of passangs DRIVER
(Including driver) C)NAME: KUH THAN PING (MALE/FEMALE) D)NRIC/FINE ASSECT: 1596 14916 CONTACT: \$3380184
CIADDRESSIC 30 Serangoon Ave 3 109 - 365
d) DATE OF BIRTH: 17 04, 1996 (DD/MM/YYYY)
1) YEARS OF DRIVING EXPRERIENCE: 10019
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES INO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
DIROAD SURFACE: (DR) / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POUCE STATION:
HE OF PERSONS OF VEHICLE NUMBER: LTA 20 MODEL.
Including driver) b) DRIVER'S NAME: REMUS
P. THIRD PARTY VEHICLE
No of passanger d) VEHICLE NUMBER:MODEL:
Including driver) f) DRIVER'S NAME: CONTACT:
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Torinh. com
Email = admin @ Vishon Torring. com
fax =



中国太平保险(新加坡)有限公司

Motor Commercial

MZ301/C

N SN

AN0478A

Cov. Type:C

CERTIFICATE OF INSURANCE

stor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950 Road Transport Act, 1987 (Melaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00036182100

Engine No.: 1KDB010569

Cha. No.: JTFAT35Y40K214562

1. Index Mark and Registration

GBK8480M

AUTOSAFE

Number of Vehicle 2 Name of Policy Holder

YISHUN TOWING PTE LTD

24/03/2021

Excess Sect 1.

\$5500.00

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

EX ON WINDSCREEN.

\$\$100.00

4. Date of Expiry of Insurance

23/03/2022

Persons or Classes of Persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Policyholder's business. Any person provided he is in the Policyholder's employ and is driving on their order or with their

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes. 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 racing, pade-making, reliability trial or speed-testing.
 Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO. : ABWIN PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Parly 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).

Issued By:

Please see

of Officer

2817B

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Authorised Signatory



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

3 Anson Road #16-00 Springled Tower Singapore 079900 16-6389 6111 Fax-6222 1033 Website, www.sg.crtaping.com Co. Reg. No. 200208384E

Our Ref : SNM21D204385/GBK8480M/C01

Date :10 Aug 2021

Via Ordinary Mail

YISHUN TOWING PTE LTD 4015 ANG MO KIO INDUSTRIAL PARK 1 #01-502 ANG MO KIO INDUSTRIAL PARK 1 SINGAPORE 569631

Dear Policyholder

RE: ACCIDENT INVOLVING OUR VEHICLE NOS. GBK8480M AND GBK8480M ON 30 Jul 2021 ALONG 16 UPPER BOON KENG

Policy: DMCVSNW00036182100

We refer to the above-mentioned accident.

Please be informed that you or your driver has not filed an accident report within 24 hours as per the Motor Claims Framework.

We would urge you to comply with the condition to file your accident report with your vehicle to us IMMEDIATELY, through our designated Accident Reporting Centres which are also our authorised workshops, regardless of whether or not it would give rise to a claim. You may log onto our website www.sg.cntaiping.com for location of the respective centres/workshops.

Please take note that your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with this condition.

Please contact our claims department at 63896116 should you require our assistance or clarification.

Regards

(This is a computer generated letter and no signature is required)

cc : AN0478A INSURE HUB PTE LTD