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SN08218J0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 19/08/2021 15:15 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (19/08/2021 15:15 (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.

 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	19/08/2021 15:15 (SGT) 17/08/2021 19:15 (SGT) PIE, Singapore (BEFORE PAYA LEBAR - EUNOS EXIT) Singapore
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DETAILS OF OWN VEHICLE

GBK4542U

INSURED/POLICYHOLDER	
le company?	

Is company?	Yes
Name Of Registered Owner	TRANSPAW
Company Reg No	
Empoil Address	5XXXX158C
	transpaw@yahoo.com
Alternative Dhane No.	(Phone) +65-98464073
Alternative Prione No	+65-98464073

VEHICLE PARTICULARS

Manufacturer

Vehicle Registration Number

Model	Nissan
	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of	
	Employment
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Claiming third party
Vehicle Category	
Transmission	Commercial vehicle
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	
Float Policy	Comprehensive
	No
Policy Number Cover Note Number	DMCVSNW00016662100
Cover Note Number	-

DRIVER

Name of Driver	VERGARA ALBERT RONALD CALMA
NRIC No	

Date Of Birth	13/05/1973
Occupation	Outdoor
Date Of Driving Pass	01/03/2007
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98464073
Alt. Phone Number	(Filotie) +03-36404073
Email Address	transpaw@yahaa aam
Address	transpaw@yahoo.com 38 WOODLEIGH PARK
Address complement	38 WOODLEIGH PARK
Postcode	- 357836
Is the driver the policyholder?	935
If No, Relationship of the Driver with the Insured	No
	Employee
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	No
	ei .
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet
OTHER INFORMATION	
Was any faraign vahials involved in the continuous	N.
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 vehicle 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	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	No
ii yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
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 OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SMP5189T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	•
Vehicle Colour	
Vehicle Category	- Private car
Name of Driver	MOHAMED FAISAL BIN MOHAMED SAIM
NRIC No	SXXXX417G
Contact Number	(Phone) +65-91069150

(Phone) +65-91069150

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 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.
- 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, acknow ledge, 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.

Policyholder's Signature / Date &

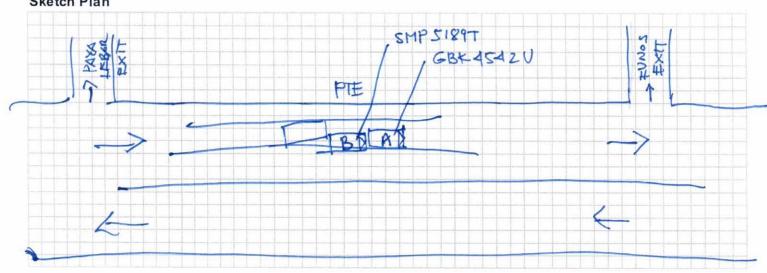
Driver's Signature (If driver is not the policyholder) / Date

19/08/2021 2:22=

Witnessed by Reporting Centre

Personnel

Sketch Plan



Describe Circumstances of the Accident
LIVE DANG FIE
WAS DRIVE ALONG PIE TOWARDS REDOK ON THE SECOND LANE
AL AVERAGE SPEED WHEN THE CARS WERONT OF HE HART A DILL
SLOP DUE TO ACCIDENT. I WAS ABLE TO STOP JUST INTINE BUT THE
CAR BEHIND ME HIT ME.

Declaration

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 17. 108 / 2021 (DD/MM/YYY), TIME: 7:15 PM (HHMM)
LOCATION: PIE (BET PAYA LEBAR - EUNOS EXIT)
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: GBK 4542U
BINSURANCE COMPANY: CHINA TAIPING
CIPOLICY NUMBER: DHCVS HW 0001 666 2100
6) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)
F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE COMMERCIAL) MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
b) NRIC/FIN/PASSPORT: 534281586 CONTACT: 98464073
DINRIC/FIN/PASSPORT: 534281586 CONTACT: 98464073 CIADDRESS: 38 WOODLEIGH PARK CINEAPORE 357836
CIADDRESS: SE WOODLEIGH PARE CINCAPORD SS 1834
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
THO of prissonger DRIVER
(Indial) GINAME: VERGARA ALBERT RONALD CALMA (MALE) FEMALE)
(Including driver.) DINRIC/FIN/PASSPORT: S7384953E CONTACT: 98464073
(1) CIADDRESS: 38 WOODLEICH PARK SINGAPORE . 35 7836
"d) DATE OF BIRTH: (13 / 05/ 1973) (DD/MM/YYYY) :
e OCCUPATION: (INDOOR / OUTDOOR)
FIDATE OF DRIVING PASS 1 MARCH 2007
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (VES) NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION; (CLEAR / RAINING / OTHERS AFTER PAIN
b)ROAD SURFACE: (DRY WET OTHERS
6, WAS ANYBODY INJURED (YES /NO)
7. a) REPORTED TO POUCE (YES / NO) 4
IF YES, PLEASE STATE WHICH POUCE STATION:
8 THIRD PARTY VEHICLE
He of passenger a) VEHICLE NUMBER: SMP S189T MODEL:
Including driver) b) DRIVER'S NAME: HOHAMED FAISAL BIN MOTHERS
ONICHINA ASSPORT
No of passanger at DRIVER'S NAME. MODEL:
Induding driver) f) NRIC/FIN/PASSPORT:CONTACT:
()
· ·

email = TRANSPAW @ YAHOO. COM



中国太平保险 (新加坡) 有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

SN

AN0597A

Cov. Type:C

CERTIFICATE OF INSURANCE

CERTIFICATE OF INSUKANCE

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.

DMCVSNW00016662100

Engine No.: HR16168626D

Cha. No.:VM20157121

1. Index Mark and Registration

GBK4542U

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

TRANSPAW

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

Excess Sect I.

\$\$450.00

(13:18:29)

EX ON WINDSCREEN .

\$5100.00

4. Date of Expiry of Insurance

06/02/2022

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:

Use in connection with the Policyholder's business.
 Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 Use for social, domestic or pleasure purposes.

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

HIRE PURCHASE CO.: HITACHI CAPITAL ASIA PACIFIC PTE LTD

* 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: Moses Chia Wen Jye

Authorised Officer

Authorised Signatory

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

Q6389 6111

6222 1033

www.sg.cntaiping.com