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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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
- 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.

- 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 26/08/2021 15:29 (SGT) Date of Accident 25/08/2021 15:45 (SGT) Exact Location of Accident Clementi Ave 2, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME4629E

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MET INTERIOR Company Reg No 5XXXX793K Email Address admin@metinterior.com Mobile Phone No (Phone) +65-98500531 Alternative Phone No (Office) +65-64446887

VEHICLE PARTICULARS

Manufacturer Mini Model Cooper 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 1598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00088242100 Cover Note Number

DRIVER

Name of Driver TAN JUN HENG NRIC No SXXXX3937

Date Of Birth	10/04/1007
Occupation	1010 1/1007
Date Of Driving Pass	indo
Driving experience	
Gender	- 11071115 + MOINTIN
Mobile Number	
Alt. Frione Number	(
Email Address	
Address	
Address complement	BLK 130 RIVERVALE STREET #12-878
Postcode	
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Employee
Vehicle Registration Number of Other Vehicle 2	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
Jilvei	•
GENERAL INFORMATION OF THE ACCIDENT	
THE ACCIDENT	
Type of Accident	
Type of Accident	Collision - Head to Rear
Weather Conditions Road Surface	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident? Was applied in the accident	No
Was anybody injured in the Accident?	2
Was any injured on the Accident?	No
Was any other vehicle	•
Was any other vehicle or property damaged?	Yes
rember of Fassengers (Including Driver)	2
Has the driver been approached by unknown person(s)	-
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	
	PNG HOCK LIANG
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	N.
was notice of intended Prosecution given?	No
If yes, against whom?	No
	*1
CIRCUMSTANCES OF ACCIDENT	
SINGUING TARGES OF ACCIDENT	
DI EAGE BEEFE	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	
Was there any video captured by Carro	Yes
Was there any audio recorded?	No
and any additioned to the second of the seco	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	Children
Vehicle Manufacturer	SMM4368R
venicie Model	· ·
venicle variant	•
Vehicle Colour	*
Vehicle Category	
	Private car
	Tivate car

Name of Driver	
Contact Number	-
Address complement	-
Address complement	-
Postcode	-
nsurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
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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)

l understand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General hsurance 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
- (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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Sketch Plan

A - Sme 4 620 E 8 - Sm 4388 R. Clement: Mre 2

Describe Circumstances of the Accident

On the stated time and date, my venicle is beging sme 4629E
Was Stationery While Waiting to turn out from West (00st road to
Clements are 2, guddoniy I fett an impact from my reat and
realized vertice & reaving smm 4368R had collided on to my vehicle.
We exchange particulars and decide to proceed with answers clarm.
gradestas - e
Single-magnetic

Declaration

We declare the foregoing particulars are true in every respect.

TINTO DI OR

Policyholder's Signature / Date & Time

Ar

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

Witnessed by Reporting Centre
Personnel

ACCIDENT REPORTING

Accident Date: (38 / 08 /30) (DD/MM/YYYY) Time: (15 : 45) (HH:MM Location: Clement Ave 3.
1. Accident Details
a) Type Of Accident: Head to Bear
b) Weather Condition: (Clear / Raining / Others:)
c) Road Surface: (tr) / Wet / Others:)
d) Are You Claiming Under Your Own Insurance? (Yes / No)
If No, Please State: (Third early Claim / Reporting Only)
e) Was Any Foreign Vehicle Involved In An Accident? (Yes / 🕦)
If Yes, Please State Vehicle No:
f) Were You Been Approached By Unknown Person(s) Soliciting/Offering
Accident Claims Assistance? (Yes / 10)
g) Was The Accident Reported To The Police? (Yes / No)
If Yes, Police Station Name:
h) Was Notice Of Prosecution Given?
If Yes, Against Whom?:
2. Details Of Own Vehicle
a) Vehicle Registration No: SME 4629 E
b) Vehicle Category:
c) Vehicle Manufacturer: MMI Vehicle Model: (00 PET S HOTCHBACK
d) Transmission: Manual / All CC: 15 %.
e) No.Of Passengers (Including Driver) 2.
Passenger Name: PHG HOCK LIANG (Female / Male)
Passenger Name: (Female / Male)
Passenger Name: (Female / Male)
Passenger Name: (Female / Male)
3. Own Vehicle Policy
a) Handling Insurer: Ching Taiping
b) Coverage Type: (ACT / Comphre) sive / Third Party / Third Party, Fire & Theft)
c) Fleet Policy? (Yes /No)
d) Owner Name: MET INTERIOR (Female / Male)
e) ID Type: 53190493K (@N / NRIC / Passport Or Fin / Work Permit)
f) Email: admin @ metrinterfor. com.sg Mobile: 6444 6887
f) Alt No. Type: (Home / Office / Not In List): 4850 0531
4. Driver's Information
1070 POROSE DO UM PROPOSE AND
a) Is The Driver The Policyholder? (Yes / ⑥) b) Driver Name: T당 JUH 제도서요 (Female / Male)
c) ID Type: 90713343Z (UEN / NOC / Passport Or Fin / Work Permit) d) Date Of Birth: 16-4-1993
e) Driving Pass Date: 03-04-2017
f) Email: 94120NT_97@Volmer1. (OM) Mobile: 9850 0531 g) Address: BIK 130 RIVERYALE STREET #12-878
h) Postal Code: 540160
No Company to the Control of the Con
An Ellipside
If Yes, Please Provide Vehicle Registration No: Handling Insurer:

ACCIDENT REPORTING

5. TP Vehicle Or Property	
a) Was There Any Other Vehicle Or Proper	ty Damaged? ((e)s / No)
If Yes, Please Provide:	
Vehicle Registration No: SMM 4368R	2
Vehicle Category:	Vehicle Model:
No.Of Passengers (Including Driver)	
Vehicle Registration No:	
Vehicle Category:	Vehicle Model:
No.Of Passengers (Including Driver)	
Vehicle Registration No:Vehicle Category:	
Vehicle Category:	Vehicle Model:
No.Of Passengers (Including Driver)	
Vehicle Registration No:	
Vehicle Category:	Vehicle Model:
No.Of Passengers (Including Driver)	
Vehicle Registration No:	
venicle category.	Venicle Wooden
No.Of Passengers (Including Driver)	200
6 Injured Person's Details	
a) Was Anyone Injured In The Accident? (Y	res / No)
b) Any Injured Conveyed To Hospital By An	nbulance? (Yes / 😡)
If Yes, Please Provide:	
Name:	_ (Female / Male)
Vehicle Registration No:	
Name:	_ (Female / Male)
Vehicle Registration No:	a new layers are designated at 1
Name:	(Female / Male)
Vehicle Registration No:	
7. Witness Details	and the state of t
a) Was There Any Witnesses? (Yes / 10)	Course private and process of the
If Yes, Please Provide:	
Name:	_ (Female / Male)
Witness Contact:	- ,
8. Files	
a) Are Accident Photos Available For Attac	hment? (Yes /(Ng)
b) Was There Any Video Captured? (Yes /	
a) Was There Any Audio Captured? (Yes /	
-, (1997)	

Motor Private Car

MX4F

N SN

CERTIFICATE OF INSURANCE

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)

AN0006A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00088242100

Engine No.: F1760907B48A20A Cha. No.:WMWXM720802A73405

Index Mark and Registration

SME4629E

AUTOSAFE

Number of Vehicle

========

2. Name of Policy Holder

MET INTERIOR

Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment (15:13:54)

29/04/2021

Named Drivers Ex Sect. I

EX ON WINDSCREEN .

\$\$750.00

Additional Ex Other than Named Drivers:

Date of Expiry of Insurance

28/04/2022

Ex Sect. I - Age <= 25

\$\$3,000.00 \$\$500.00

Ex Sect. I - Age >= 26 * Age as at date of accident

S\$100.00

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

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/Theft) will be doubled. One time Waiver of Excess for the first \$\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: TOKYO CENTURY LEASING (S) 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

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ALFA CREDIT PTE LTD Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

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www.sg.cntaiping.com

♠ 3 Anson Road #16-00 Springleaf Tower Singapore 079909