NATION !!. Assessment Centre	Services			
Date In 27/09/21	Job description	Date & Time Completed	Done	ь
Re[NO NA/CTI 21009996/13	SAS e-filing	1		
Veli No GBL 49947	E-mail (wiches State AIC 2hrs)			
DOA 23/09/21 0000	i-Motor Claim Form			
	i-Motor W/O (Within OD 2hrs	TP 4hrs)		
OD TPC Peporting Only	i-Photo Uploaded			
TP Insurer	Assessment/Survey Report		442227734	
11 Hauter	Ass't Report by Fax / Hand to	0 Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:		
TP Particulars: Veh No:	DH3694 INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Peri	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time)	
	ote-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 80-100%	(0)	
	arranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,00	0 ()/\$2,000 ()			
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	ourtesy Car () () () () ()	Date&Time Completed	Done	by
NA2104042	Invoice Pre	paration Checklist	Anit (S)	Amt (S) Add Bill
Claimant's Particulars :-	1) AR : Accident	Reporting (\$30); Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing F	ee \$40/\$45		
Contact No:		hrough Survey (Resurvey) \$30		
Damaged Portion:	6) TR : Re-inspe 7) N1 : Idac DA	+ SMRT Survey \$160	+	
QC Checked by (Engr-In-Charge):	* 8) NTUC Additi OD: *N5: Courtesy *N6: Repair C	Car / Tpt Allowance \$	4	
Auditors' Comments :-	*N7: Fost Rep *N8: DV / Co	mir Inspection \$23 Heat Excess Coordination \$3	5	
<u>[at. 1]</u>	9) N12 Idas Mo	The second secon		
at. 2 / 3:	Invoice dated	Fee Charged	EMERS COME	

SN09219R0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 27/09/2021 12:47 (SGT) SUBMITTED BY: Roslinda Binte A, Wahab VERSION: 1 (27/09/2021 12:47 (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

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.

Any false reporting may be referred to the Police for investigation.

 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

27/09/2021 12:47 (SGT) 23/09/2021 00:00 (SGT) 660A Jurong West Street 64, Block 660A, Singapore 641660

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBL4994T

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No Email Address Mobile Phone No

Alternative Phone No

Yes

HAPPY FOLKS PTE LTD

2XXXXX269M 542191279@qq.com (Phone) +65-81880205

+65-81880205

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 Nissan

Nv200

Employment

No - Reporting only Commercial vehicle

Auto 1597

INSURANCE COMPANY

Name of Insurance Company

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

Comprehensive

No

MCV202101379CN

DRIVER

Name of Driver

NRIC No

NI QIANZHEN SXXXX710H



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

No Collision UNKNOWN UNKNOWN

05/02/1973

12/11/2013

#08-564

680109

OWNER

No

No

7 YEARS AND 10 MONTHS

(Phone) +65-81880205

542191279@qq.com BLK 109 TECK WHYE LANE

Indoor

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?

Yes

No

No

2

1 No

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

PLS REFER TO THE ATTACED STATEMENT.

ATTACHMENT(S)

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

No No

Yes

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 SDH369Y

Private car

Accident report SN09219R0005

Page 2 of 14

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.
- 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 talse 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 undersland, 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' 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/faw firms) Dw thich may be sited outside of Singapore, for one or more of the above Purposes.

快乐人家私人有限公司 109 TECK WHYE LANE #08-564, SINGAPORE 680109 电话: 6919 9667, 8188 0205 举号: 646-166-330-001 542191279@qq.com Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel

Time

Sketch Plan

& Time

DI 1

cribe Cir	cumstances	of the Accide	nt				
p.							
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41	1 wa	s invel	ued in	an 9	ecident	on 23	109/21
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nege	e on i	ny vel					
			N 1971	=1			

Declaration

Time

We declare the foregoing particulars are true in every respect.

HAPPY FOLKS PRIVATE LIMITED (201614289M-PTE-04)

快乐人家私人有限公司 109 TECK WHYE LANE #08-564, SINGAPORE 680109 电话: 6919 9667, 8188 0205

株号: 646-166-330-001

Policyholder's Signature / Date &

& Time

Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre

Personnel

ACCIDENT STATEMENT J(DD/MM/YYYY), TIME: (13: 00) (HH:MM) ACCIDENT DATE: 123 / 09/ 3/ - LOCATION: ALUNG 660M JURONG WEST ST 64 DETAILS OF VEHICLE a) VEHICLE NUMBER: GBL 4994T b) INSURANCE COMPANY: "CHINA" TRIPING c)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: NISSAN NU200 f)TYPE:(SALOON / COUPE / MPV N AND LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER AJNAME: HAPPY FOLKS PIE CTD _(MALE / FEMALE) b) NRIC/FIN/PASSPORT:__ c) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER * No of passengs DRIVER (Including driver) aNAME: NI QIANZHEN MALE / FEMALE) b)NRIC/FIN/PASSPORT: 57360710H CONTACT: X1880205 #08-564 (680/09 *d)DATE OF BIRTH: (05 / 02/ 1873)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 12/11/2013 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OwnER 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS UNKNOWN AC bill known b)ROAD SURFACE: (DRY / WET / QJHERS_ 6. WAS ANYBODY INJURED (YES /NO) 7. a) REPORTED TO POLICE (YES KNOL) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE HNo of passenger a) VEHICLE NUMBER: SA 43694 MODEL: (Induding driver) b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:_ (___) 9. THIRD PARTY VEHICLE CONTACT: No of passenger d) VEHICLE NUMBER: CONTACT: -08



MOTOR COVER NOTE

COVER NOTE NO .: MCV

MCV202101379CN

ORIGINAL

AGENT CODE: AN0606A

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or

The Road Transport Act 1987 of Malaysia; or

- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers Bureau of Singapore dated 22 February 1975, or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurer's Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements.

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule is hereby HELD COVERED under the terms of the Company usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which cases the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

INSURED	HAPPY FOLKS PTE LTD
MAKE/MODEL OF VEHICLE	Nissan NV200
YEAR OF MANUFACTURE	2020
YEAR OF REGISTRATION	2021
ENGINE NO.	HR16182026D
CHASSIS NO.	VW20164139
ENGINE CAPACITY/TONNAGE	0.71
TYPE OF COVER	Comprehensive
SUM INSURED	MARKET VALUE
PERIOD OF INSURANCE	FROM:08/09/2021 TO:07/09/2022
EXCESS	Excess Sect I .: S\$450.00
AUTHORISED WORKSHOPS	NO
HIRE PURCHASE CO.	LAY AUTO PTE LTD

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)

Not valid unless counter signed by Authorised Agent CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

LAY AUTO PTE LTD

Agent Name & Date

Authorised Signature

PREMIUM PAYMENT WARRANTY

For Individual Customer: Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid

For Non-Individual Customer Please note that where the period of cover is for more than 60days, the premium in full should be paid within 60days on Inception/renewal/endorsement. For all other cases, the premium in full should be paid before

* IMPORTANT NOTICE: THIS COVER NOTE IS VALID FOR 30DAYS FROM 08-09-2021

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

3 Anson Road #16-00 Springleaf Tower Singapore 079909

inception.

©63896111

6222 1033

www.sg.cntaiping.com

SALE AND PURCHASE AGREEMENT

Agreement No. 2100222

Date 08/09/2021

Attention

HAPPY FOLKS PTE LTD ("The Customer")

109 TECK WHYE LANE

#08-564

SINGAPORE 680109

The Customer hereby confirm the purchase of the vehicle mentioned herein ("The Vehicle") from LAY AUTO PTE LTD ("The Company") at the price and the terms and conditions specified herein as well as on the reverse side of the Agreement. No representations whatsoever have been made by agent, servant or employee of the Company at the time or before the signing of this Ag

		P	ARTICULARS OF TH	E VEHICLE	
Make & Model	NISSAN	NV200	1.6 AT	Capacity	1597
Vehicle No.	GBL499	4 T		Colour	WHITE
Chassis No.	VM2016	4139		PARF	\$0.00
Engine No.	HR1618:	2026D		OMV	\$21494.00
Registration Date	08/09/	2021		COE	\$37002.00
Year of Manufacture	2020			COE Expired on	1 1
		AC	REED PRICE OF TH	HE VEHICLE	
Total Price of Vehicle	•	\$	58,673.64	Remarks	3.28%*60MTH*\$5450
Deposit (Non-Refundab	.e) *	\$	0.00	Receipt No.	
Hire Purchase Balance		\$	-54,500.00	Finance Co.	LAY AUTO
7% GST		\$	2,126.36		
				Payment Mode	
Balance Due		\$	6,300.00	Bank/Cheque No.	
By signing below, you	acknowled	lge that	you have read, ur	derstood and agreed	
that the sale of the v					
terms of this sales ag					overleaf

dard terms and conditions of sales overleaf. Executed by the parties on the above date.

Remarks : The above vehicle is sold "As is where is base" conditions.

No assurance on vehicle mileage accuracy.

Signed for and on behalf of Signed by / for and on behalf of the customer SALESMAN have viewed the Vehicle and JOEL satisfied with the condition of the vehicle and shall purchase it in the condition as it istAppropressible need the purchase and shall be responsible need and shall be responsible for any transmission the mose perept. 109 TECK WHYE LANE #08-564, SINGAPORE 680109 中話: 6919 9667, 8188 0205 母号: 546-166-330-001 542191229@uq.com DELIVERY OF VEHICLE Authorised Signature / Date Customer's Signature / Date Date: 10/109/2 Time:

^{*} In the event whereby this agreement is not fulfilled by the Customer, the Customer shall subject to Clauses 4 and/or 6, be liable to pay two (2) time the deposit stated herein and an administrative charge of \$300.00 (whichever is the lower) to the Company.