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TP Insurer:	Ass't Report b	y <u>Fax / Hand</u> t	o <u>Owner/Wksp</u>			
Preferred Wksp / INC Assign Wksp / QW: (man gardin September (1957) et en		Tel:	Fax:		
TP Particulars: Veh No: SH	C579L	. INC ()/Non-INC ()	***************************************	
Owner / Driver: (are the section of th	Tel:)	
Policy No. () Per	iod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (V	WO): N: 0-20)%; P: 21-79%. F:	80-100%)	
The state of the s	Varranty: YES ()		The second second second	
Excess: (\$) Loading: \$1,00	00 () / \$2,000	()			-	
General Remarks:-						
() Walk-In Customer: Customer's infor	mation strictly Co	nfidential & St	ictly NO rafer of repai	rer.		
() Total Loss Case : to e-mail Insure	r URGENTLY.					and the second second
Drive-In () / Towed-In (); Invoice	: YES () / N	VO () ; T	owing Co. ()
Remarks:- (INC horline: 6788 6616)			Date&Time Complet	ed	Done	by
1) Apply for Transport Allowance ()/C	ourtesy Car ()				
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2) QC Check / Post Repair Inspection	())		1		
	())				
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SN09219S0009 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 28/09/2021 17:38 (SGT) SUBMITTED BY: Thevan VERSION: 1 (28/09/2021 17:38 (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

28/09/2021 17:38 (SGT) Date of Submission Date of Accident 26/09/2021 13:48 (SGT) **Exact Location of Accident** Bartley Rd, Singapore Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Employment

No - Claiming third party

GBK8171E Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? QI HE CONSTRUCTION PTE.LTD. Name Of Registered Owner Company Reg No

JOHN.PYJ@HOTMAIL.COM **Email Address** (Phone) +65-92328167

Mobile Phone No

+65-92328167 Alternative Phone No

VEHICLE PARTICULARS

Nissan Manufacturer Nv200 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

vour vehicle?

Vehicle Category

Commercial vehicle Manual Transmission 1500 CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company

Comprehensive Type of Coverage

Fleet Policy

DMCVSNW00122492000 Policy Number

Cover Note Number

DRIVER

YANG KANG Name of Driver

GXXXX955R Work Permit No

Occupation	Outdoor
Date Of Driving Pass	11/01/2021
Driving experience	8 MONTHS
Gender	Male
	(Phone) +65-81515118
	(i fibrile) too offere
Alt. Phone Number	JOHN.PYJ@HOTMAIL.COM
Email Address	
Address	60F TANJONG KATONG ROAD
Address complement	100054
Postcode	436954
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
The second secon	E
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry
rioda curidos	
OTHER INFORMATION	
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 onveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
PASSENGER 1	
PASSENGER	
Name	
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
n you, against mis	
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
	No
Was there any audio recorded?	NO
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SHC579L
Vehicle Manufacturer	
Vehicle Model	
Verificie Model	
	-
Vehicle Variant	-
	- - - Taxi

Contact Number	-
Address	-
Address complement	-
Postcode	12
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-

VEHICLE NO GEKS1718	WAKE 3 MODEL NISSAN NY200 C.C.
DATE OF ACCIDENT	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
TIME OF ACCIDENT	1348HRS AM / PM
LOCATION OF ACCIDENT	BARTLEY ROAD.
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	QI HE CONSTRUCTION PTE. LTD.
	YJOHOTMAIL. COM Office: MOBILE: 9232 816
NEIC	202029674m.
THE PARTY NAMED AND PARTY OF PERSONS ASSESSED TO PARTY OF	OD / THIRD PARTY / REPORTING ONLY
CLAIM TYPE	YES NO ?
FLEET POLICY:	CHINA TAIPING
INSURANCE CO.	Comprehensive / Third Party / Third Party Fire & Theft
TYPE OF COVERAGE	
POLICY NO.	DMCVSNW88122492000
NAME OF DRIVER	AS ABOVE / IF NO: YANG KANG
NRIC	G2215955R
DATE OF BIRTH	01 / 10 / 1993
ANY PASSENGER	YESI NO : FANG JUN
NAME OF PASSENGER	FANG JUN.
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Oudoor / Indoor
DATE OF DEIVING PASS	11 /01 /2021
and the second contract of the second contrac	Malel / Female
RELIDIER	Mobile: 8151 5118 Office. Home.
ONTACT NO.	100 A TRANSPORT OF SECURITY AND A 1 OF FEBRUARY AND A 1 OF FEBRUAR
MAIL:	JOHN. PYJ@HOTMAIL. COM.
DDRESS	1907 (Alecolor)
A NES COPOVER DWITTEMARE VEHICLEST	The second secon
ELATIOHSHIP	Employed / 18 No.
VEATHER CONDITION	Clear / Raining / Other:
OAD SURFACE	Dry / Wei / Other
NY INJURIES	No/If yes : Who?
ONTACT NO.	8151 5118
OLICE PEPORT	Noll if yes : Where?
OTICE OF INTENDED PROSECUTION GIVEN	P INO/IF YES: WHO?
EFICLE B NO.	SHC : 549 L Any Passenger:
AME	
ONTACT NO.	
EFTICLE C NO.	Any Passenger
EFICLE D MO.	Any Passenger:
EHICLE EMO	Any Passenger
EFTICLE FINO.	Any Passenger
NY WITHESS	
TINESS CONTACT NO.	YES/ NO
WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED?	YES NO
SCENE ACCIDENT PHOTOSTAFEN?	YES (NO.
**WORKSHOP:	
28 22 22 2 22 2 2 2 4	

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts n allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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 plaims (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
- complemental information may/our be displaced by any of the first areas and/or the to their third party our despression supports (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

FORENE

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

de

Witnessed by Reporting Centre Personnel

Sketch Flan

BARTLEY ROAD.

VEHICLE
A: GEK-8171E
B: SHC 5-79L

and the second s	THE	STAT	031	DATE	7 Time	AND	HOCATION) . 1	V&HICL &	"A" WA	26
TRAVELIN	G	AT	BAR	TLEY	POAD	TOWAR	AT 29:	mpines	· My	VEHICLE	WAJ
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Declaration

I/We declare the foregoing particulars are true in every respect.



HANGKANG





Witnessed by Reporting Centre Personnel

CHIMA IAIPING -

Motor Commercial

MZ300/C

N

SN

AN0597A

Cov. Type:C

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)

CERTIFICATE No.

DMCVSNW00122492000

Engine No.: HR16175838D

Cha. No.:VM20160771

1. Index Mark and Registration

GBK8171E

AUTOSAFE =======

Number of Vehicle 2. Name of Policy Holder

QI HE CONSTRUCTION PTE. LTD.

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

09/12/2020

Excess Sect I

\$\$450.00

(00:00:00)

EX ON WINDSCREEN

\$\$100.00

4. Date of Expiry of Insurance

08/12/2021

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

- 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

(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.: ABS FINANCIAL 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: ABS INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory