TIONAL ASSESSMINITE CONTROL SONAL AND			11 11 11/11	- the contract of the contract
The state of the s	ATTONAL ASSESSMIGHT CONTINE.	י וציאונון וייין ואינון ואינון אינון איין אינון	CM OF 21 CAPORL	1
The Add To Add T	Dutalus 13/12/2021 15:47		Dur & Trino Conintered	" Done by
E-maily volume (April 1977) April 1977	(el No: X/RA/(1/2/8/247/1/4)	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO		1
Phanten	125 Va 989 640D			W 11
Pinaren	5.5 1 1 20 1 07 40		V.	mining warming.
Pinaren		marine marine marine marine marine	Y7 (1111) TY	Lung pay 10h
Phanten Additional Superity Text Stand to Desert Vitas And Copyright To Assign What P Copyright And Copyright To Assign What P Copyright To Desert Copyright And Copyright To Assign What P Copyright To Desert Copyright And Copyright To Desert Copyright And Copyright To Desert Copyright And Copyright To Desert Copyright And Copyright To Desert Copyright And Copyright To Desert Copyright And Copyright To Desert Copyright And Co	(31) (* 1) J Reporting Only	HA A American America	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Antiferror Weight No Article in Wiley Aut	THE RELIEF AS A SECOND OF STREET OF STREET, ST	The same of the sa		
Tell Polymer (New Princip Miley) / GWI (No C) / Non-ING () Johnst Order () Period () Cover Type I () Johnst Order () Period	PP Insuren	And well of the trans	O OMERINATION	and the same of th
Montpuly 1.0 Vol Not SMT 9472 Total	more mini Man 180 VEZIOI MIZAN (OM) (TO A LAND TO THE PARTY OF THE P	7911	PWI
Some of Original Systems of the Control of the Cont		19472 , MOL		Andrew Landson and
Confirmed by 1 (Olana (Dyan (the state of the s	
Conformed by 1 Intrividual Private Control (No.) No. Control State (No.) No. Control (No.) Introducing (No.) No. Control (No.) No. Control (No.) Introducing (No.) Londing (No.) No. (No.) (No.) Introducing (No.) Londing (No.) (No.) (No.) Introducing Control (No.) (N	mind I despended freezement I have between annual despendent des despendent despendent despendent despendent despendent despendent despendent despendent des	001(Address of the same of the sam
Verrent (Pallon Control of Contro		1 Dalet	17(1110) 17(1110)	0.1001
Verrent (Pallon Control of Contro	Insured Driver Llossillism (%) To	र्वास १(०४) १ प्रवाह मध्य वर्ष	20%1 812101284 110	
Male Control Court Cou	Yeur of Registralisms	ALLALLA	The same of the sa	The state of the s
Provided () Invoice VES () NO () Towing Col ()	The state of the s	***************************************	11截1661154616161616161616161616161616161616	3850
Trivial Land Care (a c-minal Pragate Oricemy)	美国的原因为自然的原因不够不够不够不够不够不够不够	Lablico Mirch Golyle Hind &	odor la tola of hope	1707
Drive-In () / Peved-In () I Involor VIIS () NO () Apply for fremions Allowous () / Courtsy Ou () Apply for fremions Allowous () / Courtsy Ou () O O theck/ Pevi Repair Inspection O Upload Review Photo (Reputr Costs > \$9000) Injury i Allowous () Period ()		IN THE WILL THE THE PARTY OF TH	- Leaventh market -	The same of the sa
Apply for freesings Allowadda () / Gourtay Our () 2) QO Olwok/Peyl Reputr Trisp ection (i) Uploal Resurvey Photo (Reputr Oost > \$3,000) (ii) Uploal Resurvey Photo (Reputr Oost > \$3,000) (iii) III) (iii) III) (iii) III) (iii) III) (iii) III) IIII) IIII (iii) III) IIII IIII IIII IIII IIII (iii) IIII IIII IIII IIII IIII IIII IIII	THE TAXABLE TA	or VES () / NO ()	Longue Col 6	TO THE WAY THE
A Cheeked by (Engr-In-Churgo): Of Cheeked by (Engr-In-Churgo): O	Dilociu (), Longo en 111	ENVEYBRANCE INTERPRETATION OF THE PROPERTY OF		CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE
A Cheeked by (Engr-In-Churgo): Of Cheeked by (Engr-In-Churgo): O	<u> </u>	BUKUMANIWANANANA	V-A)	
Oploed Resurvey Photo (Reput Ooses 1999) (A) A Do Aby So (A) A		(1)		
ALL OF Cheeled by (Bugu-In-Churgo): Control Rel	2) QO Olivok/ Poyl (Commer The pulls Costs)	13000) (1)	Marray in the same of the same	I was a second of the second o
AND THE SO THE SO THE SOURCE STATE OF THE SOUR	3) Object tracked truem treeling	I To a state of the state of th	The state of the s	- STATE OF THE PROPERTY OF THE
MADIO MESSON DE CONTROL DE CONTRO	THE STATE OF THE S	A SANK CLINIANIA DI IIII MADANINI MATANINI MATAN	ALL MANAGEMENTS SERVICE AND	夏太野以 野野切印。
MADIO MESON WOOD WOOD WOOD WOOD WOOD WOOD WOOD WO		[[[]][[]][][][[][][][][][][][][[][][][][MANIEWY GATANDERSTON	
MADIO MESON WOOD WOOD WOOD WOOD WOOD WOOD WOOD WO	The state of the s		and the same of th	
MADIO MESSON DE CONTROL DE CONTRO	111111 A MILE AND	I was the same of		The state of the s
MAJOYAS WAJOYAS WAJOYAS WAJOYAS WAJOYAS WAS WAJOYAS WAJOYAS WAS WAS WAS WAS WAS WAS WAS	1111111		The state of the s	DATE OF THE PROPERTY OF THE PARTY OF THE PAR
Sultanian particular of the control	-11	The state of the s		W. (C. ((W.))
SULTANION DATE OF THE STATE OF	* (A) loudes		MILLER CONTROL OF STREET	707(216)
Sulvan/Olemen Sulvan		SURVEY TO THE PROPERTY OF THE	THINK YIMILMADI JOINS	110 TILL
Suited Not	ENTERIOR DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR	OPTIVE	110 VITING TO DUTY IY	9) 116
Suited Not		1 Verela	What the HUDINALANCE	OJIX (M)
CO Checked by (Bugn-In-Ohurgo)! 186 mail continues in the continues in th		(1)8(1)	TODY FAWA DALAIN	17 11 31151
Sul-It Sul-It	Datuaged bottom	THIVE	Veninovin 2011/1001	
THE PURITY OF THE PROPERTY OF	a last by Brown Churko).	15121	BUILT CONSIDER YOU	
WANTED TO SELECT THE PROPERTY OF THE PROPERTY	UC Checked of Configurations	M HOMADOMA COMPANION HALL HALL	YOU TUDILL WINISHOW	The state of the s
[10] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1		济区积据欧州加州	DALCHE LAME TILE ON THE PARTY OF THE PARTY O	E TO SAKIO
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sal II	IIIW C	1 19	र क्षाप्त विवास
The state of the s	The state of the s	· / luxele	dully	11 / 11
· ·	in it is	1 11		

/s .



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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.

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

13/12/2021 15:47 (SGT) 09/12/2021 07:40 (SGT) Jurong West Ave 2, Singapore BEFORE CORPORATION ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBG6810D

2XXXXX426E

teoyiwei@live.com

(Phone) +65-81579660

(Office) +65-63236445

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No

Email Address Mobile Phone No

Alternative Phone No

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

Toyota Dyna

Employment

No - Claiming third party Commercial vehicle Manual

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

CASSEROLE CATERING SERVICES PTE. LTD.

Comprehensive

2982

DMCVSNW00110072103

DRIVER

Name of Driver NRIC No

TEO YI WEN SXXXX510F



Date Of Birth 08/09/1995 Occupation Outdoor 28/07/2016 Date Of Driving Pass Driving experience 5 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-81579660 Alt. Phone Number Email Address teoyiwei@live.com BLK 177 YUNG SHENG ROAD #09-117 Address Address complement 610177 Postcode Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Employee 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If 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 No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SMT9472C Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category Name of Driver Contact Number

Address

Address complement

Postcode	arc =
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	TEO YI WEN Male (Phone) +65-81579660
Address	=:
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG6810D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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, 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/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Casse ofe Catering Service 17 Chin Bee Cresce Singapore 619898 Tea (65) 6323 6445 Fax: (65)	nt	am 13/12/2021
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		rasonie
	COPORATION	vehicle A: GBG 6810D
and the contract of the contra		vehicle B: SMT9472C

JURONG WEST AVE 2

Describe Circumstances of the Accident

on 9/12/2021 at around 0740 am, I was travelling in my
venicle GBG6810D on Jurong West Avenue 2. As I enter the slip road
to coporation ROAD. I slowed down and stopped to check the
main road traffic. Suddenly I fet a huge impact on the rear,
I realised vehicle B (SMT9472C) has collided onto my vehicle
rear portion causing damages. We took photos and exchange particulars
and proceed to file for insurance classes. After the accident, I falt
2054 041 14 16 14 14 14 14 14 14 14 14 14 14 14 14 14
pain and discomfort and consulted a doctor at my neighbourhood
and was given I days mc.

Declaration

We declare the foregoing particulars are true in every respect.

Casserole Catering Services Pte. Ltd.
17 Chin Bee Crescent

Singapore 619898

Tel: (65) 6323 6445 Fax: (65) 6223 5246

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident Accident Place JUL 2321 Accident Time: 0740 (24-HR-FORMAT) Accident Place JUL 08 WEST AVENUE 2 before cups a five Vehicle Reg. No (Car place No.) GEG 6810 D Vehicle Maked Model: Toyorg Dyna Insurance Company Insurance				
Vehicle Reg. No (Car plate Mo.) Instirance Company Institute Company Institu		Date of Accident	:9/12/2021 Accident Time: 0740	(24-HR-FORMAT)
Insurance Company Name of Registered Owner Company Individual CASSEROLE CATERIAG JERUCES PTE LTD Dof Registered Owner Co Reg No: 2015 30426 E Owner's NRIC No: Co Contact Noi C326445 Owner's Coutact No: DRIVER'S Name DRIVER'S Date of Birth Relationship bet, Owner & Driver DRIVER'S Address TITT YUNG SHEMD REMPLOYED Others: DRIVER'S Contact No. Alt No. 1) \$157 9660 2) DRIVER'S Occupation Email Address Weather & Road Surface Reporting Type Reporting Only (Calm Other Party) Clabs Own Insurance Reporting Type Reporting Only (Calm Other Party) Clabs Own Insurance Number of Pessengers (including Driver), O Was there any video Captured by car camera: YES NO Any Injuries (ET) NO Injured Name: Exact purpose for Which yehiole was being used at the time of accident: Private use Work purpose Other Party Driver's Particulars (If any) Vehicle Reg No. Vehicle Make Model Name DRIVER. C No		Accident Place	JURONG WEST AVENUE 2 5	refore coporation
Insurance Company Name of Registered Owner Company/Individual CASSEROLE CATERIAG JERNCES PTG LTD Dof Registered Owner Co Reg No: 2015 30426 E Owner's NAIC No: Co Contact No: 1326445 Owner's Contact No: DRIVER'S Name DRIVER'S Date of Birth Relationship bet, Owner & Driver DRIVER'S Address TITT YUNG SHEMD RODD # 09-117 S6/0177 DRIVER'S Contact No: 11 \$157 9660 2) DRIVER'S Occupation INDOOR (DUTDOOD Rog, working inside or outside of an ofe) Email Address Weather & Road Surface Reporting Type Reporting Only (Calm Other Party) Clutm Own Insurance Reporting Type Reporting Only (Calm Other Party) Clutm Own Insurance Passenger Name: Gender: M/F Passenger Name: Exact purpose for Which vehicle was being used at the time of accident: Private use Work purpose Other Party Driver's Particulars (If any) Vehicle Reg No: Vehicle Reg No		Vehicle Reg. No (Car plate No.)	GBG 6810 D Vehicle Make/Model: To	DYOTA DYNA
Name of Registered Owner Company/Individual CASSEROLE CATERIAG JERNICES PTE LTD Dof Registered Owner Co Reg No: 2015 30426 E Owner's Contact No: Co Contact No: 2326445 Owner's Contact No: DRIVER'S Name DRIVER'S Date of Birth Relationship bet, Owner & Driver DRIVER'S Address IT 17 YUNG 3HGNG ROAD # 09-117 56/0177 DRIVER'S Contact No. / Alt No. 1) \$157 9660 2) DRIVER'S Occupation Email Address Weather & Road Surface Reporting Type Reporting Only (Calm Other Party) Claim Own Insurance Number of Pessengers (including Driver); O Passenger Name: Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose DRIVER'S Contact & add Other Party Driver's Particulars (If any) Vehicle Reg No. Vehicle Make Model Name DRIVER CNo DRIV		(* 1
DRIVER'S Name DRIVER'S Name DRIVER'S Date of Birth Relationship bet. Owner & Driver DRIVER'S Address DRIVER'S Address DRIVER'S Occupation INDOOR (DUTDOOR & WET VAFTER RAIN & WET Reporting Type Repo		Name of Registered Owner		The state of the s
Co Contact No. C323 6445 Owner's Contact No. DRIVER'S Name		ID of Registered Owner		
DRIVER'S Name DRIVER'S Date of Birth Relationship bet, Owner & Driver DRIVER'S Address DRIVER'S Contact No./ Alt No. 1) 915 1 9660 2) DRIVER'S Contact No./ Alt No. 1) 915 1 9660 2) DRIVER'S Occupation Email Address Weather & Road Surface Reporting Type Number of Pessengers (including Drivet): O Passenger Name: Gender: M/F Was the accident reported to the police? YES NO. Was there any video Captured by car camera: YES NO. Any Injuries: CB/NO. Injured Name: Exact purpose for Which vehicle was being used at the time of accident: Private use North Was no DRIVER. Other Party Driver's Particulars (if any) Vehicle Res No. SMT 9472 C Vehicle Res No. SMT 9472 C Vehicle Res No. Other Party Driver's Particulars (if any) Vehicle Res No. Other Party Driver's Particulars (if any) Vehicle Res No. Other Party Driver's Particulars (if any) Vehicle Res No. Other Party Driver's Particulars (if any) Vehicle Res No. Other Party Driver's Particulars (if any) Vehicle Res No. Other Party Driver's Particulars (if any) Vehicle Res No. Other Party Driver's Particulars (if any) Vehicle Res No. Other Party Driver's Particulars (if any) Vehicle Res No. Other Party Driver's Particulars (if any) Vehicle Res No. Other Party Driver's Particulars (if any) Vehicle Res No. Other Party Driver's Particulars (if any) Vehicle Res No. Other Party Driver's Particulars (if any) Vehicle Make Model Name DRIVER. C No. DRIVER. IC No. DRIVER.				The state of the s
Relationship ber, Ownar & Driver Spouse \ Parents \ Children \ Sibling \ Employee \ Others: DRIVER'S Address T17 YUNG SHGNG ROAD # 09-117 S6/0177 DRIVER'S Contact No./ Alt No. 1) 8/5 1 9660 2) DRIVER'S Contact No./ Alt No. Email Address Weather & Road Surface Reporting Type Reporting Only (Claim Other Party) Claim Own Insurance Number of Pessengers (including Driver); O Passenger Name: Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose Other Party Driver's Particulars (if any) Name DRIVER: Other Party Driver's Particulars (if any) Vehicle Reg No: Ve		DRIVER'S Name	CARLE BURNING AND	
Relationship bet, Owner & Driver Spouse Parents Children Sibling Employee Others: DRIVER'S Address T 177 YUNG SHENG ROAD # 09-117 S6/0177 DRIVER'S Contact No./ Alt No. 1) 8/5 7 966 0 2) DRIVER'S Contact No./ Alt No. 1) 8/5 7 966 0 2) DRIVER'S Contact No./ Alt No. 1) 8/5 7 966 0 2) DRIVER'S Contact No./ Alt No. 1) 8/5 7 966 0 2) DRIVER'S Contact No./ Alt No. 1) 8/5 7 966 0 2) DRIVER'S Contact No./ Alt No. 1) 8/5 7 966 0 2) DRIVER'S Contact No./ Alt No. 1) 8/5 7 966 0 2) DRIVER'S Contact No./ Alt No. 1) 8/5 7 966 0 2) DRIVER'S Contact No./ Alt No. 10 8/5 7 No. 10 10 10 10 10 10 10 1			1.00	
DRIVER'S Address DRIVER'S Contact No./ Alt No. 11) 815 1 9660 2) DRIVER'S Occupation :NDOOR GUTDOOBleg. working inside or outside of an ofc) Email Address				
DRIVER'S Contact No./ Alt No. 1) 8/5 1 9660 2) DRIVER'S Occupation: INDOOR (OUTDOOR leg. working inside or outside of an ofc) Email Address Weather & Road Surface (CLEAR & DRY) RAINING & WET VAFTER RAIN & WET Reporting Type Number of Pessengers (including Driver): O Passenger Name: Gender: M/F Was the accident reported to the police? YES VIO) Passenger Name: Gender: M/F Was there any video Captured by car camera: YES VIO Any Injuries: (6) NO Injured Name: Injured Name: Exact purpose for Which vehicle was being used at the time of accident: Private use Vork purpose Other Party Driver's Particulars (if any) Vehicle Reg No: Vehicle Reg No: Vehicle Make/Model: Name DRIVER: Contact & add: Other Party Driver's Particulars (if any) Vehicle Make/Model: Vehicle Make/Model: Name DRIVER: DRIVER'S Contact & add: Vehicle Make/Model: Name DRIVER Name DRIVER Name DRIVER IC No DRIVER				
DRIVER'S Occupation: INDOOR OUTDOOP (eg. working inside or outside of an ofc) Email Address Weather & Road Surface Weather & Road Surface Reporting Type Reporting Only (Claim Other Party) Claim Own Insurance Number of Pessengers (including Driver): O Passenger Name: Gender: M/F Was the accident reported to the police? YES \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		DRIVER'S Address	Not an interest of the second	# 09-111 3610111
Weather & Road Surface Reporting Only Claim Other Party Claim Own Insurance		DRIVER'S Contact No./ Alt No.	(1) 8157 9660 2)	
Weather & Road Surface Reporting Type Reporting Only (Claim Other Party) Claim Own Insurance Number of Pessengers (including Driver): O Passenger Name: Gender: M/F Was the accident reported to the police? YES 1 (10) Passenger Name: Injured Name: Injured Name: Exact purpose for which vehicle was being used at the time of accident: Private use 1 Work purpose Other Party Driver's Particulars (if any) Vehicle Reg No: Vehicle Make Model: Name DRIVER: CNo. DRIVER: Driver's Contact & add: Other Party Driver's Particulars (if any) Vehicle Reg No: Vehicle Reg		DRIVER'S Occupation		
Reporting Type Reporting Only Claim Other Party Claim Own Insurance		Email Address	x Teorinena Teori	wen 1@ live. com
Number of Pessengers (including Driver); O Passenger Name: Gender: M/F Was the accident reported to the police? YES \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Weather & Road Surface	CLEAR & DRY YRAINING & WET VAFTE	ER RAIN & WET
Was the accident reported to the police? YES \ NO Any Injuries: Gender: M/F Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name:		Reporting Type	: Reporting Only \ Claim Other Party \ Claim	own Insurance
Was the accident reported to the police? YES \ NO Any Injuries: Gender: M/F Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name:		Number of Passengers (including Di	river): O Passenger Name:	Gender: M/F
Exact purpose for which yehicle was being used at the time of accident: Private use \ Work purpose Other Party Driver's Particulars (if any) Vehicle Reg No: Vehicle Reg No: Name DRIVER: DRIVER: DRIVER'S Centact & add Other Party Driver's Particulars (if any) Vehicle Reg No: Vehicle Make Model: Name DRIVER IC No DRIVER IC No DRIVER		Was the accident reported to the not	ice? VES (NO) Passenger Name:	Gender: M/F
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose Other Party Driver's Particulars (if any) Vehicle Reg No: SMT 9472 C Vehicle Reg No: Mehicle Make Model: Name DRIVER: ORIVER: DRIVER'S Contact & add Other Party Driver's Particulars (if any) Vehicle Reg No: Vehicle Make Model: Name DRIVER: IC No DRIVER IC No DRIVER IC No DRIVER IC No DRIVER		Was there any video Captured by ca	r camera: YES I NO Any Injuries: (E9 / NO Injur	red Name:
Other Party Driver's Particulars (if any) Vehicle Reg No: SMT 9472 C Vehicle Make/Model: Name DRIVER: (C No. DRIVER: DRIVER'S Contact & add Other Party Driver's Particulars (if any) Vehicle Reg No: Vehicle Make/Model: Name DRIVER IC No DRIVER IC No DRIVER IC No DRIVER DRIVER DRIVER DRIVER DRIVER DRIVER DRIVER DRIVER		Exact number for which vehicle wa	injurius being used at the time of accident: Private use	\ Work purpose
Vehicle Reg No: SMT 9472 C Vehicle Reg No: Vehicle Reg No: Vehicle Reg No: Vehicle Make Model: Name DRIVER: Name DRIVER: Name DRIVER: DRIVER'S Contact & add DRIVER'S Contact & add: Other Party Driver's Particulars (if any) Vehicle Reg No: Vehicle Reg No: Vehicle Make Model: Vehicle Make Model: Name DRIVER Name DRIVER Name DRIVER IC No DRIVER Contact & add: DRIVER Name DRIVER				
Vehicle Make\Model: Vehicle Make\Model: Name DRIVER: Name DRIVER: IC No. DRIVER: IC No. DRIVER: DRIVER'S Contact & add DRIVER'S Contact & add: Other Party Driver's Particulars (if any) Vehicle Reg No: Vehicle Reg No: Vehicle Make\Model: Vehicle Make\Model: Name DRIVER Name DRIVER IC No. DRIVER IC No. DRIVER DRIVER S. Contact & add				
Mame DRIVER: C No. DRIVER:				
C No. DRIVER: C No. DRIVER:	10.179		The state of the s	
DRIVER'S Contact & add Other Party Driver's Particulars (if any) Vehicle Reg No: Vehicle Make'Model: Vehicle Make'Model: Name DRIVER IC No DRIVER. DRIVER'S Contact & add: Other Party Driver's Particulars (if any) Vehicle Reg No: Vehicle Reg No: Vehicle Make'Model: Name DRIVER DRIVER S Contact & add: DRIVER'S Contact & add: DRIVER	. ~_	Magne DR(VER:		
Other Party Driver's Particulars (if any) Vehicle Reg No: Vehicle Reg No: Vehicle Make Model: Vehicle Make Model: Name DRIVER IC No DRIVER. DRIVER S Contain & add.		SE IGNO DRIVER.	IC No. DRIVER:	
Vehicle Reg No: Vehicle Make Model: Vehicle Make Model: Vehicle Make Model: Name DRIVER IC No DRIVER. DRIVER: DRI	7.7	- DRIVER'S Contact & add	DR(VER'S Contact & add:	
Vehicle Reg No: Vehicle Make Model: Vehicle Make Model: Vehicle Make Model: Name DRIVER IC No DRIVER. DRIVER: DRI	S	<u>Oth</u>		
Vehicle Make/Model: Vehicle Make/Model: Name DRIVER IC No DRIVER. DRIVER.	-		Vehicle Reg No:	
IC No DRIVER. DRIVER. DRIVER.			12 12-1- X (-lea) A (m d s)	
IC No DRIVER.			A DECICE	
DRIVER'S Contact & add			UT NE DOMER	
			DRIVER'S Country & add	

i



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

SN

AN0421A 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.

DMCVSNW00110072103

Engine No.: 1KD2746219

Cha. No.: JTFAT35Y30K209014

1. Index Mark and Registration

Number of Vehicle

GBG6810D

AUTOSAFF

2. Name of Policy Holder

CASSEROLE CATERING SERVICES PTE. LTD.

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

28/09/2021

Excess Sect 1.

\$\$350.00

(00:00:00)

EX ON WINDSCREEN .

S\$100.00

4. Date of Expiry of Insurance

27/09/2022

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

- 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.

(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.

* 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.

Authorised Signatory

Issued By: VITESSE SOLUTIONS

Authorised Officer

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

Q6389 6111

6222 1033

www.sg.cntaiping.com