

CROSSBOWS^{LLP}

ADVOCATES & SOLICITORS
COMMISSIONERS FOR OATHS
NOTARY PUBLIC

Limited Liability Partnership
UEN No. T07LL1719E

14 Robinson Road #07-02A
Far East Finance Building
Singapore 048545
TEL 6532 9980 FAX 6532 9908
(facsimile is not for the service of court documents)
EMAIL contact@crossbows.com.sg
OFFICE HOURS 9am – 5pm (Mon – Fri)



Your Ref: to be advised

Our Ref: ML.acc.9035.21

Monday, January 3, 2022

BY EMAIL

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road #16-00
Springleaf Tower
Singapore 079909

Attn: Claims Department

Dear Sirs,

ACCIDENT DATE : 30.06.2021
VEHICLES INVOLVED : PC5988L & XD6424R
ACCIDENT PLACE : LIM CHU KANG ROAD

We act for BKK Travel Pte Ltd.

We understand that you are the insurer of latter vehicle in the above captioned accident under policy no. DMCVSNA00117192000.

We enclose here a copy of the followings for your attention: -

- Our letter of today to the driver of the said vehicle; and
- All the enclosures of our said letter.

Yours faithfully,
CROSSBOWS LLP

(Mr Michael Low)
Please reply to email: michael@crossbows.com.sg

Encl.

cc. client **[BY EMAIL]**

Our Ref: ML.acc.9035.21

Monday, January 3, 2022



BY CERTIFICATE OF POSTING
& FAX 6570 9919

Orient Natural Resources Pte. Ltd.
24 Sin Ming Lane #02-94
Midview City
Singapore 573970

BY CERTIFICATE OF POSTING

Mr Rasoeiyam Rajendran
Block 117 Teck Whye Lane #10-728
Singapore 680117

Dear Sir/Ma'am,

ACCIDENT DATE : 30.06.2021
VEHICLES INVOLVED : PC5988L & XD6424R
ACCIDENT PLACE : LIM CHU KANG ROAD

We act for BKK Travel Pte Ltd.

We are instructed by our client to claim damages against you in connection with captioned road accident involving our client's vehicle and a vehicle driven by you or your employee, agent or servant. Both said vehicles' registration numbers are as captioned above.

We are instructed that the accident was caused by your negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows: -

S/NO	ITEMS	AMOUNT (\$S)
1	Repair Bill	152,400.00
2	Loss of use/rental 90 days loss of use x \$150/day	13,500.00
	Surveyor fee	4,888.00
3	GIA accident search \$15 + report \$14	29.00
4	Costs	500.00
5	Facsimile, postage & photocopy & other incidents	20.00

Gulab Sobhraj Sharon Teo Daisy YL Tay Low Wan Kwong Michael

On 6 December 2007 Sobhraj Tay Low Subra & Teo was converted from a firm to a limited liability partnership, Crossbows LLP.

S/NO	ITEMS	AMOUNT (S\$)
	TOTAL	171,337.00

A copy of the supporting documents is enclosed: -

- Vehicle insurance (PC5988L)
- S'pore accident statement (PC5988L)
- S'pore accident statement (XD6424R)
- Surveyor invoice and report
- Workshop's bill/invoice/quotation
- Photos before and after repair
- (CCTV footage is available upon request)

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send us an acknowledgement of receipt of this letter within **14 days** of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have any counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully,
CROSSBOWS LLP

(Mr Michael Low)

Please reply to email: michael@crossbows.com.sg

Encl.

cc. client [BY EMAIL]

cc. China Taiping Insurance (Singapore) Pte Ltd
(policy no. DMCVSNA00117192000)

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Centre #01-21
Tel:1800 8804888
Website:www.axa.com.sg
GST Registration Number : 199903512M
customer.care@axa.com.sg

**Original**Agent Code: **03936**

Policy No.(if any):

New Business

SmartDrive Quote Ref:

MOTOR COVER NOTE**No. CN116913**

- 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 Insurers' 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's 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 case 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

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	BKK TRAVEL PTE. LTD.
INSURED BUSINESS REGISTRATION NO.	201424387C
MAKE AND DESCRIPTION OF VEHICLE	ISUZU LT434P 7.8 SMT
VEHICLE REGISTRATION NO.	PC5988L
YEAR OF MANUFACTURE	2016
ENGINE NO.	6HK1684780
CHASSIS NO.	JALLT434PG7000064
SEATING CAPACITY	59PAX
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	NIL
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 03/03/2021 TO: 02/03/2022
EXCESS (S\$)	AS PER POLICY
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by VIRTUAL INSURANCE AGENCIES PTE LTD on 26/02/2021 2:55 pm

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged :
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

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 Customers:

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

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 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. 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 01/07/2021 15:05 (SGT)
Date of Accident 30/06/2021 17:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information LIM CHU KANG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC5988L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BKK TRAVEL PTE LTD
Company Reg No 2XXXXX387C
Email Address BC@LONGLIM.COM
Mobile Phone No (Phone) +65-90230917
Alternative Phone No +65-90230917

VEHICLE PARTICULARS

Manufacturer Isuzu
Model LT434P
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 Bus
Transmission Manual
CC 7790

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number CN116913
Cover Note Number -

DRIVER

Name of Driver WEI HONGDA
Passport No/FIN GXXXX744R

Date Of Birth	07/03/1987
Occupation	Outdoor
Date Of Driving Pass	18/05/2018
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83878792
Alt. Phone Number	-
Email Address	BC@LONGLIM.COM
Address	34 Jln Tari Piring
Address complement	-
Postcode	799187
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	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

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 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?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD6424R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	-
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 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 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 lodgment 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' 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 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' 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/ran be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed
 - (i) to all insurer and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time

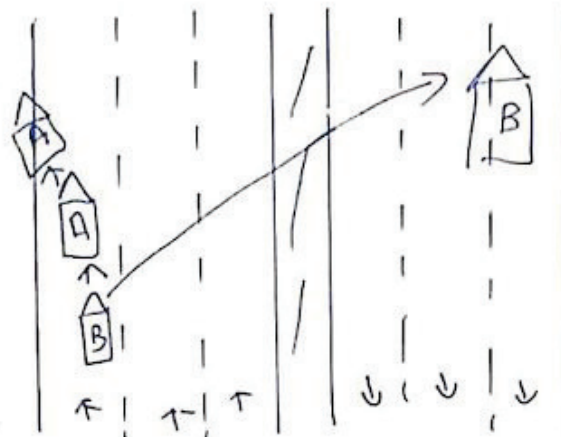


Driver's Signature
(If driver is not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name
NRIC/FIN No



SKETCH PLAN



A - PC5988L

B - XD6424R

Lim Chu Keng Road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report.

DECLARATION

I/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

X 魏宏达

Reporting Centre Personnel's Signature
Name
NIC/PIN No.

A

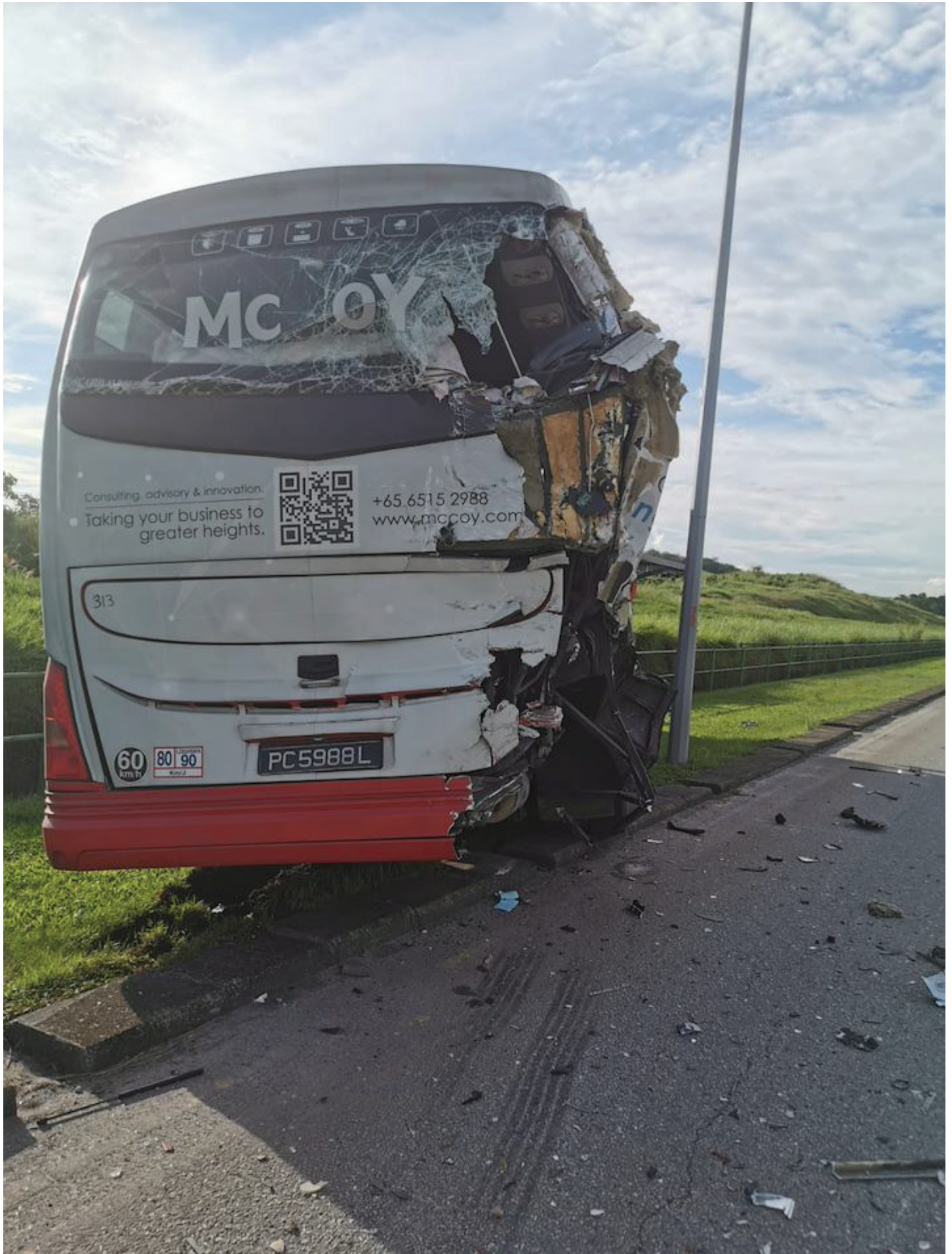




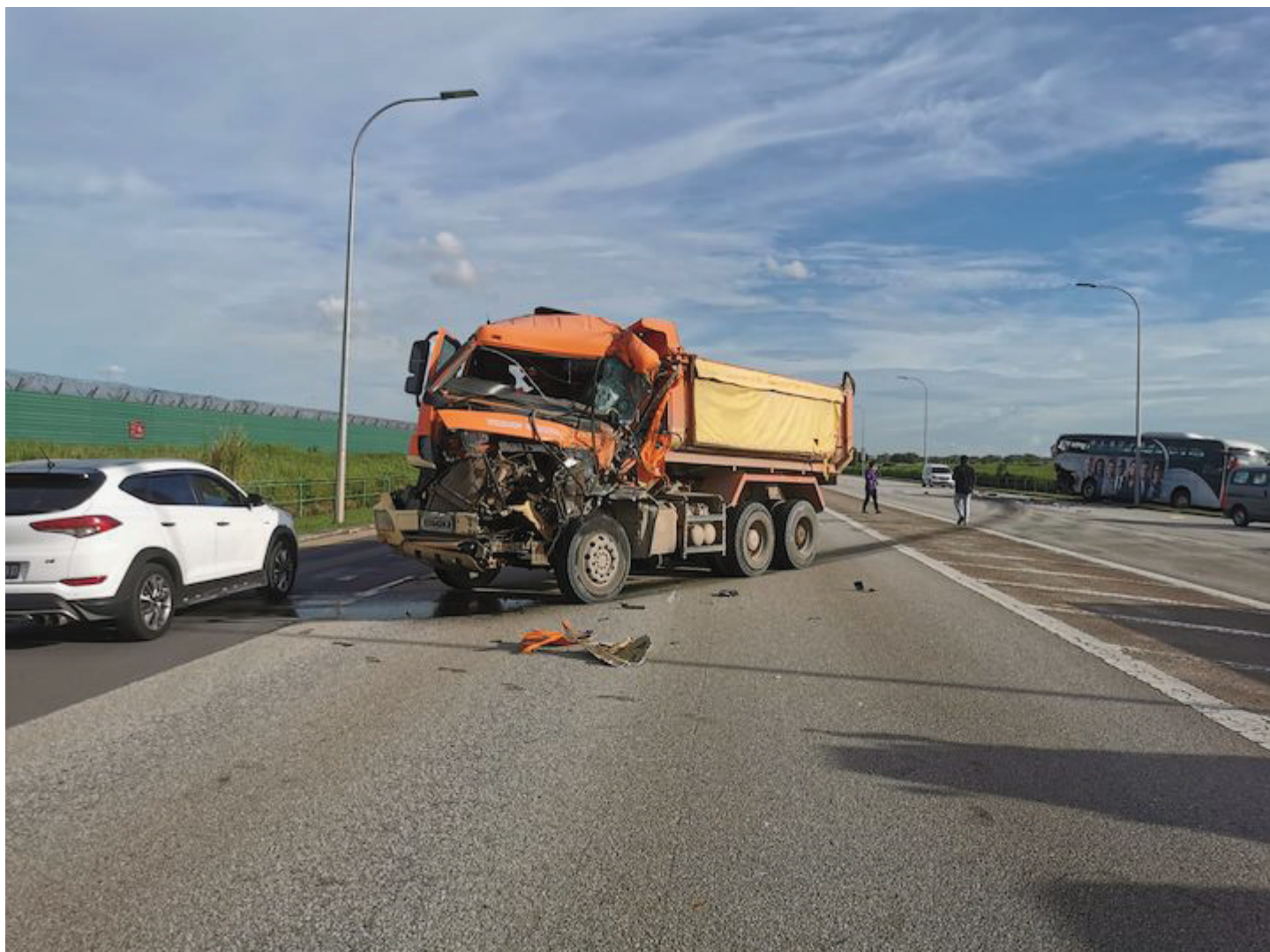












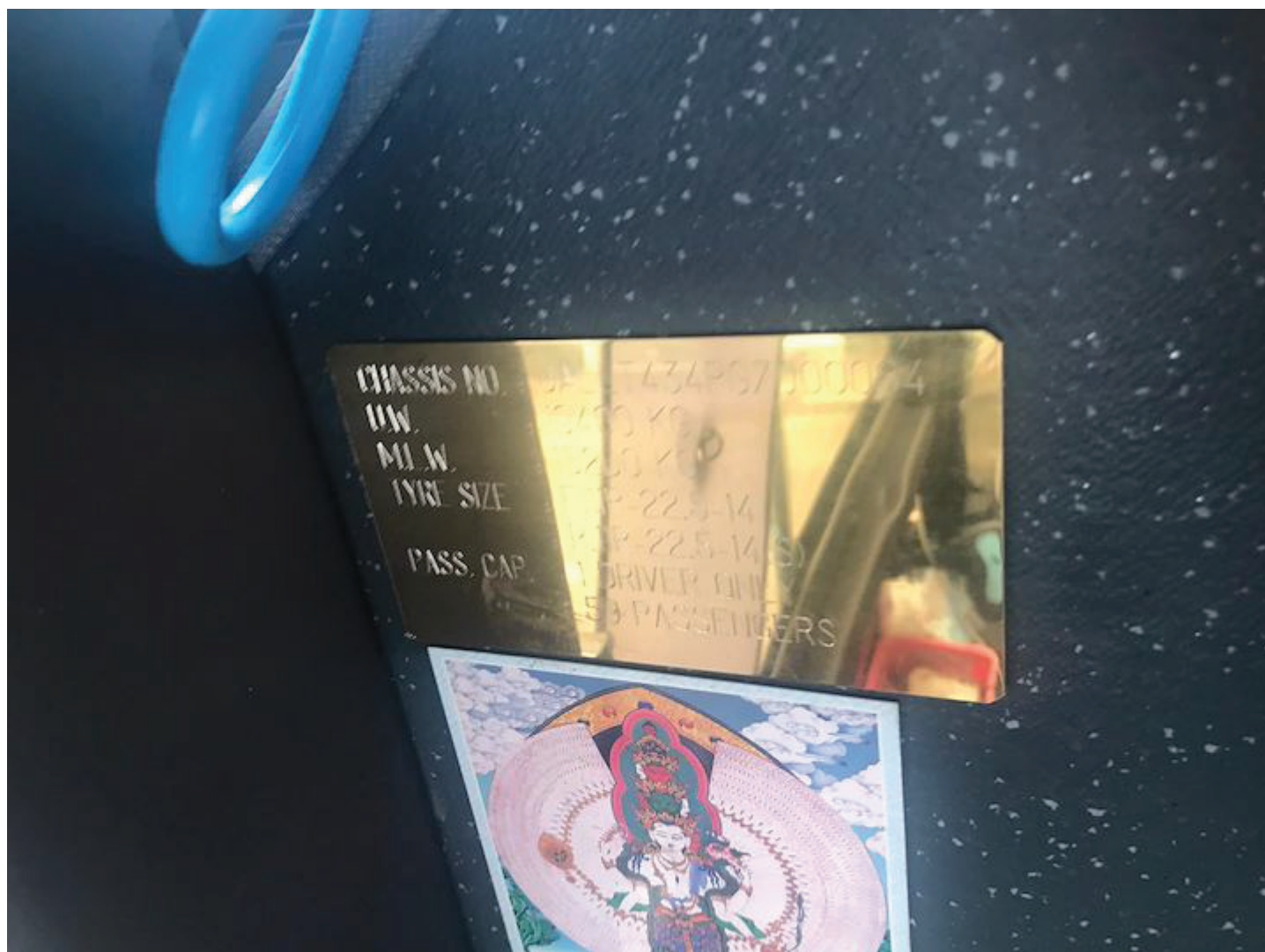
















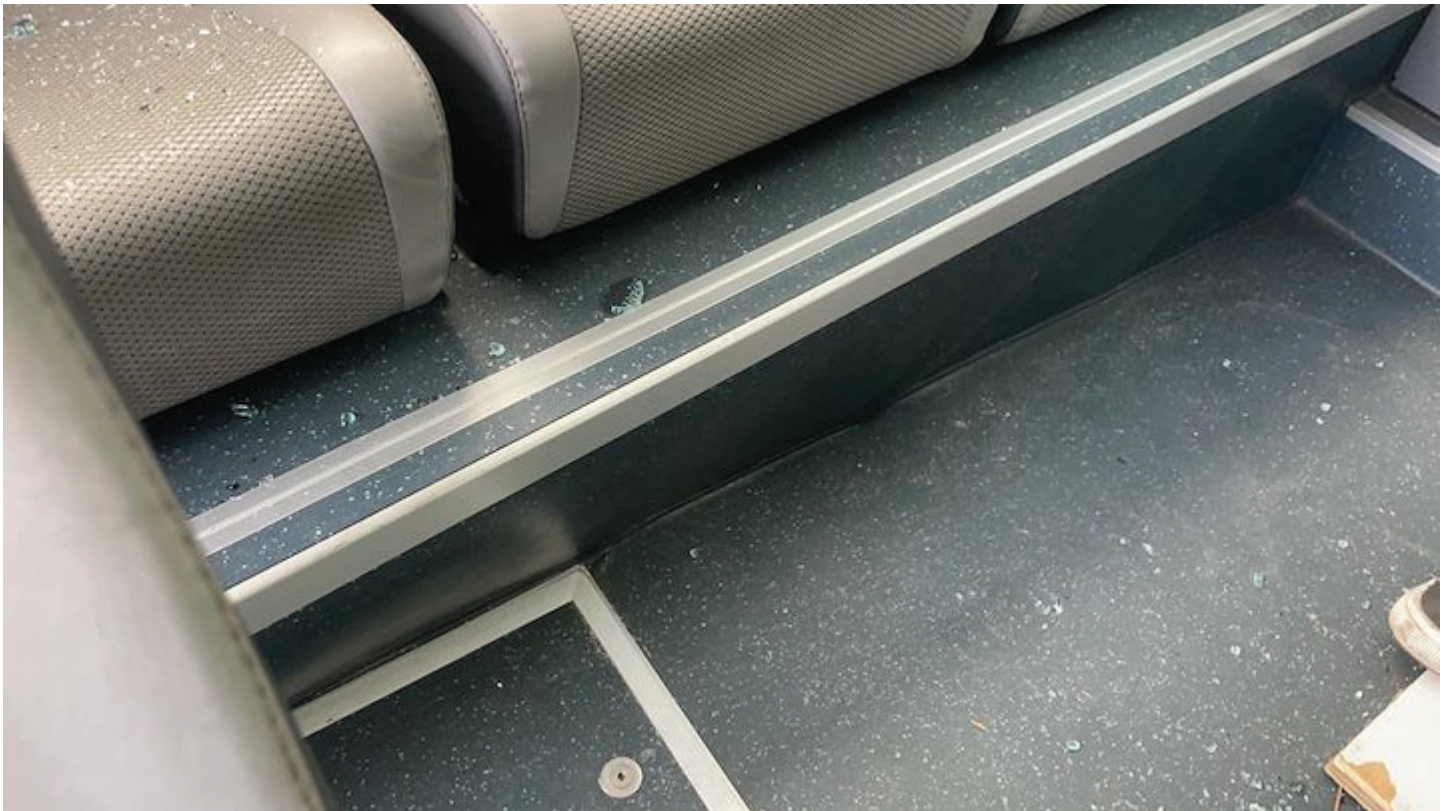


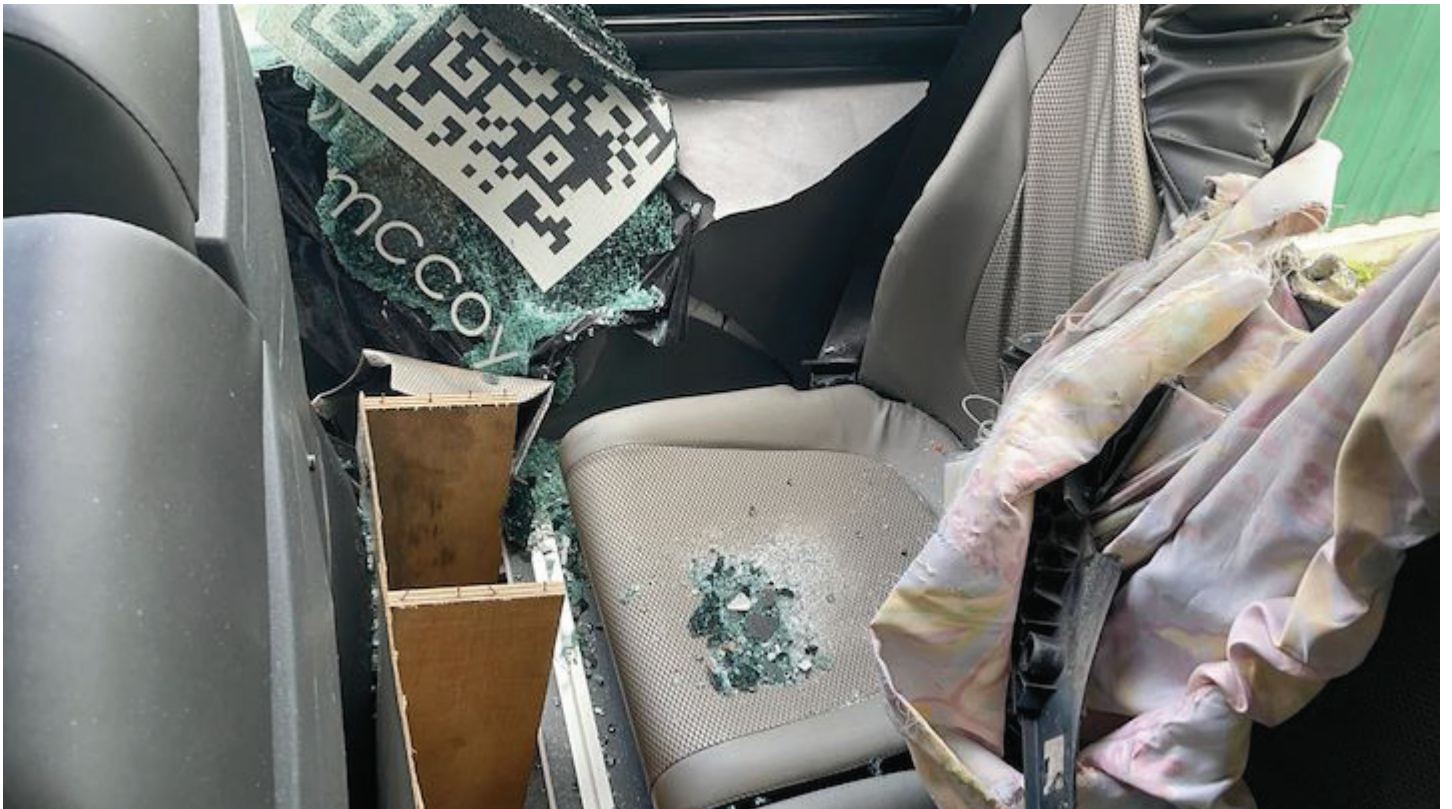























**SINGAPORE
POLICE FORCE**


T/20210701/2036

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No: T/20210701/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2021 12:15		Vide Report No.: J/20210630/0078		Station Diary No.: 47	
Informant's Particulars					
Name of Informant: WEI HONGDA			Address: 63 JALAN SENANG SINGAPORE 418352		
ID Type / ID No.: FIN NO / G5017744R			Contact No.: Home/Office: Mobile: 83878792		
Nationality: CHINESE			Email:		
Sex: Male	Age: 34	Date of Birth: 07/03/1987	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 30/06/2021 17:30	Type of Location: Straight Road
Location: LIM CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC5988L	Bus/Coach/Minibus				Seriously Damaged	0
XD6424R	Truck				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210701/2036

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20210701/2036

CONTINUATION OF REPORT**Brief Details.**

I am currently staying at Blk 253 Yishun Ring Road #10-1043 Singapore 760253.

On 30/06/2021 at about 5.30pm, I was driving my company private bus (PC 5988L) on the most left lane of a 3 lane road along Lim Chu Kang Road. I then stopped my vehicle at the roadside to check the map as I have to pick up passengers at nearby. I then turned on my hazard light. Shortly, a truck (XD6424R) from behind and collided onto the back of my bus. The bus then moved forward to the grass patch and hit onto the railing.

There were two passer-by came to assist us. They had called for the Police (J/20210630/0078) and the ambulance. No one was injured and no one was send to the hospital.

My back right side of the bus was badly damaged. The right front of the bus was damaged. The left bottom front was dislodged.

The front of the truck was badly damaged.

I was advised to lodge a Road Traffic Accident Report by the Traffic Police.



SINGAPORE
POLICE FORCE



T/20210701/2036

3 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No: T/20210701/2036

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L /

Sgt 3 KOH JIN BAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/07/2021 12:15

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force



TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CARD

REPORT NO.: 5/20210630/0078

Traffic Accident along 4m CHU KAN G RD + END 477

involving vehicles: truck & bus

on 30/6/2021 at about _____ am/pm.

With reference to the above, you are advised to lodge an accident report online via the
SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 11/1/2017 To: Owner of Vehicle Number PC 5988L

The following has been advised to you via your workshop, Connect3 through their staff, Low. Please tick the applicable box if you had been advised on any of the following:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
 - ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
 - ☐ You had been advised by the workshop of the claims procedure as follows:
 - if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
 - if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
 - ☒ If you had been involved in an accident with a foreign registered vehicle and wished to attempt recovery with AXA help, please forward the photos of the front and back of the NPIC and driving license to motor.doc@axa.com.sg.
 - ☐ You have agreed to let AXA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:
 - \$200 off on your Basic Own Damage Excess or
 - \$200 as a benefit if your policy has \$0 excess and no loss of the benefit or
 - Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use Benefit.
 - ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas. The estimated waiting time for the spare parts to arrive is _____ The estimated arrival time does not include the repair period.
 - ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
 - ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
 - ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
 - ☐ For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second hand parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.

AXA Insurance Pte Ltd Company Reg. No. 109461521R
 100 Robinson Road, #04-01 AXA Tower, Singapore 068911
 AXA Customer Service 24/7
 Telephone: +65 6500 4868 Fax: +65 6500 4869



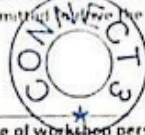
Signed and acknowledged by



Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle

[Signature]



Name and signature of workshop personnel including company stamp

AXA Insurance (Malaysia) Berhad (Incorporated in Malaysia)
 45, Straits View, 43800 Kajang, Selangor Darul Ehsan, Malaysia
 49000 Kajang Centre, 49000 Kajang, Selangor Darul Ehsan, Malaysia
 Telephone: +65 6260 4888 Fax: +65 6260 4889



Scanned with CamScanner



redefining / standards

COMMERCIAL MOTOR CLAIMS FORM (CMCF)

This form is meant to be signed between the claimant and the workshop. It contains 3 sections broken down as:

- 1) The Authorization Form: Meant for the Policyholder/Employer/Hirer/any equivalent authorized person to attest that the driver/employee at the time of the accident was authorized to drive the damaged vehicle and has the right to make the accident reporting.
- 2) The Policyholder Acknowledgement Form: This section covers all mandatory information that workshop must share with the claimant with regards to the claim process.
- 3) The Lump Sum Repair Form: Meant to acknowledge that the workshop has duly advised the claimant on the lump sum repair and that claimant is accepting the conditions.

The authorized signatory must mark and complete all Sections he/she acknowledges and must sign the relevant Sections, where applicable. If Section 3 is acknowledged subsequently, the signatory must state the date at the dedicated field and counter sign thereat.

Section I: Authorization from Policyholder/Employer/Hirer

I BKK Travel Pte Ltd hereby confirm that Mr/Ms Wei Hongda,
 NRIC No./FIN No./Passport No. G15017744R, is an employee of
BKK Travel Pte Ltd, and he/she was authorized to drive the insured vehicle
 bearing registration no. PC 5988L during the time of the accident on
30/6/2021 (Date).

I hereby further confirm that he/she is authorized to make the accident report on behalf of the Company.





RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 30/12/2021

Your Ref No: MI.acc.9035.21(ftl)

Dear Sir/Madam,

Date of Accident: 30/06/2021 00:00 (SGT)

Vehicle No: PC5988L

Place of Accident: Lim Chu Kang, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
XD6424R	Lim Chu Kang, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

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 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.
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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	01/07/2021 15:22 (SGT)
Date of Accident	30/06/2021 16:30 (SGT)
Exact Location of Accident	Lim Chu Kang, Singapore
Additional Location Information	LIM CHU KANG ROAD TOWARDS KRANJI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6424R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ORIENT NATURAL RESOURCES PTE LTD

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Mb actros
Variant	-
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	11946

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	DMCVSNA00117192000
Cover Note Number	DMCVSNA00117192000

DRIVER

Name of Driver	RASOEKIYAM RAJENDRAN
Passport No/FIN	G8091755X
Address	BLK 117 TECK WHYE LANE
Address complement	#10-728
Postcode	680117
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

