N. (TION 1]. Assessment Centre Service	" SMOF224E0001	
Late in Moy 18022 Wild, letter ser		Dame in
Res No XIBB (C7122003448/4 SASCI	filing	·
00 15 11	(within shies, Ale Thray	
	r Claim Form	
i-Motor	r W/O (Wathin Od. 2hrs. 19 4hrs)	
total (1) reporting conty	Uploaded	
	nent/Survey Report	75.4
	port by Fax / Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)
TP Particulars: Veh No: SMWO 9000	6S INC()/Non-INC()	
Owner / Driver. (Tel:)
Policy No: () Period () Cover Type. ()
Confirmed by : (Date: Tinu:)
Insured/Driver Liability (%) [Note-Est Sta	itiis (WO): N: 0-20%; P: 21-79% F: 80-160%]
Year of Registration: () Warranty: YI		
Excess: (\$) Loading: \$1,000 () / \$:	2,000 ()	
General Remarks;-		-
() Walk-In Customer: Customer's information strict	tly Confidential & Strictly NO rafer of repairer.	
() Total Loss Case : to e-mail Insurer URGENT	TLY.	
Drive-In ()/ Towed-In (); Invoice: YES () / NO (); Towing Co ()
Remarks;- (INC horline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ()/ Courtesy Car	A STATE OF THE STA	
2) QC Check / Post Repair Inspection	()	
3) Upload Resurvey Photo [Repair Cost > \$3000]	()	
Injury:		
Date/Time Actions	1.00 12 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2	
		- Andrews
	The same and the s	
		Amt (\$) Amt (\$)
X1A 220 1005	Invoice Preparation Checklist	Ist Bill Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30), 2) DA: Damage Assessment (\$100), INC (\$30)	
Driver/Owner:	3) TF : Towing Fee \$40/545	
	4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30	
Contact No:	For claiming against INC Only (wef 10 Jan 2005)	
Damaged Portion:	7) N1 : idae DA + SMRT Survey \$160	
NO CLAIM	8) NTUC Additional Services,-	
QC Checked by (Engr-In-Charge):	*N5: Courtesy Cot / Tpt Allowance \$5	
Auditors' Comments :-	*N7: Fost Repair Inspection \$25	
al 1:	*N8: DV / Collect Excess Coordination \$5	
	TP (N11) : TP (Nun INC) against INC \$20	
at 2/3:	Invoice dated	IN STATE OF THE ST



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 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 14/04/2022 11:18 (SGT) Date of Accident 13/04/2022 08:00 (SGT) Exact Location of Accident Seletar Aerospace Crescent, Singapore Additional Location Information **ROLLS-ROYCE GATE 1** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC4462T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AEDGE HOLDINGS PTE. LTD. Company Reg No 2XXXXX323E **Email Address** william@aedge.com.sg Mobile Phone No (Phone) +65-91460806 Alternative Phone No +65-92781311

VEHICLE PARTICULARS

Manufacturer Yutong Model Zk6107h Variant

Exact purpose for which vehicle was being used at time of Employment

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Bus

Transmission Auto CC 6690

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy No Policy Number DMB1SNA00006272102

DRIVER

Name of Driver **PANG POW** NRIC No SXXXX366B

Date Of Birth 13/11/1959 Occupation Outdoor Date Of Driving Pass 14/12/1999 Driving experience 22 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-92781311 Alt. Phone Number Email Address william@aedge.com.sg Address BLK 135 BEDOK RESERVOIR ROAD #11-1245 Address complement Postcode 470135 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 Collision - Change/cross lane 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) 24 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **UNKNOWN PAX** Gender Male PASSENGER 2 Name **UNKNOWN PAX** Gender Male PASSENGER 3 Name **UNKNOWN PAX** Gender Male PASSENGER 4 Name **UNKNOWN PAX** Gender Female PASSENGER 5 Name **UNKNOWN PAX** Gender Female PASSENGER 6 Name **UNKNOWN PAX** Gender Female PASSENGER 7 Name **UNKNOWN PAX** Gender Female DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes against whom?	140
ii yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW9026S
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	
Vehicle Colour	2
Vehicle Category	Private car
Name of Driver	= 1
Contact Number	_
Address	_
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 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)

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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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")
- 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
- (r) my Parconal Information may/can 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:
 - to all insurers 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:

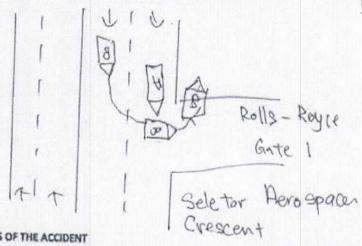
Apporting Centre Personnel's Signature

Name:

NRIC/FIN No.

14/04

A-PC. 4466 ST B-SMW 90368.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

mong Seletar Aerospace Cresent (Rolls - Royce My Bug was travelling Straight within my Ono Veh B S MW 90365 on my right lane Swerve	n lane, Sudden
my fore.	B collided anti
CLARATION	

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

Policyholder's Signatur

Date & Time:

Delver's Signature

(If driver is not the policybalder)

Date & Time:

Name: NRIC/FIN No.:

Scanned with CamScanner

Road surface Dry) Wet	Usage of veh during of accident:
Weather condition: Clear / Raining	Section and the property of the second of th
Speed:	
	Driver IC:
Does driver own a vehicle: yes Ino	Driver Name :
if yes, veh number plate:	Driver Pass date :
	Drver Birth date :
veh insurance co:	
Relationship with insured: Employer PEmployer	
Witness (if any): yes/no	
Witness name:	
Witness hp:	
Witness email (if any):	
Witness add:	
Witness IC no:	
Third party veh number: SMW 9036S	
Name of third party driver:	
IC of third party driver:	
HP of third party driver:	
Address of third party driver:	
Insured/Co name of third party vehicle:	
Contact number of insured/Co:	
Insurance co of third party vehicle:	
Police report (if any): yes/no Police report reported at which police station:	
Any intended prosecution given: yes /no	
if yes, against whom: veh A /veh B driver	
Action taken : claiming third party / claiming own damage	e / reporting only
No of Pax:	O · Male
	3 Female
Connect3 client vehicle no.PC 44627.	1 1011
Owner contact no: 9141, 08-66 Em	nail Address: William @ Aredge. Com .39.
Owner contact no: 9141, 0866 Em Date of accident: 13104 >021	
Location of accident: Seletar Aero grace Cres	cent (Rolls - Koyce Gate 1:).
Time of accident : 08000 rs .	
Any injury: yes /no (if yes, must have police report)	



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601

BR0120A

Cov. Type:C

CERTIFICATE OF INSURANCE
Vohicles (Third-Party Risks and Compensation) Act (Chapter 189)
tor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMB1SNA00006272102

Engine No.: ISB67E525022139246

Cha. No.:LZYTBTD63F1014151

1. Index Mark and Registration

AUTOSAFE

Number of Vehicle 2. Name of Policy Holder

AEDGE HOLDINGS PTE LTD

01/06/2021

PC4462T

Excess Sect I.

\$\$3,000.00

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment
 (00:00:00)

Excess Sect. II

\$\$3,000,00

EX ON WINDSCREEN.

4. Date of Expiry of Insurance

31/05/2022

\$\$500.00

Persons or Classes of Persons entitled to drive*

Any persons or classes of Persons entured to orive.

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 Vehicle.

6. Limitations as to use:*

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whifst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : DBS BANK LTD AS HP OWNER

* 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:

Gan Li Jia Jesca

Authorised Officer

Authorised Signatory

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

©6389 6111

6222 1033

www.sg.cntaiping.com

Transaction ref 20210529114135413649

The owner and vehicle particulars for Vehicle No. PC4462T as at 29 May 2021 are as follows:

1.	Name	: AEDGE HOLDINGS PTE. LTD.
2.	Identification No. Type	: Company
3.	Identification No.	: 200509323E
4.	Country/Region	1-
5.	Vehicle No.	: PC4462T
6.	Previous Vehicle No.	t ex
7.	Effective Date of Ownership	: 08 Jan 2016
8.	Original Registration Date	: 08 Jan 2016
9.	First Registration Date	: 08 Jan 2016
10.	Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11.	Vehicle Scheme	: Public Service Vehicle (Others)
12.	Attachment 1	: Air-Conditioned
13.	Attachment 2	19
14.	Attachment 3	5-
15.	Vehicle Make Description	: YUTONG
16.	Vehicle Model	: ZK6107H A
17.	Year of Manufacture	: 2015
18.	Primary Colour	: Multicolor
19.	Secondary Colour	1-
20.	Passenger Capacity	: 65
21.	Chassis/Trailer Chassis No.	: LZYTBTD63F1014151
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: ISB67E525022139246
24.	Engine Capacity(cc)/Power Rating(kW)	: 6,690.0
25.	Maximum Power Output(kW/bhp)	: - / -

26. Unladen Weight(kg)

: 11120

Transaction ref 20210529114135413649

The owner and vehicle particulars for Vehicle No. PC4462T as at 29 May 2021 are as follows:

27.	Maximum Laden Weight(kg)	: 16500
28.	Open Market Value	: \$126,836.00
29.	PARF Eligibility	: No
30.	PARF Eligibility Expiry Date	<u>:</u> -
31.	Minimum PARF Benefit	5 H
32.	No. of Transfers	: 0
33.	IU Label No.	: 2050105335
34.	COE No.	: 2015120105000213R
35.	COE Expiry Date	: 07 Jan 2026
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$43,809.00
38.	Actual Quota Premium/PQP Paid	: \$43,809.00
39.	Actual ARF Paid	: \$6,342.00
40.	CO2 Emission(g/km)	; -
41.	CO Emission(g/km)	:-
42.	HC Emission(g/km)	1-
43.	NOx Emission(g/km)	:-
44.	PM Emission(mg/km)	:-
45.	Actual CEVS/VES Rebate Utilised	18
46.	CEVS/VES/CVES Surcharge Paid	:-
47.	Actual Green Vehicle Rebate Utilised	<u> </u>
48.	Actual EV Rebate Utilised	3 -
49.	CVES Incentive Eligible	Şiri
50.	Total CVES Incentive Disbursed	‡ = ·
51.	Vehicle Lifespan Expiry Date	: 07 Jan 2036
52.	Road Tax Amount	: \$0.00
53.	Road Tax Start Date	: 08 Jan 2021
54.	Road Tax End Date	: 07 Jan 2022
55.	Remarks	:-