NATIONAL Assessment Centre Services: we	(1 Jan'08)	28226	real	5	•
Date in: 20 05 000 17'57 Job description	200	e & Time C	ompleted	. Done l	oy.
Ref Nox 13AC1 DOOD 4782/ SAS e-filing			-		
Veh No: DC 4059A . E-mail (within Shr.	s, AIC 2hrs)				•
D.O.A: 1905 9002 2100 i-Motor Claim:		-			
i-Motor W/O o	Vithin: OD 2hrs, TP 4h	rs')	•		···
OD (TP)/ Reporting Only i-Photo Upload	- 11				
TD Innuary Assessment/Sury	ey Report			-	
IF INSUICI.	Fax / Hand to Own	ner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel	:		Fax:)
TP Particulars: Veh No: StA 4466+	_ INC(_)/	Non-INC	().		
Owner / Driver: (. Те	:)	
Policy No: (· ·) Period: () Cov	rer Type: ().	
. Conjunction by . (Date:	· Tim)	•
Insured/Driver Liability: (%) [Note-Est. Status (WC		P: 21-799	6: F: 80-	100%]	
Year of Registration: () Warranty: YBS (Bxcess: (\$) Loading: \$1,000 () / \$2,000 ()/NO()				•
2.1000. (0	,	8 (6 (4 8 5	\$46:35\$	TANK SI SA SA	
General Remarks: () Walk-In Customer: Customer's information strictly Conf	idential & Strictly	NO refer	of repairer	i.	
() Total Loss Case : to e-mail Insurer URGENTLY.	• .				
Drive-In ()/Towed-In (); Invoice: YES ()/ No	O(·); Towir	ng Co: (· · · · ·	. *)
	D:	ate&Time (Somple od	Done	by
Remarks: (INC hofline: 6788 5616) 1) Apply for Transport Allowance () / Courtesy Car ()					
2) QC Check/Post Repair Inspection . (.)				· .	-, [‡] ,
				NE.	
Injury:		1.4		****	
1.			93.6		de Contrato.
Date/Time Actions :					
			-	,	7.
120 ()	1	- CV	Saletta#210	Anit (3)	(CAHOES)
M4220 (384	Inveice Prepar	20000000000000000000000000000000000000	<u> </u>	(Acalii	ia.ed.Bill
Thumant's Particulars :-	1) AR : Accident Rep 2) DA : Damage Ass	essment (\$1		C (SSO)	
river/Owner:	3).TF: Towing Fee 4) FT: Follow-Throu	ugh Survey		\$120	
'ontactivo:	5) FT : Follow-Thron For claiming again	ugh Survey [Resurvey) (wef 10 Jan	2005)	
	6) TR : Re-inspection	n		575	-
amaged Portion:	7) N1 : Idao DA + S 8) NTUC Additional			\$160	
C Checked by (Engr-In-Charge):	OD* . * MS: Courtesy Ca			\$5 -	-
onceased by (Birgi-Tin-Charge).	"No: Repair Co-o	rdination		310	
uditors. Comments .	*N7: Post Repair *N8: DV / Collec			\$25 \$5	
1.1:	<u>TP (N11) : TP (N</u>	in INC) agai	The second second second	\$20 30 -	1:
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t 2/3:	9) N12: Idao Mobile Invoice dated		Fee Cha		
t. 2/3:			Fee Cha Fee Cha	rged marter was	to delicate I prope, and companies sequent its removalment of the



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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 20/05/2022 17:55 (SGT) Date of Accident 19/05/2022 21:00 (SGT) Exact Location of Accident Farrer Rd, Farrer Road, Singapore Additional Location Information

DETAILS OF OWN VEHICLE

Singapore

PC4059A Vehicle Registration Number

INSURED/POLICYHOLDER

Country/State of Loss

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

+65-91460806

Employment

Bus

No - Claiming third party

VEHICLE PARTICULARS

Golden Dragon Manufacturer Model XML6770J18 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

Auto CC 3759

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy

Policy Number DMB1SNA00006252102 Cover Note Number

DRIVER

Name of Driver LIOU KIEAN CHUON NRIC No SXXXX647G

Date Of Birth	16/11/1970
Occupation	Outdoor
Date Of Driving Pass	12/01/2011
Driving experience	11 YEARS AND 4 MONTHS
Gender Mobile Number	Male
Alt. Phone Number	(Phone) +65-91460806
Email Address	-
Address	william@aedge.com.sg BLK 356C ADMIRALTY DR #09-116
Address complement	-
Postcode	750356
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	
* Colon VIII Con The Britain	*
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 in the Accident. 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?	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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SHA4466H
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	э.
Vehicle Colour	•
Vehicle Category	Taxi
Name of Driver	4
Contact Number	*
Address	<u></u>

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

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:
 - 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/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:
 - (i) 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.

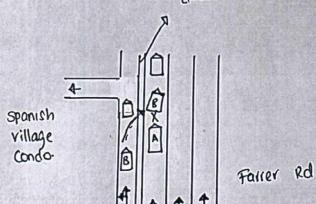
Policyholder's Signature Date & Time:

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

Date & Time: NRIC/FIN

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: double white line



A= PC4059 A
B= SHA 44664 .

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On relations of arrested I was deviced arr	bus PC 4059A
On 19/05/2022 @ 21:00his, I was driving my along forcer Rd travelling within my own lane of	aving shought
when a too should be seen to see the	white a control
when a taxi SHA 44466+1 cut into my lane are	LIPHY A CAUDE
an accident between my bus a the taxi. I	Mished to malicate
that there is a double write lane which the taxi	was mavelling a
the taxi cannot to a lone author to my lane	at the point of
accident due to double while line.	
	A Committee of the Comm
Contract to the contract of th	
CHARLES AND THE SECOND STATE OF THE SECOND STA	

DECLARATION

I/We declare the foregoing particulars are true in every respect. $NHG_{\mathcal{S}}$

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Beporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Road surface (Dr) / Wet	Usage of veh during of accident:
Weather condition: Clear / Raining	
Speed:	
	Driver IC:
Does driver own a vehicle: yes /no	Driver Name :
if yes, veh number plate:	Driver Pass date :
veh insurance co:	Drver Birth date :
England & PMAL and	
Relationship with insured: Employee 4 Employer	
Witness (if any): yes/no	
Witness name:	
Witness hp:	
Witness email (if any):	
Witness add:	
Witness IC no:	
CHO HILLIA	
Third party veh number: GHA 4466H	
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: AXA	
Police report (if any): yes/no	
Police report reported at which police station:	except and a second of the sec
Any intended prosecution given: yes /no	
if yes, against whom: veh A /veh B driver	
Action taken : claiming third party / claiming own damage	
No of Pax: 01	Male
D(11 20 1)	- Female
Connect3 client vehicle no: PC4059A	1,0,11
Owner contact no: 91460806 En	nail Address: Will LOM Aedge. COM - So
Date of accident: 19 05 2022	
Location of accident: Tarrer Road (infant of spe	anish village (ondo)
Time of accident : 21:00hrs.	
Any Injury: yes /no (if yes, must have police report)	

Motor Bus

CERTIFICATE OF INSURANCE tor 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)

MZ601

SN

BR0120A

Cov. Type:C

CERTIFICATE No.

DMB1SNA00006252102

Engine No.: ISF38S514189253290 Cha. No.:LL3ADADE6FA002058

Index Mark and Registration

PC4059A

AUTOSAFE

Number of Vehicle 2. Name of Policy Holder

AEDGE HOLDINGS PTE LTD

Excess Sect I.

\$\$2,000.00

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

01/06/2021 (00:00:00)

Excess Sect. II

\$\$2,000.00

4. Date of Expiry of Insurance

31/05/2022

EX ON WINDSCREEN.

\$\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their Any person provided he is in the Policyholder's employ and is driving on their order or with diele-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

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 whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle,

HIRE PURCHASE CO.: MAYBANK 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 (Malaysie), 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

O6389 6111

6222 1033

www.sg.cntaiping.com

10 Sin Ming Drive Singapore 575701

Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 0907150101N018014913

09 Jul 2015

AEDGE HOLDINGS PTE LTD 4009 ANG MO KIO AVENUE 10 #04-33 SINGAPORE 569738 000063/1

հրՈւհլին-իվրդիկիկութ

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REGISTRATION OF VEHICLE WITH ROAD TAX AND TRANSFER OF TCOE (PLEASE DISPLAY THE ENCLOSED ROAD TAX DISC ON YOUR VEHICLE WINDSCREEN)

We wish to inform you that the Temporary COE 2015060105000390C has been successfully transferred to you and used to register vehicle PC4059A on 09 Jul 2015. The Business Transaction Reference No. is 20150709100852833909. Enclosed is a validated road tax disc for the vehicle. Please display the said disc on your vehicle windscreen.

2. The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

1.	Name	: AEDGE HOLDINGS FIE LID
2.	Identification No. Type	: Company
3.	Identification No.	: 200509323E
4.	Place Of Passport Issue	
5.	Registered Address	: 4009 ANG MO KIO AVENUE 10
		#04-33
		SINGAPORE 569738
6.	Mailing Address	
7.	Vehicle No.	: PC4059A
8.	Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
9.	Vehicle Scheme	: Public Service Vehicle (Others)
10.	Vehicle Make	: GOLDEN DRAGON
11.	Vehicle Model	: XML6770J18 DIESEL TURBO AUTO
12.	Remarks	: This is a public service vehicle.
12.	Romania.	To renew the COE, the Prevailing Quota Premium payable

is that of Category C.

48.

Remarks

The owner and vehicle particulars for Vehicle No. PC4059A as at 09 Jul 2015 are as follows:

: AEDGE HOLDINGS PTE LTD 1. Identification No. Type 2. : Company Identification No. 3. : 200509323E Place Of Passport Issue 4. Registered Address 5. : 4009 ANG MO KIO AVENUE 10 #04-33 SINGAPORE 569738 6. Mailing Address : PC4059A 7. Vehicle No. Effective Date of Ownership 8. : 09 Jul 2015 Original Registration Date 9. : 09 Jul 2015 First Registration Date : 09 Jul 2015 10. : Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus 11. Vehicle Type : Public Service Vehicle (Others) 12. Vehicle Scheme 13. Attachment 1 : Air-Conditioned 14. Attachment 2 Attachment 3 15. Vehicle Make : GOLDEN DRAGON 16. : XML6770J18 DIESEL TURBO AUTO Vehicle Model 17. Year of Manufacture 18. : 2015 19. Primary Colour : Multi-Colour 20. Secondary Colour : -Passenger Capacity : 24 21. : LL3ADADE6FA002058 / -Chassis/Trailer Chassis No. 22. Propellant/Emission Standard : Diesel / Euro V 23. : ISF38S514189253290 / -Engine No./Motor No. 24. 25. Engine Capacity(cc)/Power Rating(kW) : 3759 / -: -/-Maximum Power Output(kW/bhp) 26. 27. Unladen Weight(kg) : 4960 Maximum Laden Weight(kg) : 7800 28. : \$61,632.00 29. Open Market Value : No 30. **PARF** Eligibility PARF Eligibility Expiry Date 31. Minimum PARF Benefit : \$0.00 32. 1550279038 IU Label No. 33. : 2015060105000390C 34. COE No. : 08 Jul 2025 35. COE Expiry Date : C - Goods Vehicle & Bus 36. **COE** Category Quota Premium/Prevailing Quota Premium: \$52,001.00 37. Actual Quota Premium/PQP Paid : \$52,001.00 38. : \$3,082.00 Actual ARF Paid 39. 40. CO2 Emission(g/km) Actual CEVS Rebate Utilised 41. 42. CEVS Surcharge Paid Actual Green Vehicle Rebate Utilised 43. 44. Vehicle Lifespan Expiry Date : 08 Jul 2035 45. Road Tax Amount : \$362.00 Road Tax Start Date : 09 Jul 2015 46. 47. Road Tax End Date : 08 Jan 2016

: This is a public service vehicle.

To renew the COE, the Prevailing Quota Premium

payable is that of Category C.

- 3. You may use your NRIC number and SingPass or User ID and Password (for non-Singaporeans/PRs) to login to http://www.onemotoring.com.sg and see the details of the above transaction. For ACRA-registered businesses and companies with EASY accounts, your authorised staff may also access the wide range of vehicle-related services via http://www.onemotoring.com.sg using EASY. If you do not have an EASY account, you can apply for it at http://www.iras.gov.sg. For non-Singaporeans/PRs who do not have a User Password, please contact us at 1800-CALL LTA (1800-2255 582) to request for a new password. Please note that a separate Transaction PIN is required for the following transactions via the Internet or at our Electronic Service Agents. Before you perform these transactions, please request for your Transaction PIN. You may find out more information on how to obtain your Transaction PIN and the documents needed (such as Board Resolution for companies and businesses, etc) via http://www.onemotoring.com.sg > LTA Information & Guidelines > Transaction PIN & User Account.
 - a. Vehicle PIN Transfer of Ownership and De-registration of Vehicle
 - b. TCOE PIN Transfer of TCOE (For Category C and E COE bid under individual)
 - c. Rebate PIN Transfer and Splitting of PARF/COE Rebate
- 4. All new In-vehicle Units (IUs) are covered by a 5-year warranty against manufacturer's defect.
- 5. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
- 6. Thank you.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)