| NATIONAL Assessment Centre | e Selvices: [well Jano | SU0-22 | 1660000 | | |
|---|-------------------------------|--|---------------------------------------|--|--|
| Date In: 00 06 202 11:04 | Job description | 1 | Completed | . Done | pi |
| Re[No] (BA) (1722005326/V | · SAS e-filing . | | | • | |
| Veh No: DG & COZ | E-mail (within Shrs, AIC 2 | nrs) | | . 1. | • |
| D.O.A: 03 06 202: (6:24 | i-Motor Claim Form | | . | | |
| C) | i-Motor W/O (Within: | DD 2hrs, 7'P 4hrs'). | , , | | |
| OD (TP) Reporting Only | i-Photo Uploaded. | | | | |
| TD I | Assessment/Survey Rep | oort · | | - | |
| TP Insurer: | Ass't Report by Fax / F | land to Owner/Wk | <u>sp</u> | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | | ax: | .) |
| TP Panticulars: Veh No: | SFW 9881353 I | NC()/Non-T | ЙС(). | | |
| Owner / Driver: (| | . Tel: | | | |
| | eriod: (|) Cover Typ | | | |
| 2 5 | Date | | tine: | 1000(7 | |
| · Insured/Driver Liability: (%) | [Note-Est. Status (WO): | N: 0-20%; P: 21- | 79%: ·F; 50- | 100.501 | |
| Year of Registration: () | | 0(''') | | | |
| Excess: (\$) Loading: \$1 | ,000()/\$2,000() | 7 4 5.000 | WICLESSES | ENGLOS IN | |
| General Remarks | | 1 1 2 01 11 10 50 | for of repairer | <u> </u> | |
| General Remarks: () Walk-In Customer: Customer's in | nformation strictly Confident | ial & Strictly NO 19 | Ter Unicpance | <u> </u> | : |
| () Total Loss Case : to e-mail Ins | urer URGENTLY. |); Towing Co: | | | . ') |
| Drive-In ()/Towed-In (.); Invo | ice: YES () / NO (· | | | | THE PARTY OF THE P |
| Remarks: (in bottine: 6788 5619 | 1 | Date&Ti | me Completed | A CHARLES | nejoy |
| | / Courtesy Car () | | | | |
| 2) OC Check / Post Repair Inspection . | . (,) | | | | 3.3. |
| 3) Upload Resurvey Photo [Repair Cost: | > \$3000]: () | , | · · · | <u>ul · </u> | 7. 110 |
| Injury: | | | | | |
| , | | | | Section 1 | Sk# 32 4 |
| Date/Time Actions | | · | | · · | |
| | | | | - | |
| - | ' | | | • | |
| | | | | | |
| | 194998 | | | zav. | (S) RIABIUS |
| (LASTIKE? | ; | veice Preparation | . Checklist. | (1) | BILL LAST |
| MADX0[533 | 1) / | AR: Accident Reporting | (\$30); | 10 (380) | |
| laimint's Particulars :- | 3) | DA: Damags Assessmen FF: Towing Fee | | 240/345 | |
| river/Owner: | | FT : Follow-Through Su FT : Follow-Through Su | rvey (Rameyev) | \$120 | |
| Contactifio: | 5) | For claiming against Mic | Only (wef 10 Ja | n 2005) | |
| | (6) | TR: Re-inspection | · · · · · · · · · · · · · · · · · · · | \$75 | |
| amaged Portion: | 7) | N1 : Idao DA + SMRT S NTUC Additional Servi | oes: | | |
| | | OD* . | | \$5 . | |
| C Checked by (Engr-In-Charge): | | *NS: Courtesy Car / Tpt *No: Repair Co-ordinate | ion | 310 | |
| TOTAL SALES TOTAL A LA MARINAGERA CARACT | | N7: Post Repair Inspec | tion · | \$25 \$5 | |
| aiditors Comments 😕 | | *N8: DV / Collect Exce TP (N11): TP (Non IN | SS Coordination C) against INC | \$20 | 1. |
| <u>t. 1:</u> | | N12: Idao Mobile | | 30 - | LE NATION |
| 1.2/2. | | voice deted | | harged Han | |
| t. 2/3: | I. | volce dated | F88 C | Hart Hart | Service of the servic |

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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
- 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 06/06/2022 11:04 (SGT) Date of Submission 03/06/2022 16:25 (SGT) Date of Accident **Exact Location of Accident** PIE, Singapore **TOWARDS TUAS** Additional Location Information Country/State of Loss Singapore DETAILS OF OWN VEHICLE PC8417Z Vehicle Registration Number INSURED/POLICYHOLDER Is company? Name Of Registered Owner **BKK TRAVEL PTE LTD** 2XXXXX387C Company Reg No ziwei@longlim.com Email Address (Phone) +65-90230917 Mobile Phone No. +65-88358279 Alternative Phone No VEHICLE PARTICULARS Yutong Manufacturer Zk6119h Model Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Bus Vehicle Category Auto 6690 CC INSURANCE COMPANY China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage Fleet Policy DMB1SNW00007392102 Policy Number Cover Note Number DRIVER LI ZHIYOU Name of Driver

GXXXX441X

Passport No/FIN

| Date Of Birth | 12/10/1984 | |
|--|--|--|
| Occupation | N902 80001 | |
| Date Of Driving Pass | Outdoor | |
| Driving experience | 31/08/2015 | |
| | 6 YEARS AND 10 MONTHS | |
| | Male | |
| Mobile Number | (Phone) +65-88358279 | |
| Alt. Phone Number | - | |
| Email Address | ziwei@longlim.com | |
| Address | 34 JALAN TARI PIRING | |
| Address complement | JALAN KAYU ESTATE | |
| Postcode | 799187 | |
| Is the driver the policyholder? | No | |
| If No, Relationship of the Driver with the Insured | Employee | |
| Does Driver Own Other Vehicles? | 4 2 | |
| Vehicle Registration Number of Other Vehicle Owned by Driver | No | |
| venicle Registration Number of Other Venicle Owned by Driver | | |
| Insurance Company of Other Vehicle Owned by Driver | ⊕ ≅ | |
| insurance company of other vehicle owned by biller | = | |
| | | |
| GENERAL INFORMATION OF THE ACCIDENT | | |
| | | |
| Type of Accident | Side Swipe | |
| Weather Conditions | Clear | |
| Road Surface | Vanish Control of the | |
| Road Surface | Dry | |
| | | |
| OTHER INFORMATION | | |
| | | |
| | 14.0 | |
| 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 | |
| | ı | |
| Has the driver been approached by unknown person(s) | No | |
| soliciting/offering accident claims assistance? | 140 | |
| | | |
| DETAILS OF POLICE ACTION | | |
| | | |
| Weethe assident reported to the police? | No | |
| Was the accident reported to the police? | No | |
| Was notice of intended Prosecution given? | No | |
| If yes, against whom? | - | |
| | | |
| CIRCUMSTANCES OF ACCIDENT | | |
| | | |
| DI TAGE DESERVE TO SIVETOLI DI ANI | | |
| PLEASE REFER TO SKETCH PLAN | | |
| | | |
| ATTACHMENT(S) | | |
| | | |
| A | V | |
| Are accident photos available for attachment? | Yes | |
| Was there any video captured by Car Camera? | Yes | |
| Was there any audio recorded? | No | |
| | | |
| DETAILS OF OTHE | R VEHICLE PROPERTY 1 | |
| | | 为2.5m2.5m2.6m2.1m2.2m2.5m2.5m2.5m2.5m2.5m2.5m2.5m2.5m2.5 |
| | | |
| Vehicle Registration Number | SFW9883S | |
| Vehicle Manufacturer | Toyota | |
| Vehicle Model | ; = : | |
| Vehicle Variant | _ | |
| Vehicle Colour | | |
| | Dulyana | |
| Vehicle Category | Private car | |
| Name of Driver | CHUA SEK CHUAN | |
| NRIC No | SXXXX222J | |
| Contact Number | - | |
| Address | | |

Address

| Address complement | - |
|---|--|
| Postcode | |
| Insurance Company Name | NTUC Income Insurance Co-operative Ltd |
| Nature Of Damage | - Income insurance co-operative Ltd |
| Details of property damaged in accident | |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

IMPORTANT NOTICE

- 1. Prease 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 withit micrepresentation or withholding of material facts may allow insurance companies to repudiate policy flability.
- The lissue and acceptance of this form by insurance companies is not an admission of policy bability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation
- 6 The report will be forwarded by the insurers of the GIA Records Mail agencies 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 report of the report being made available aforesaid.
- & Consent under the Personal Data Protection Act (PDPA)

Funderstand, acknowledge, agree and consent that

- (a) My insurer, my earlishop and the General Lituriance Association of Singapore ("GtA") may/are permitted to collect, usic, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by the fir possessed by the 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 slaims,
 - [iii] carrying out another dealing with my instructions or responding to any enquiries by me
 - (iv) administering my tlaims (including the mailing of correspondence, statements, invoces, 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 (cullectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this ascident 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 Parsonal Information may/ran he disclosed by any of the Insurers and/or GIA to their third party serious providers or agents (including their lawyers/law firms), which may be used 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 inuliaging fraud regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(a) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature

7/9/21

Date & Time

Driver's Signature

(If driver is not the policyholder)

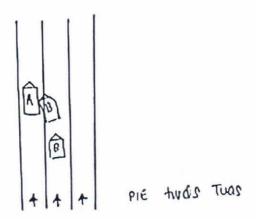
Date & Time

Reporting Centre Personnel's Signature

Name

NRIC/FIN No

A-PC8417C B-3FW98832.



| ESCRIBE CIF | RCUMSTANCES OF | THE ACCIDEN | IT | | | | | | |
|-----------------------------|------------------------|--|------------|---------|-----|-----------------------------|------------|----------|---------|
| n 03/00 | 00 YOUR DI | 25hrr, | 1 nos | driving | My_ | pus bus | PC P417 | C alc | ng PIE |
| 3FW9883 | s swerred | My ON | lane | × (oll | ded | 09911 | t my | bus | M |
| (PYHEY | | | | | | | | | |
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| CLARATION To declare the | e foregoing particular | s are true in ese | ** respect | k | | | .1/ | 06/1 | 16/202 |
| e & Time | 1/0/ 0 1/1/21 | Other's Signa (If driver is no Date & Time | | holder) | | Repatire Same NRICHIN | Centre Pen | oners Su | enature |

| Road surface Dry / 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 : |
| Relationship with insured: Emplayer ? truplayer | |
| Witness (If any): yos/no | _ |
| Witness name: | |
| Witness hp: | |
| Witness hp: Witness email (if any): | |
| Witness add: | |
| Witness IC no: | |
| Third party veh number: SFW 98832. | |
| Name of third party driver: | China |
| If of third nach, drives | 22225 |
| HP of third party driver: | 55/100 |
| 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 (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 | |
| ii yes, against whom: ven A /ven B driver | |
| Action taken claiming third party/ claiming own damage / re | porting only |
| No of Pax: 01 | Male |
| | Female |
| Connect3 client vehicle no: PC8417C | |
| Owner contact no: 903 0917. Email Ac | ddress: ZIWW DLongLim. Com. |
| Date of accident: 3161 3002 | - Volly - William |
| Location of accident: PIE ANDS TURS | |
| Time of accident: 1614 WY | |
| Any Injury: yes /no (if yes, must have police report) | |

[5]



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601

AN0626A 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.

DMB1SNW00007392102

Engine No.: ISB67E6C29022320288 Cha. No.:LZYTBTE68J1035116

Index Mark and Registration

PC8417Z

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

BKK TRAVEL PTE LTD

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

15/07/2021 (00:00:00)

Excess Sect I.

\$\$2,000.00

Excess Sect. I (Outside Singapore) Excess Sect. II

\$\$4,000,00 \$\$3,000.00

4. Date of Expiry of Insurance 14/07/2022

Excess Sect.II (Outside Singapore).

\$\$4,000.00

EX ON WINDSCREEN .

\$\$500.00

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 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 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 (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: UNIVERSAL INSURANCE AGENCY PTE LTD

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

10 Sin Ming Drive Singapore 575701 www.lta.gov.sg

15 Jul 2019

Our ref 1507190101N029109109

BKK TRAVEL PTE. LTD. 34 JALAN TARI PIRING JALAN KAYU ESTATE SINGAPORE 799187

Dear Sir/Madam

You Have Successfully Registered Vehicle PC8417Z

You have successfully registered vehicle PC8417Z on 15 Jul 2019.

You can find the full details in the Annex. Please check that they are correct. You can also view these details when you login to www.onemotoring.com.sg.

Visit <u>www.onemotoring.com.sg</u> for more information and to access a wide range of vehicle-related services. If you need a SingPass or CorpPass account, visit <u>www.singpass.gov.sg</u> or <u>www.corppass.gov.sg</u>.

Yours sincerely

Ng Lay Choo (Ms)
Deputy Director, VRL Service Operations
Vehicle Services Group
Land Transport Authority

[This letter is computer-generated, no signature is required.]

What You Need To Do:

- Check that the details in the Annex are correct.
- You can login to www.onemotoring.com.sg to view these details and access a wide range of vehicle-related services.

Transaction ref 20190715155046419720

Please check that the owner and vehicle details are correct:

| 1. | Name | : BKK TRAVEL PTE. LTD. |
|-----|--------------------------------------|---|
| 2. | Identification No. Type | : Company |
| 3. | Identification No. | : 201424387C |
| 4. | Country/Region | :- |
| 5. | Registered Address | : 34 JALAN TARI PIRING JALAN KAYU ESTATE SINGAPORE 799187 |
| 6. | Mailing Address | :- |
| 7. | Vehicle Registration No. | : PC8417Z |
| 8. | Effective Date of Ownership | : 15 Jul 2019 |
| 9. | Original Registration Date | : 15 Jul 2019 |
| 10. | First Registration Date | : 15 Jul 2019 |
| 11. | Vehicle Type | : Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus |
| 12. | Vehicle Scheme | : Public Service Vehicle (Others) |
| 13. | Attachment 1 | : No Attachment |
| 14. | Attachment 2 | :- |
| 15. | Attachment 3 | 1 = |
| 16. | Vehicle Make | : YUTONG |
| 17. | Vehicle Model | : ZK6119H AUTO |
| 18. | Year of Manufacture | : 2018 |
| 19. | Primary Colour | : Multi-Colour |
| 20. | Secondary Colour | I - |
| 21. | Passenger Capacity | : 47 |
| 22. | Chassis/Trailer Chassis No. | : LZYTBTE68J1035116 / - |
| 23. | Propellant/Emission Standard | : Diesel / Euro VI |
| 24. | Engine No./Motor No. | : ISB67E6C29022320288 / - |
| 25. | Engine Capacity(cc)/Power Rating(kW) | : 6690 / - |
| 26. | Maximum Power Output(kW/bhp) | :-/- |
| 27. | Unladen Weight(kg) | : 11900 |
| 28. | Maximum Laden Weight(kg) | : 15900 |
| 29. | Open Market Value | : \$138,000.00 |
| 30. | PARF Eligibility | : No |
| 31. | PARF Eligibility Expiry Date | 1- |
| 32. | Minimum PARF Benefit | : \$0.00 |
| | | |

Transaction ref 20190715155046419720

Please check that the owner and vehicle details are correct:

| 33 | IU Label No. | |
|-----|--------------|---|
| 20. | TO Label No. | |
| | | - |
| | | |

| 34. | COE No. | . 20100(0105000710*** |
|-----|---------|-----------------------|
| | COLITO. | : 2019060105000710W |

| 37. Quota Premium/Prevailing Quota Premium | : \$27,400.00 |
|--|---------------|
| 38. Actual Quota Premium/PQP Paid | : \$27,400.00 |
| 39. Actual ARF Paid | : \$6,900.00 |

| 40. | CO2 Emission(g/km) | 1.0 |
|-----|--------------------|-----|
| | (8 | |

48. Vehicle Lifespan Expiry Date : 14 Jul 2039

49. Road Tax Amount : \$14.00

50. Road Tax Start Date : 15 Jul 2019

51. Road Tax End Date : 14 Jan 2020

52. Remarks : This is a public service vehicle.