| and the contraction of F1 to Print I grant to the contract of | | | · · | | | 1 |
|--|-----------------------|---------------------------------|----------------------------|---|------------------|----------------|
| NATIONAL Assessment Centre 5 | ervices we | . 13.1.04} | - P. 12 | | · Dono | e hy: |
| Date In: 20/06/22 | ch description | | Date & | ime Completed | DOIL | 3 0, |
| REINO. NA/CTI22005841/513 | SAS e-filing | | i | | | |
| Vch No. GB G 8325A. | E-mail (within 8hrs. | AIC 2hrs) | | | | ŧ. |
| D.O.A: 20/06/225 1040 | i-Motor Claim F | orm | | | ļ | |
| | i-Motor W/O (W | ithin: OD 2hrs. | 7'P 4hrs) | | | |
| OD : (P): Reporting Only | i-l'hoto Uploade | d | | | | |
| | Assessment/Surve | y Report | i | | | |
| TP Insurer: | Ass't Report by F | ax / Hand t | Owner/ | Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: | | Fax: |) |
| TP Particulars: Veh No: SBF2 | 222 H. | , INC(| .)/No | n-IŅC () | | |
| Owner / Driver: (| | | Tel: | 1-0 | | |
| Policy No: () Period | i: (|) | Cover | | | |
| Confirmed by : (| | Date: | | Time: |) | |
| The state of the s | te-Est. Status (WO | | 0%; P: | 21-79%. F: 80 | -100% | ·, |
| I car of registration (| |)\NO(|) | | | |
| Excess: (\$) Loading: \$1,000 | ()/\$2,000(|) Tables de Sa | \$ 25°43.5 | | | |
| General Remarks: | 13500000 | | 1-4: NO | rafor of renaire | r | |
| () Walk-In Customer's Information | ation strictly Confid | dential & Si | incly NO | Later of repone | | |
| () Total Loss Case : to e-mail Insurer | | | D | · · | |) |
| Drive-In () / Towed-In (); Invoice: Y | | | Cowing C | | 5 50 4 3 3 3 3 3 | |
| Remarks: 37 (INC hor)ing: 6788 6616) | | | y, Delek | Time Compleiod | Do | ne by |
| 1) Apply for Transport Allowance ()/Cou | irtesy Car () | | | , , | | |
| 2) QC Check / Post Repair Inspection | () | | | | - | |
| 3) Upload Resurvey Photo [Repair Cost > \$300 | 00] () | | | | | |
| Injury: | | | | | | " / |
| | | \$2000 | K:481488873 | SS 55 (A. A.) | | 100 |
| Date/Time Actions | | | 34557339885 | (0) * (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) | | |
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| 11477011117 | | Invoice P | reparati | n Checklist | WWW. AL | |
| NA2201697 | 7.17 | 1) AR : Aocid | ent Reportir | g (\$30); | C (\$30) | |
| lalmant's Particulars :- | | 2) DA: Dama 3) TF: Towin | g Fee | | \$40/\$45 | |
| river/Owner: | | A) FT · Folloy | v-Through S | urvey (Resurvey) | \$120 \$30 | |
| ontact No: | | For claimin | g against It | P Only (wef 10 Jon | 2005) \$75 | |
| | \ | 6) TR : Re-in 7) N1 : Idao I | spection DA + SMRT | Survey | . \$160 | |
| amäged Portion: | 3 | 8) NTUC Ad | ditional Ser | vioos:- | | |
| C. Checked by (Engr-In-Charge): | , | On* | losy Car / T | Allowance | \$5 | |
| | | N7: Post | ir Co-ordin Repair Insp | equion | \$25 | |
| uditors Comments : | | *N8: DV | Collect Ex | css Coordination | \$5 \$20 | |
| al. 1: | | 7P (N11) 9) N12: Idao | : TP (Nun I | NC) against INC | 30 | |
| | | Invoice date | 1 | Fee Che | 100 | iles. |
| 1. 2 / 3: | | involce date | d | Fee Ch | ngen . | No. of Persons |

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.

- **b.** Any talse 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

20/06/2022 16:51 (SGT) Date of Submission 20/06/2022 10:40 (SGT) Date of Accident Singapore **Exact Location of Accident** PIE TOWARDS TUAS BEFORE TOH GUAN EXIT Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

GBG8325A Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? ASTEEM PRODUTCS PTE LTD Name Of Registered Owner 2XXXXX661H Company Reg No LOKE@ESTEEM.COM **Email Address** (Phone) +65-96515008 Mobile Phone No +65-96515008 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nv200 Model Variant Exact purpose for which vehicle was being used at time of **Employment** Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Commercial vehicle Vehicle Category Auto 1598

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Type of Coverage Comprehensive Fleet Policy DMCVSNW00123982101 Policy Number Cover Note Number

DRIVER

Name of Driver LOKE KAH FAI то статительно во вимено статительно потполнию подачности SXXXX936D NRIC No

02/11/1979 Date Of Birth Outdoor Occupation Date Of Driving Pass 28/10/2009 12 YEARS AND 8 MONTHS Driving experience Gender (Phone) +65-96515008 Mobile Number Alt. Phone Number LOKE@ESTEEM.COM Email Address 620 BUKIT BATOK CENTRAL #08-522 Address Address complement 650620 Postcode No Is the driver the policyholder? 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 Chain Collision Type of Accident Raining Weather Conditions Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 4 Was anybody injured in the Accident? Yes 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? PASSENGER 1 LIM KOK BIN Name Gender Male PASSENGER 2 LEE MINWEI Name Male Gender 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 REFER TO REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes SD CARD CORRUPTED Reasons for not uploading a video of the accident Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Accident report SN09226K0005

Vehicle Registration Number

SBF2222H

| ehicle Manufacturer | | |
|---|---------------------------------------|--------------|
| | | |
| ehicle Model ehicle Variant | | |
| | | |
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| ehicle Category | - Intate sai | |
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| Contact Number | annoye - | |
| ddress | | |
| ddress complement | manaras = | |
| Postcode | WATER COMES | |
| nsurance Company Name | ASSESSABLES - | |
| Nature Of Damage | 1711/1117000 · | |
| Details of property damaged in accident | end i structure . | |
| No. Of Passenger (Including Driver) | | |
| DETAILS C | F OTHER VEHICLE PROPERTY 2 | 法堂 |
| | CBH4000I | |
| /ehicle Registration Number | GBH4909L | |
| /ehicle Manufacturer | 20 000 000 YE | |
| Vehicle Model | Shinmon . | |
| Vehicle Variant | | |
| Vehicle Colour | Commercial vehicle | |
| Vehicle Category | | |
| Name of Driver | | |
| Contact Number | | |
| Address | manage = | |
| Address complement | a more and | |
| Postcode | nacatora - | |
| Insurance Company Name | | |
| Nature Of Damage | 2000 DE 1900 P | |
| Details of property damaged in accident | | |
| | | |
| No. Of Passenger (Including Driver) | - | |
| No. Of Passenger (Including Driver) DETAILS (| OF OTHER VEHICLE PROPERTY 3 | N Av 4 |
| No. Of Passenger (Including Driver) DETAILS (Vehicle Registration Number | OF OTHER VEHICLE PROPERTY 3 SLD6554R | |
| No. Of Passenger (Including Driver) DETAILS (Vehicle Registration Number Vehicle Manufacturer | OF OTHER VEHICLE PROPERTY 3 SLD6554R | A Subject of |
| Vehicle Registration Number Vehicle Manufacturer Vehicle Model | OF OTHER VEHICLE PROPERTY 3 SLD6554R | A Level 4 |
| Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant | OF OTHER VEHICLE PROPERTY 3 SLD6554R | |
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| Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver | SLD6554R | |
| Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number | OF OTHER VEHICLE PROPERTY 3 SLD6554R | |
| Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address | OF OTHER VEHICLE PROPERTY 3 SLD6554R | |
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| Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage | SLD6554R | |
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| Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Colour Vehicle Category 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) DETAILS Vehicle Registration Number Vehicle Model Vehicle Variant Vehicle Colour Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement | SLD6554R | 3 of 17 |

| Nature Of Damage | |
|---|--|
| Details of property damaged in accident | |
| No. Of Passenger (Including Driver) | |

INJURED PERSONS DETAILS

INJURED 1

| Name of injured person Gender | LOKE KAH FAI Male |
|---|---------------------------------|
| Phone No | (Phone) +65-96515008 |
| Address | 620 BUKIT BATOK CENTRAL #08-522 |
| Address Complement | - |
| Post Code | 650620 |
| Approximate Age Years Old | 42 |
| Injuries Sustained | SLIGHT |
| Injured person in which vehicle? | GBG8325A |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| Name of injured person | LIM KOK BIN |
|---|---------------------------------|
| Gender | Male |
| Phone No | (Phone) +65-96515008 |
| Address | 620 BUKIT BATOK CENTRAL #08-522 |
| Address Complement | - |
| Post Code | 650620 |
| Approximate Age Years Old | 35 |
| Injuries Sustained | SLIGHT |
| Injured person in which vehicle? | GBG8325A |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |
| | |

INJURED 3

| Name of injured person Gender | LEE MIN WEI Male |
|---|---------------------------------|
| Phone No | (Phone) +65-96515008 |
| Address | 620 BUKIT BATOK CENTRAL #08-522 |
| Address Complement | - |
| Post Code | 650620 |
| Approximate Age Years Old | 30 |
| Injuries Sustained | SLIGHT |
| Injured person in which vehicle? | GBG8325A |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |
| • | |

SKETCH PLAN

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

Policyholder's Signature / Date &

20/JUNE/2020

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

Witnessed by Reporting Centre

10/06/22

Pergonnel Time Sketch Plan (A) GBG 8325 A. (B) SBF 2222 4. (C) GBH 4909 L

Describe Circumstances of the Accident 20/06/2022 at @ 1040 hrs, I was travelling in my which Tues towards before slowed the right. down reas unpact 9ot accedent

Declaration

We declare the foregoing particulars are true in every respect.

319

Policyholder's Signature / Date & Time

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

20 0 6 100 Winessed by Reporting Centre

| VEHICLE NO: GBG 8325 A. | MAKE & MODEL: Nasan NV 200 . QUTO MANUAL |
|---|---|
| DATE OF ACCIDENT: | 20/06/2022. CC: |
| TIME OF ACCIDENT: | 10 40 HRS |
| LOCATION OF ACCIDENT: | PIE towards Tuas before Ton Guan Exit. |
| EXACT PURPOSE USE DURING ACCIDENT: | EMPLOYMENT PRIVATE USE / PRIVATE HIRE |
| NAME OF OWNER: | Asteem Products Pte Ltd. |
| | 01-1-1-0 |
| TEL NO: | |
| NRIC: | 2000016614. |
| ADDRESS: | 1, Bukit Batok Crescent #05-49, wcega Plaza. |
| EMAIL: | loke @ asteem .com (3) 658064 |
| CLAIM TYPE: | OD THIRD PARTY DREPORTING ONLY |
| FLEET POLICY: | YES (NO?) |
| INSURANCE COMPANY: | Chance Taiping. |
| TYPE OF COVERAGE: | Comprehensive >> Third Party / Third Party Fire & Theft |
| POLICY NO: | DMCVSNW00123982101. |
| NAME OF DRIVER: | AS ABOVE / IF NO: LOKE KAH FA I |
| NRIC: | 57934936D . ANY PASSENGER: |
| DATE OF BIRTH: | 02/11/ 1979. LICENCE PASSED DATE: 28/10/2009. |
| OCCUPATION: | OUTDOOR INDOOR |
| GENDER: | MALE / FEMALE |
| CONTACT NO: | H/P: 96515008 OFFICE: HOME: |
| ADDRESS: | BLK 620 Buket Batch Central #08-522 (8) 650620 |
| EMAIL: | loke @ asteem.com. |
| DOES DRIVER OWNED ANY VEHICLE: | NO IF YES, REG NO: INSURER: |
| | Employee . |
| RELATIONSHIP: | |
| WEATHER CONDITION: | CLEAR RAINING OTHERS: |
| ROAD SURFACE: | DRY / WET DOTHER: NO KIEYES, WAO? @ Loke Kah Fai (HP: 9651 5008) |
| ANY INJURIES: | |
| NAME & CONTACT: | |
| NAME & CONTACT: | 3 Lee Minuei (H/1: 8181 6374). |
| POLICE REPORT: | NO / IF YES, WHERE? |
| NOTICE OF INTENDED PROSECUTION GIVEN? | |
| VEHICLE B REG NO: | SBF 3222 H. ANY PASSENGERS: N.A. |
| NAME OF DRIVER: | CONTACT NO: |
| VEHICLE C REG NO: | GBH 4909 L. ANY PASSENGERS: OI (M). |
| VEHICLE D REG NO: | SLO 6554 B. ANY PASSENGERS: N.A. |
| VEHICLE E REG NO: | Unknown · (om ANY PASSENGERS: Not sure · |
| VEHICLE F REG NO: | ANY PASSENGERS: |
| VEHICLE G REG NO: | ANY PASSENGERS: |
| ANY WITNESS? IF YES, NAME: | WITNESS CONTACT: |
| WAS THERE ANY VIDEO CAPTURE? | YES / NO SO Card Compted. |
| WAS THERE ANY AUDIO RECORDED? | YES (NO |
| ACCIDENT SCENE PHOTOS TAKEN? | YES / NO |
| ACCIDENT PORTION: | Rear Portion and Left side. |
| Have you been approach by unknown person soliciting | |
| WORKSHOP PARTICULAR: | Twencar Automotive He Ltd. |
| CONTACT NO: | 68420051 / 67440510 |
| CONTACT PERSON: | 788PH TBM. 88215WT |
| FAX NO: | 67410510 |
| WORKSHOP EMAIL: | sales@n51.com.sg |



中国太平保险(新加坡)有限公司

HINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Commercial

MZ300/C

R SN

AN0420A Cov. Type:C

CERTIFICATE OF INSURANCE

ehicles (Third-Party Risks and Compensation) Act (Chapter 11 Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) totor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00123982101

Engine No.: HR16101432D

Index Mark and Registration

GBG8325A

Cha. No.: VM20115738

Number of Vehicle

AUTOSAFE

Name of Policy Holder

ASTEEM PRODUCTS PTE LTD

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

31/10/2021 (00:00:00)

Excess Sect I EX ON WINDSCREEN .

\$\$350.00 S\$100.00

4. Date of Expiry of Insurance

30/10/2022

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 Courl 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.
 Use for social, domestic or pleasure purposes.

The Policy does not cover

Use for hire or reward or racing, pace-making, reliability trial or speed testing.
 Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD

* 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: INXPRESS INSURANCE AGENCY PTE LTD 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