ATIONAL Assessment Centre Services: M.	*(1 Jano8) . SU0+2285002
Date lin: 05 00, 2022 (6.24, Job description	
Ref No: 1484 / (11)2007VF2/V. SAS e-filing	
Veh No: XE 377 . E-mail (withta st	rs, ALC 2hrs)
D.O.A: 0108 2022 17'8 1-Motor Claim	Form
i-Motor W/O	(Within: OD, 2hes, TP 4hrs)
OD / TP / Reporting Only . i-Photo Uploa	ded.
Assessment/Sur	yey Report .
TP Insurer: Ass't Report by	Fax / Hand to Owner/Wksp
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:
TP Panticulars: Veh No: XD 381P .	. INC(,)/Non-INC()
Owner / Driver: (. Tel:
Policy No: (· ') Period: () Cover Type: ().
	Date: . Time:)
Insured/Driver Liability: (%) [Note-Est. Status (YO): N: 0-20%; P: 21-79%: F: 80-100%]
Vear of Registration: () Warranty: YES ()/NO()
Excess: (\$) Loading: \$1,000 () / \$2,000	
General Remarks	pridential & Strictly NO refer of repairer.
Walk-In Customer: Customer's Information strictly Co	milderitar & Guross,
() Total Loss Case : to e-mail Insurer ORGENTED	NO (·); Towing Co: (
Drive-In ()/Towed-In (); Invoice: YES ()/	The state of the s
Remarks: (I) C horime: (6788-5616)	Date&Tane Completed Vision Done by
1) Apply for Transport Allowance () / Courtesy Car (, , , ,
2) OC Check / Post Repair Inspection	
3) Upload Resurvey Photo [Repair Cost > \$3000] (
Injury:	
) <u></u>	
Date/Time ACtions	
a management of the second sec	Involve Preparation Checklist Analysis in Albert (182
NA 2202090	WWW LAND A accident Reporting (\$30);
Plainint's Particulars	2) DA : Damage Assessment (\$100); Allowers
000000000000000000000000000000000000000	3).TF: Towing Fee 5007543 4) FT: Follow-Through Survey 5120 530
) river/Owner:	5) PT: Follow-Through Survey (F. 344747)
Contactifio:	6) TR: Re-inspection
amaged Portion:	7) N1: Idao DA + SMRT Survey
	OD:
C Checked by (Engr-In-Charge):	*N3: Courtesy Carri pe Allowands
	N7: Post Repnir Inspection . 525
Miditors: Cornnients	TRIEDY / Collect Excess Choldist INC S20
<u>t. 1:</u>	9) N12: Idao Mobila
t. 2/3:	Involce dated Fee Charged Involce dated Fee Charged
<u>1, 2/3.</u>	INVOICE ACTOR



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 Actual 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.

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 Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

05/08/2022 16:24 (SGT)

Driver

01/08/2022 17:05 (SGT)

AYE, Singapore

TOWARDS CITY BEFORE CLEMENTI AVENUE 6 EXIT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

XE37J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No.

Yes

EVERGREEN WASTE MANAGEMENT PTE. LTD.

2XXXXX941H

cs8558cs@gmail.com

(Phone) +65-86788737

VEHICLE PARTICULARS

Manufacturer

Model

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

CC

Mitsubishi Fuso

PG1

Employment

No - Claiming third party Commercial vehicle

Auto

11967

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMCVSNW00115182101

DRIVER

Name of Driver

Passport No/FIN

Date Of Birth

Occupation

HUANG JUNPENG GXXXX194T 01/10/1979 Outdoor

Date Of Driving Pass	27/12/2017
	27/12/2017
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86788737
Alt. Phone Number	(1.11010) 00 00700707
Email Address	
A LA PROPERTY AND A P	cs8558cs@gmail.com
	28 TUAS AVENUE 10
Address complement	-
Postcode	639148
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	Employee
	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
to a stand at a value of the standard annual and a standard annual and a standard annual annu	·-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Assident	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	•
OTHER INFORMATION	
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?	Yes
5 5	17 To 18 To
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	110
Translator's ID	•
	-
Translator's phone number	
Translator's email	_
	-
Translator's email	-
Translator's email Original language used in the statement	
Translator's email	
Translator's email Original language used in the statement DETAILS OF POLICE ACTION	
Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police?	No
Translator's email Original language used in the statement DETAILS OF POLICE ACTION	No No
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Address	-
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	
Details of property damaged in accident	120
No. Of Passenger (Including Driver)	12

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	HUANG JUNPENG Male (Phone) +65-86788737
Address	.=.
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY AND NECK
Injured person in which vehicle?	XE37J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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' 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/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.

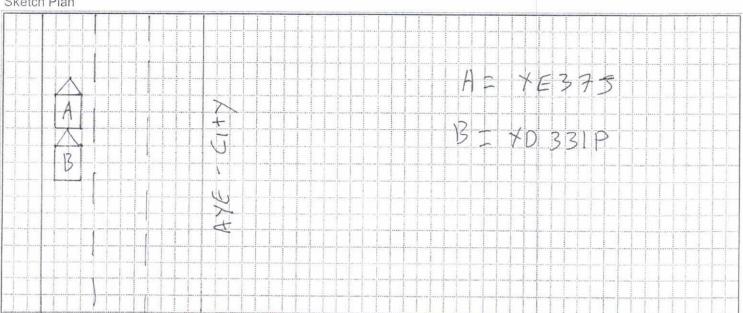
黄俊鹏

Policyholder's Signature / Date & Time

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

Witnesser by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident	
I was traveling along HTE towards C	ity,
While I drive Pass Jurons Town Hall Ex	xit,
The Sport vehicle Slow down and S	itop,
I sollowed, Suddenly I selt an Impa	ct
Srout the rear of my truck,	
I come down and see Vehicle 13	Collided
onto the rear of my Truck,	

Declaration

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

& Time

Policyholder's Signalure / Date & Time

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Email: Sin@idac.com.sg Tel no: 6555 68	38 Colodly and 60 at a second
Date of Accident: 0 \ 108 2022 (dd/mm/s	C shall not file the report. Information will be discarded after one week. Time of Accident: 17:05 (24-HR-FORMAT)
Vahisla No. 146 37 5	mire of Accident: 17: US (24-HR-FORMAT)
Exact location of Acid A A A A	& Model/Engine (cc): MITS4hiShi FUSD Private Hire: (Y B) ward S CITY Defore Clementi Ave 6 Exit
	Naste Manusement Pte Ltd ROC/UEN (Company) 201324941 H
Driver's Name / ICNo.: Huans Juns	AS ADOVEL
Driver's Contact No. 2010 873+	Company Contact No / Owner Contact No:
Driver's Address: 28 Tuus Ave 1	0, Singapore 639148
Owner Email address :	Insurance Company: China Tai Ping
Driver Email address : <u>CS8558CS</u>	gmail. com
Relationship between Owner & Driver: (Plea Owner / Spouse / Children / Friend / Parents / S	bling / Relative Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK	one only)
Own Insurance / Other Vehicle (The or	you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	*No. of Passengers (Including Driver):
*Passenger Name:*Passenger Name:	Gender: Male / Female x() Gender: Male / Female x()
Weather condition & Road conditions? (On the	day of accident)
Clear & Dry / Raining & Wet / A	fter-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Car	nera? Yes / No Remarks:
Anv Injuries: Yes / No (If YES) Inj	
Injuries Sustain: 130dy 1 Neck	Injured Person in Which Vehicle: \F37 \S
	ES) Which Police Station:
The Other Party(s) Details:	
1. Driver's Name / IC No:	
	Insurance Company:
	Vehicle No:
	Insurance Company :
	Contact No:
Preferred Workshop Name:	

1.0



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

MZ301/C

R SN

ANGERIA Cov Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185).
Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960.
Road Transport Act. 1967 (Malaysia).
Mosor Vehicles (Third-Party Risks) Rules. 1959 (Malaysia).

CERTIFICATE No.

DMCVSNW00115182101

Engine No. OM457LA457972C0284875

Cha No FV51SSA10042

Index Mark and Registration.

XE37J

AUTOSAFE

Number of Vehicle Name of Honcy Holder

EVERGREEN WASTE MANAGEMENT PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations (00.000) Ordinance or Enactment

Excess Sect I

\$\$2,000.00

EX ON WINDSCREEN

S\$100.00

18/09/2022

Persons or Classes of Persons entitled to drive?

(1) Whifst the vehicle is being used in connection with the Policyholder's business Any person provided he is in the Policyholder's employ and is driving on their order or with their

permission
(2) Whilst the vehicle is being used for social, domestic or pleasure purposes.
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 Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use f

Use in connection with the Policyholder's business
 Use for the carnage of passengers (other than for hire or reward) in connection with the Policyholder's business
 Use for social, domestic or pleasure purposes

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

* 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

JETSPRINT AUTO ENTERPRISES Authorised Officer

Authorised Signatory

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

\$63896111

₱6222 1033

www.sg.cntaiping.com