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SN0922950002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 05/09/2022 11:05 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (05/09/2022 11:05 (SGT))

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 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

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.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy flating on the part of the anadrance 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 Reported by

Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

05/09/2022 11:05 (SGT)

Driver

02/09/2022 11:01 (SGT)

Singapore

PIE TWDS CLEMENTI RD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YQ6439T

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No.

Yes

B2E PTE LTD

2XXXXXX010D

b2epteltd@gmail.com

(Phone) +65-68938896

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?

Transmission CC

Vehicle Category

Toyota

Dyna

Employment

No - Reporting only

Commercial vehicle

Manual

2755

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

DMCVSNW00050622200

DRIVER

Name of Driver

Passport No/FIN Date Of Birth

Occupation

Accident report SN0922950002

TOOR SATWANT SINGH GXXXX157T

06/07/1990

Outdoor

Date Of Driving Pass 11/10/2018 Driving experience 3 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-91343124 Alt. Phone Number Email Address b2epteltd@gmail.com Address 10 UBI CRESCENT Address complement #02-21 UBI TECHPARK Postcode 408564 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured SUBCONTRACTOR 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 - Head to Rear Weather Conditions AFTER RAIN Road Surface Wet 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) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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

PLS REFER O THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SFH6905L

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver

 Contact Number
 (Phone) +65-98764597

Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

ACCIDENT STATEMENT

1	ACCIDENT DATE: 102 109,		
1		22)(DD/MM/YYYY) TIME-	111 .01
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1	1. DETAILS OF VEHICLE		•
+	a) VEHICLE NUMBER: >	064397	
W.	. b)INSURANCE COMPAN	V. 24 3	¥55
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	h) PURPOSE OF USING AT	ACCIDENT THE	ORCYCLE) .
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	2. INSURED / POLICY HOLDER	OF THE ENDRING	ONLY
	A) NAME: BJE PIE	CTD	
	DINRIC/FIN/PASSPORT:	2106010A	(MALE / FEMALE)
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()	b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT:	MODEL:	· · · · · ·
(-) 9.	C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	CONTACT	087/11507
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Induding driver)	e) DRIVER'S NAME:		
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email = baepte/td@gmail-com

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 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.
- 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 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.
- 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.

(202106010D) CI

Policyholder's Signature / Date & Time

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

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

Sketch Plan

PIE TWDS CLEMENTI RD

Am XQ 64397

BSFH 69057

Describe Circ	umstance of	the Accident							
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touch	c A	e rec	ir po	rtion	g	veh	Β.		

Declaration

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

Policyholder's Signature / Date & Time

UEN No. 202106010D

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

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



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

N SN

AN0676A

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.

DMCVSNW00050622200

Engine No.: 1GD8886315

Cha. No.:JHHAGV4630K001995

1. Index Mark and Registration

Number of Vehicle

YQ6439T

2. Name of Policy Holder

B2E PTE, LTD.

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

18/04/2022 (00:00:00)

Excess Sect 1. EX ON WINDSCREEN. \$\$350.00

S\$100.00

4. Date of Expiry of Insurance

17/04/2023

5. 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 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 in connection with the Policyholder's business.

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

(3) Use for social, domestic or pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: TOYOTA FINANCIAL SERVICES SINGAPORE PTE. 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.

Issued By:

Zhong YueQiang Authorised Officer

Authorised Signatory

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

C 6389 6111

6222 1033

www.sg.cntaiping.com



B2E PTE LTD

10 Ubi Crescent, Ubi Techpark (Lobby E), #04-81, Singapore 408564 Tel:(+65)6893 8896

Email:b2epteltd@gmail.com Business Reg No./GST Reg No.: 202106010D

Our Ref: B2E/ARC/006

02 September 2022

To: Accident Reporting Centre (ARC)

I/We hereby approve (driver's name) Toor Satwant Singh FIN G2591157T, our employee of Buildo Engineering Pte Ltd to drive our vehicle no. YQ6439T and to file the accident report (Third Party Claims/Own Damage Claims/Reporting Only) which occurred on 2 Sep 2022 @ 11.01am along PIE to Clementi Road.

Relationship between Insured and driver's company: Subcontractor

Thank you.

Regards,

Name of Owner: B2E Pte Ltd

UEN No.

NRIC/ROC:202106010D Contact No.: 92329803

Email: accts.b2e@gmail.com