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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 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.

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 06/02/2023 10:07 (SGT) Reported by Driver Date of Accident 03/02/2023 18:53 (SGT) **Exact Location of Accident** Choa Chu Kang Way, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

XD8460Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

L H CONSTRUCTION AND MACHINERY LEASING PTE. LTD. 2XXXXXX157H alex@lhb.com.sg (Phone) +65-91983972

VEHICLE PARTICULARS

Alternative Phone No

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

Scania

P400LA4X2MSZ

Employment

No - Claiming third party Commercial vehicle

Auto 12742

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMCVSNW00118882203

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

ZHANG JUNBO GXXXX622T 25/01/1974 Outdoor



Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	11/08/2009 13 YEARS AND 6 MONTHS Male (Phone) +65-91983972 - alex@lhb.com.sg No Employee No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No	
DETAILS OF OTHER	VEHICLE PROPERTY 1	
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number	SKZ72A Private car	
Contact Number	-	

Address	
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
The art accorded (including Dilver)	

SKETCHPLAN

IMPORTANT NOTICE

- 1. Pease report correctly the details of the needent to speed up the childre process.
- 2. This Formatist be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any within attraction or withinking of material facts may alow 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 contranios.
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Minagement Centre established by the General Insurance Association of Sngapore (GM) for archiving and that copies of this report will for a fee be read available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the prohiving of this report at the centre and to copies of the report being made available aforesaid.
- B. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, discuse and/or process my personal data/personal information set out in this [form] and any other personal information provided by major 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 (at insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' law yers/law fame, 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 imiting of correspondence, statements, involces, reports or notices to me, which could involve disclosure of certain personal data about mo 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 hauters' trwyers/law firms, may/are permitted to colect, 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 GM 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 &

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

Witnessed by Reporting Centre

Sketch Plan

A-XD84601

R-SKZ TOA

Choa chy Kong Way.

ON 31212033 Oround 1853hrg. I was driving my lorry XD 84605 along Choo Chy teng wow: Suddanly I felt an impact from the rear. Vely B 3KZ72A: collided onto my lorry rear portion. Declaration IWe declare the foregoing particulars are true in every respect. Policyholder's Signature / Date & Driver's Signature (I driver is not the policyholder) / Date Witnessed by Reporting Centro

Personnel

Describe Circumstances of the Accident

& Time

Road surface: Dry / (We)	Usage of veh during of accident.
Weather condition: Clear / Raining	
Speed:	Driver IC:
	Driver Name :
Does driver own a vehicle: yes /no	
if yes, veh number plate:	Driver Pass date :
veh insurance co:	Orver Birth date:
Relationship with insured: Employee 7 Employer	
Witness (If any): yes/po	
Witness name:	
Witness hp:	
Witness email (if any):	_
Witness add:	
Witness IC no:	
Withess ic no	
Third party veh number: SFZ 71A	
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:	
Insurance co of third party vehicle.	
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	
	francting only
Action taken : claiming third party / claiming own dam	
No of Pax:	Male Female
Connect3 client vehicle no: XD84 60.	- Citial C
and the second s	Email Address: Alex@LH B. com. Sp
Owner contact no:	
Location of accident: Char Chu tuy Lay -	
Location of accident:	
Time of accident: 18 534 5	
Any Injury: yes /no (if yes, must have police report)	



Motor Commercial

MZ301/C

34

R

ANOSTEA COV. TYPE C

CERTIFICATE OF INSURANCE
Motor Vehicles (Therd-Party Resks and Compensation) Act (Chiepter 157)
Motor Vehicles (Third-Party Rosks and Compensation) Rules, 1950
Road Transport Act, 1957 (Mathysis)
Motor Vehicles (Third-Party Rosks) Rules, 1959 (Mathysis)

CERTIFICATE No.

DMCVSYM00118682233

Engine No.: 6783280 Cha. No.:YS2P4X20005335593

1. Index Mark and Registration

XD8460Y

AUTOSAFE

Number of Vehicle 2. Name of Policy Holder

L H CONSTRUCTION AND MACHINERY

LEASING PTE LTD

Efective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enectment. (00:00:00)

Excess Sect 1. EX ON WINDSCREEN . 552 mm m \$\$100.00

4. Date of Expiry of Insurance

06/10/2023

Persons or Classes of Persons ersond to dree!

(1) Whitst 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) Whitst 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 formating 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.

& Limestons as to use "

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

The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whitst drawing a trader except the lowing of any one deabled mechanically propelled vehicle. (3) Use for the carriage of passengers for hire or reward.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 187) 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 TAPING INSURANCE (SINGLIFORE) FTE. LTD.

Issued By: LEE KOK LEONG (LI GUOLLANG)

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pie. Ltd. (Co. Reg. No. 200208334E) #3 Amon Road #15-00 Springleaf Tower Singapore 079909

O 6339 6111

6222 1033

⊕ www.sg.cntaiping.com

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No. XD8460Y		
Make / Model SCANIA / P400LA4X2MSZ		
Vehicle Type: B36 - Goods (Open) Prime Mover Vehicle Attachment 1: No Attachment		
Vehicle Scheme : Normal Chassis No.: YS2P4X20005335693		
Propellant : Diesel Engine No. : 6789280		
Motor No.: - Engine Capacity: 12742 cc		
Power Rating : - Maximum Power Output :		

	Inladen Weight: 140 kg	
2	Year Of Manufacture : 2013 Original Registration Date : 24 Feb 2014	
2	cifespan Expiry Date : 23 Feb 2034 COE Category : C - Goods Vehicle & Bus	
\$	Quota Premium : \$55,002.00 COE Expiry Date : 23 Feb 2024	
(Road Tax Expiry Date : 06 Apr 2023 PARF Eligibility Expiry Date :	
	Inspection Due Date : 06 Oct 2023 Intended Transfer Date : 04 Feb 2023	
	CO2 Emission : - CEV/VES Rebate Utilised Amount : -	
	CO Emission : - HC Emission : -	
	NOx Emission :	

Maximum Laden Weight:

80000 kg

PM	Fm	ission	

Fees To Be Paid For Transfer

Transfer Fees	\$25.00
Road Tax Renewal - 6 months (07 Apr 2023 to 06 Oct 2023)	\$1,488.00
Road Tax Renewal - 12 months (07 Apr 2023 to 23 Feb 2024)	\$2,626.00

Message

The fees above do not include any late road tax fees, which apply if road tax or lay-up has expired. You can use the digital service Enquire Road Tax Payable to check if there are any late road tax fees. Any road tax that has been paid for the vehicle will be transferred to the next owner.

Print

Save as PDF

Copy as Text

OK >