VATIONAL Assepsment Centre Services 1	MUS 326000 B
Dete in: 1 06 03 2023 19:52 Hich description	Date &Time Completed Done by
Rel No: NBA (12 D& DO) 248 TU SAS e-Ming	
Vali No. XF 28964 E-mail quittin s	an, A(C 2513)
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- Motor W/O	(White: OD thrs, Tr. 40st)
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Assessment/Su	rvey Report
TP insurer: Ass't Report by	y Fax / Hand to Owner/Wise
Proterred Wksp / INO Assign Wksp / QW: (Tel: Fax:
TP Particulars: Yell No: GBH 7009	. INC () / Non-INC () 4
Owner / Driver: (Tel:
Folicy No: (') Period: (. ·) Cover Type: ()
Confirmed by : '(Date: Times) .
THE PARTY OF THE P	YO): N: 0-30%, F: 21-79%, F: 80-190%)
Year of Registration: () Warranty: YES ()/NO()
Excess: (\$) Loading: \$1,000()/\$2,000	
General Remarks of Control of Control (1997)	
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() Total Luss Case : to e-mail Insurer URGENTLY.	
Drive-In()/Towed-In(); Invoice: YES()/1	(O(); Teiving Co: ()
Remorks to AUNG Boolings 6788 (6916)	Complete Property of Complete Property
1) Apply for Transport Allowance () / Courtsey Car (The state of the s
2) QC Check / Post Repoir Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()
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N/A)200381	Invoice Preparation Checklist, Superation Checklist
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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

- 3. Information provided must be as truinful and accurate as possible. Any willul misrepresentation of matching of mischall less than 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.

ACCIDEN	T STATEMENT				
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	06/02/2023 19:52 (SGT) Driver 03/02/2023 08:55 (SGT) SLE, Singapore TOWARDS WOODLANDS AVE 12 Singapore				
DETAILS O	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	XE2896H				
INSURED/POLICYHOLDER					
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes HSING LOONG MANAGEMENT PTE. LTD. 2XXXXX713Z allan8514@yahoo.com (Phone) +65-96535322				
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	Scania P400CB8X4MHZ - 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. DMCVSNW00050862205				
DRIVER					
Name of Driver Passport No/FIN	JIANG XIAOTIAN				

05/01/1957

Outdoor

Date Of Birth

Occupation

Date Of Driving Pass	23/08/2007
Driving experience	15 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	
	(1 110110) 00 0000022
Alt. Phone Number	
Email Address	allan8514@yahoo.com
Address	440C FERNVALE LINK #08-159
Address complement	
Postcode	793440
Is the driver the policyholder?	
	C.170
If No, Relationship of the Driver with the Insured	
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	Complete From to From
	3.53.
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
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)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
Translator's name	<u>a</u>
Translator's ID	
Translator's phone number	
Translator's email	
Original language used in the statement	•
Original language used in the statement	-
PASSENGER 1	
Name	UNKNOWN
Gender	Male
DETAILS OF POLICE ACTION	
BETALES OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	, 55
troo there any video captured by Car Camera?	No
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Vahiala Dagistration Number	
Vehicle Registration Number	GBH7109J
Vehicle Manufacturer	-
Vehicle Model	•
Vehicle Variant	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Pleas ereport correctly the details of the accident to speed up the claims process.
- 2. This Firm must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 lalse reporting may be referred to the Traffic Police Department for investigation.
- 6. 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. Consert under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insider, 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
- (ii) investigating the accident and/or my claims;

Policyholder's Signature / Date & Time

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

	policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
Sketch Plan	SLE Mondei towards woodlends Aver	nue 12
		A-XE 2846H
		THE BEARDON
	A A A A A A A A A A A A A A A A A A A	
Fabrus Nabida yang pakarangan di darah darah samuri samini darah sayan		
	The state of the s	
1 1 1 1 1 1 1 1		

Describe Circumstance of the Accident
I was no my way to my way line
se Mandri I way to my working area, was driving at
SLE Mondai forwards woodlands Avenue 12. if was a 3 lane
conditione of little hours of the
LIVE VICES STOP OF VAN 1 CO. 13 - 1 A A A A A A A A A A A A A A A A A A
rear portion of my vehicle.
The state of the s
Declaration

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

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder), With used by Reporting Centre Personnel (Name as in NRIC/ID card)

ACCIDENT'STATEMENT

LOCATION: SLE MAIN da: DD/MM/YY	
LOCATION: SLF MODICAL I	11). TIME: (08: 155) (HH:MN)
LOCATION: SLE Mandai towards	woodlands the nue 12
1. DETAILS OF VEHICLE	
DIVEHICLE NUMBER: XF 2896	
DINSUPANCE COURSE	++ •
D)INSURANCE COMPANY: CHINA TO	TPING
- CUMP (CHPN/VE) TURN N	ARTY / THIPD PARTY FIRE
e)MAKE & MODEL:	MARTINE MARTINE & HE
FITYPE (SALDON / COUPE / MPV /VAN / LOF 9) VEHICLE CATEGORY: (PRIVATE / COMMED	RY MOTORCYCLE COTHERS
DIVEHICLE CATEGORY: (PRIVATE) COMMER h) PURPOSE OF USING AT ACCIDENT TIME	CIAL/ MOTORCYCLE)
1) ARE YOU CLAMING UNDER YOUR COMMER	working fime.
IF NO. PLEASE STATE THIRD PARTY OF WAR	SURANCE (YES/NO)
2 INSURED / POUCE	KEPORTING ONLY
NAME HSING LOONG MANAGEMENT	1 PIE ITD MARKET
b) NRIC/FIN/PASSPORT:	CONTACT:
c)ADDRESS:	
CONTINUE TO 3.d IF DRIVER ALSO POLICY H	
DRIVER ALSO POLICY H	OLDER
· () "duding diseas) DINAME Jiang Xigotian.	(GALE)
(2) DINRIC/FIN/PASSPORT: G79604160 mail passenger claddress: 440C Femvale link of	
	E08-159 ,5793440
BIOCCUPATION INDOOR (SUPPLEDED)	7. 17 1. 17 19 19
	2007
LIVER AN I-MDI OVER OF THE AND INC.	TOTAL CONTROL OF THE PROPERTY
5. O WEATHER CONDITION OF EAST	HINSURED:
DIROND SURFACE (DRY / WET / OTHERS	DIHERS .
6. WAS ANYBODY INJURED (YES /NO) 7. GIREPORTED TO POLICE (YES /NO)	*
IF YES, PLEASE STATE WHICH POLICE STATION:	
O) VEHICLE NILLABED. COLITIONS	_MODEL:
Induding driver) b) DRIVER'S NAME SUN JIANNUA	N N
() NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE	CONTACT: 91972426
Lin of passanger of VEHICLE NUMBER:	
Indudies del :) el DRIVER'S NAME	_MODEL:
Including driver) of NRIC/FIN/PASSPORT:	
	_CONTACT::-
	;
: Cmail = allan 8 sife	gahoo com
Cmail = allan 8 sife	gahoo com



中国太平保险 (新加坡) 有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Commercial

MZ300/C

R SN

CERTIFICATE OF INSURANCE

or 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)

AN0420A Cov. Type:C

CERTIFICATE No.

DMCVSNW00050862205

Engine No.: DC13113L016955237

Cha. No.:YS2P8X40005432682

1. Index Mark and Registration

Number of Vehicle

XE2896H

AUTOSAFE

2. Name of Policy Holder

HSING LOONG MANAGEMENT PTE LTD

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

26/04/2022 (00:00:00)

Excess Sect !

EX ON WINDSCREEN

\$\$2,000.00 \$\$100.00

4. Date of Expiry of Insurance

25/04/2023

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.

(1) Ose 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. : HONG LEONG FINANCE LTD 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: INXPRESS INSURANCE ASE

Authorised Signatory

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

O 6389 6111

6222 1033

www.sg.cntaiping.com