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SN09233E000B / National Assessment Centre Services [408933] ENTRY DATE & TIME: 15/03/2023 10:27 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (15/03/2023 10:27 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

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 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	15/03/2023 10:27 (SGT) Driver 14/03/2023 09:10 (SGT) Farrer Rd, Singapore - Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	GBM33M
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes ZAVAS PTE. LTD. 2XXXXX880E chiangzx@gmail.com (Phone) +65-91015166
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	LandRover Defender - Employment No - Reporting only Commercial vehicle Manual 2198
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	Sompo Insurance Singapore Pte. Ltd. D22MTPCVE002386
DRIVER	
Name of Driver NRIC No Date Of Birth Occupation	CHIANG ZHAN XIANG SXXXX727A 13/11/1985 Indoor

·	
Date Of Driving Pass	14/01/2004
Driving experience	
- Gender	Male
Mobile Number	(Phone) +65-91015166
Alt. Phone Number	
Email Address	chiangzx@gmail.com
Address	
Address complement	_
Postcode	
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	A STATE OF THE PROPERTY OF THE
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	
Weather Conditions	Clear
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)	
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	· -
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	
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?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTH	ER VEHICLE PROPERTY 1
Vehicle Registration Number	SLB5540Y
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	;-
Vehicle Colour	•
Vehicle Category	
Name of Driver	
NRIC No	SXXXX911A

Private car CHEN LEELING SXXXX911A

NRIC No

Contact Number	(Phone) +65-97338804
Address	-
- Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

SKETCH PLAN

- 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 withholding of material facts may allow
- 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.
- 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.
- 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 mo;

(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.

Policyholder's Signeture / 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

plat	e slight	bens.		
			ATTENDED	
	A THE STATE OF			
Declaration (We declare the form	progoing particulars are tr	us in every respect		× , ,

10 Sin Ming Drive Singapore 575701 www.lta.gov.sg

28 Jan 2023

Our ref 2801230203N061102112

What You Need To Do:

You must show the new number GBM33M on your

vehicle by 31 Jan 2023.

ZAVAS PTE. LTD. APT BLK 1002 JALAN BUKIT MERAH #02-11 SINGAPORE 159456

Dear Sir/Madam

You Have Successfully Replaced Vehicle Registration No. GBE9118K With GBM33M

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was GBE9118K, now has the number GBM33M.

The vehicle details after the transaction are:

Transaction No.

: 20230128102006584514

Vehicle Registration

: GBM33M (Previously GBE9118K)

No.

Vehicle Make

: LAND ROVER

Vehicle Model

: DEFENDER 90 HARD TOP 2.2 MT

4WD 3DR LGV

Chassis No.

: SALLDWNP7EA451539

Engine No./ Motor

: 140222102105DT224 / -

No.

Please change the number plates on this vehicle to show GBM33M by 31 Jan 2023. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

ACCIDENT'STATEMENT

ACCIDENT DATE: (14, 3, 2023 (DD/MM/YYY), TIME; (09, 10) (HIK:MM)
ACCIDENT DATE: (17/. 3) DO MM MYYY), TIME: (11/1/MM)
LOCATION: POLICE
1. DETAILS OF VEHICLE GEM33M (GBE9118K).
a) VEHICLE · NUMBERI
BINSURANCE COMPANYI SOM BO 002386
CIPOLICY NOMBER (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
BIMAKE & MODEL! LAND POVER, DEFENDER
B)MAKE & MODEL! LAND POVER, DETERMINE COMME COMME COMMES (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE, OTHERS) COMMESCIAL / MOTORCYCLE PAR MOTORCYCL PAR
DIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) H) PURPOSE OF USING AT ACCIDENT TIME. GOING TO WAR (YES/140)
IF NO. PLEASE STATE (THIRD PARTY CLAIM / KENOKINI)
2 INSURED / POLICY HOLDER . 7 AVA . TE CHEMALE
ANAMEL 2018078NE CONTACTE 47815
DINRIC/FIN/PASSPORT 302 JACAN BUELT MEP NH CIADDRESS! 1002 JACAN BUELT MEP NH
1706
* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER
WHO of prissanges DRIVER CHANG ZHAN KIANG MALE / FEMALE 166
(Including driver,) BINRIC/FIN/PASSPORTI NO RAFT MERAH 1402-71
(1) CIADDRESS: 1002 JLN BURT MEPTIN
d) DATE OF DIRTH: (
PLOCCUPATION! (INDOOR / OVIDOON) 4/1/2814
1) DATE OF DRIVING PRINCE OF THE TAGURED'S COMPANY?
A THE DRIVER WITH THOUSE
PIROAD SURFACE (DRI / HOI / FIGH
6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POUCE (YES / NO)
IE VES DI FASE STATE WHICH POLICESTATION
WILLIAM DE ADTY VEHICLE
Who of passinger of VEHICLE NUMBER; CHEN LEELING MODELL 97334804
Chichicani alviver, C) MRIC/FIN/PASSPORTI S711 671
() O THIRD PARTY VEHICLE
My No No passonger of DRIVER'S NAME! CONTACT!
(Induding divover) DRIVER'S NAME: CONTACTION ON TACTION OF THE PASSPORT!
email = chiang zx@gmail.on
5.
· VIDAO



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623 Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) **ROAD TRANSPORT ACT 1987 (MALAYSIA)** ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No.

: D22MTPCVE002386

1. Registration No.

: GBE9118K

2. Insured Name

: ZAVAS PTE. LTD.

3. Commencement Date : 22 AUGUST 2022 00:00

4. Expiry Date

: 21 AUGUST 2023 23:59

5. Coverage

: Market value at time of loss - Comprehensive

6. Excess

: \$500 - Section I

7. Persons or Classes of Persons entitled to drive*

b) Any person who is driving on the Insured'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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use*

1) Use in connection with the Insured'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, pacemaking, reliability trial or speed-testing.

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

9. ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline: (65) 6461 6555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers,

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)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue: 10 AUGUST 2022 13:57

*Limitation 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.

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.

2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation)Act (Cap.189)

3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.

Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
 Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy