VATIONAL Assessment Centre Services "	111 12000	2776900)
Deserto: 1703 2003 11:50 406 description	Date & Ti	no Completed	Done by
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TP Panticulars: Veli Noi State 1	, INC(,) Non	THC()	
Owner / Driver: (Tel:)
Polley No: () Period: () Caves Ty)
Confirmed by t'	Dates	Timer)
insured/Oriver Liability: (%) (Note-list Stores (V	E-100-14 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	-79%. F: 30-190	<u>(1)</u>
Year of Registration: () Warranty: YES ()/80()		
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() Total Loss Case : to e-mail Insurer URGENTLY.			
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1) Apply for Transport Allowance ()/ Courtesy Car () .		the Atlanta of the later of the
2) QC Check / Perr Reputr Inspection ()	and had shipped a sale of the control of the contro	Marie Company Addition	
3) Uplacd Resurvey Photo [Repair Cost > \$3000] () ;		
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SN08233G0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 17/03/2023 11:57 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (17/03/2023 11:57 (SGT))



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

5. Into matter provided most be as it until and accurate deposition of 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	17/03/2023 11:57 (SGT) Driver 14/03/2023 11:10 (SGT) CTE, Singapore TOWARDS CITY (BARTLEY EXIT) Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SLD5940R
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes CH M&E GROUP PTE. LTD. 2XXXXX840D jenniferx4325@gmail.com (Phone) +65-62580565
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	Toyota Sienta - Employment No - Claiming third party Commercial vehicle Auto 1496
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00143702202
DRIVER	
Name of Driver Passport No/FIN Date Of Birth Occupation	LI JIAFANG GXXXX541L 05/06/1988 Indoor

Date Of Driving Pass 05/09/2015 Driving experience 7 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-91292835 Alt. Phone Number Email Address jenniferx4325@gmail.com Address BLK 871A TAMPINES STREET 84 #06-33 Address complement Postcode 521871 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured **Employee** 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 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 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 PASSENGER 1 SHUANG GANG Name Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Traffic Police Police Station Name Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230315/7047 AND T/20230315/7049 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	SKJ8629B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ABDUL RAZMIN BIN ABDUL RAZAK
Contact Number	(Phone) +65-87557531
Address	-
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

INSURED I	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	SHUANG GANG
Gender	Male
Phone No	(1 110110) 00 0000000
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLD5940R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 Authorised Driver.
- 3. 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 Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, agree and consent that:

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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' law yers/law firms, may/are permitted to 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Folicyholder's Signature (If driver is not the policyholder) / Date

Time

Sketch Plan

TOWARDS

BARTUEY

B - Sky Pla P

B - S

Describe Circumstances of the Accident
STOPPEN MY VEHICLE AS THE VEHICLE INFRONT
STOPPED DUG- TO HEAVY TRAFFIC.
100000000000000000000000000000000000000
MOMENTO LATER, I FELT AN INPACT FIZION THE REAL
The mil Vail
Ok my VaxI.
VEH B COULDED ONTO THE REAR OF MY VEH.
POLICE RAPORT 1/20230315/7047 \$ 7/20230315/7049-

Declaration

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

Policyholder's Signature Date

Driver's Signature (If driver is not the policyholder) / Date & Time /5/03/2023

Witnessed by Reporting Centre Personnel



1 of 3

Report No. T/20230315/7047

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 15/03/202	Report M 3 17:03	ade:	Vide	Report No.:	MARKET SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SECTION ADDRESS OF THE SECTION ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS O			Station Diar	y No.:
Informant		lars							
Name of Ir LI JIAFAN			Addre APT E	BLK 871A T	AMPINES ST	TREET	84 #06	6-33 TAMPI	NES
ID Type / ID No.: FIN NO / G3368541L			Conta Home	VISTA SINGAPORE 521871 Contact No.: Home/Office: Mobi			pile: 91292835		
Nationality CHINESE			Email	: :OROL6@G	MAIL.COM				
Sex: Male	Age: 34	Date of Birth: 05/06/1988		of Informant					
Race: Chinese			Langu			Institu	tion / S	School Name	e:
Occupation TECHNICI				g Licence In	formation:	Date o	of Expi	ry:	
6 11 5									
General Inf		of the Accident							
Type of Accident:	1 7	ury hers		Drink Drive: No	Date/Tim Accident: 14/03/202		0	Type of Lo Straight Ro	
Location:				1110	14/03/202	23 11.10	J		
CENTRAL	EXPRESS	SWAY							
Weather:			Road	Surface:					
Clear			Road Surface: Dry				Road Speed Limit: 90 Km/h		it:
Traffic Flow One Way		-		Control: ontrolled	(A)			c Volume:	
Type of Collision: Between Moving Vehicles - Head To Re			ear				Anyo	ne conveye ılance:	d by

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SKJ8629B	Car		1175451	00101	Conditio	No of
	Joan					0
SLD5940R	Car					
OLD 0540IV	Cai					0

Details of Person Involved	
Any Pedestrian Involved: No	A CONTRACTOR SECTION OF THE CONTRACTOR SECTI
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20230315/7047

CONTINUATION OF REPORT

Passenger				GEN SOM S		
Name	SHUANG GANG			ID No		G3812577Q
Related Vehicle	SLD5940R (Car)			Conta	ct No.	89088966
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	14/03/2023 Date			14/03/2023		3/2023
No. of Days gran	of Days granted Medical Leave 03 Degree of			f Slight		
Driver				Martin Car		Carlo de Car
Name	LI JIAFANG			ID No		G3368541L
Related Vehicle	SLD5940R (Car)			Contact No.		91292835
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	14/03/2023		Date	14/03/2023		3/2023
No. of Days gran	ted Medical Leave	05	Degree of	ij.	Sligh	t

Brief Details.

I STOP MY VEH AS THE VEHICLE INFRONT STOPPED DUE TO HEAVY TRAFFIC.

MOMENTS LATER, I FELT AN IMPACT FROM THE REAR OF MY VEH.

VEH B COLLIDED ONTO THE REAR OF MY VEH.

AFTER THE ACCIDENT, MY COLLEAGUE AN I FELT UNWELL AND WE CONSULTED THE DOCTOR. I AM GIVEN 5 DAYS MC WHEREBY MY COLLEAGUE WAS GIVEN 3 DAYS MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20230315/7047

CONTINUATION OF REPORT

Sketch Plan			
Informant is	not able t	o provide	sketc

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/03/2023 17:03
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
NP168	





1 of 3

Report No. T/20230315/7049

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 15/03/2023	,	ade:	Vide Report No.:	Station Diary No.:
Informant's	s Particul	ars		
Name of In			Address: 246 BISHAN STREET 22 #05	-330 SINGAPORE 570246
ID Type / ID FIN NO / G		2	Contact No.: Home/Office:	Mobile: 89418140
Nationality: CHINESE			Email: SHUANGGANG2018@GMAIL	COM
Sex: Male	Age: 35	Date of Birth: 14/11/1987	Type of Informant: Passenger	
Race: Chinese			Language: English	Institution / School Name:
Occupation TECHNICIA			Driving Licence Information: Class:	Date of Expiry:

General Informa	tion of the Acci	dent	有这个对称 自			
Type of Accident:	Injury Others	Drini Drive No	e: Ac	ate/Time of ccident: 4/03/2023 11:10	Type of Straight	
Location:						
CENTRAL EXP	RESSWAY					
Weather:		Road Surfac	ce:		Road Speed L	imit:
Clear		Dry			90 Km/h	
Traffic Flow:		Traffic Cont	rol:		Traffic Volume	e:
One Way		Not Controll	ed		Moderate	
Type of Collision Between Movin	n: g Vehicles - Hea	d To Rear			Anyone conve ambulance: No	eyed by
					110	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKJ8629B	Car					0
SLD5940R	Car					0

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	





2 of 3

Report No. T/20230315/7049

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver						
Name	LI JIA FANG		ID No.		G3368541L	
Related Vehicle	SLD5940R (Car)			Conta	ct No.	91292835
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date	14/03/2023 Date		Date	14/03/		3/2023
No. of Days granted Medical Leave 05			Degree of	Degree of Slight		t
Passenger	Received, Laboratoria					A 1000000000000000000000000000000000000
Name	SHUANGGANG			ID No.		G3812577Q
Related Vehicle	NIL			Contact No.		89418140
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL	Date	Date NIL			
No. of Days granted Medical Leave		NIL	Degree of N		NIL	

Brief Details.

I STOP MY VEH AS THE VEHICLE INFRONT STOPPED DUE TO HEAVY TRAFFIC.

MOMENTS LATER, I FELT AN IMPACT FRONT HE REAR OF MY VEH.

VEH B COLLIDED ONTO THE REAR OF MY VEH.

AFTER THE ACCIDENT, MY COLLEAGUE AND I FELT UNWELL AND WE CONSULTED THE DOCTOR. I AM GIVEN 3 DAYS MC WHEREBY MY COLLEAGUE WAS GIVEN 5 DAYS MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20230315/7049

CONTINUATION OF REPORT

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/03/2023 17:12
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

VEHICLE NO: SAD STHOR MAKE & MODEL: TUSKS

VEHICLE NO: SAD STHOT	MAKE & MODEL: NOW STANDED 1.56A
CATE OF ACCIDENT	14 103 13053
TIME OF ACCIDENT	IVO (AM) PM
LOCATION OF ACCIDENT	(IS JOHNER 414 (BRIKH EXIL)
Exact Purpose use during accident	
NAME OF OWNER	CH MFE GRIND DE PIN
TELP NO	6258 0565
NRIC	501H1CBHCJ
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
PRIVATE HIRE	YES INO?
INSURANCE CO.	CHINA TAIPING.
TYRE OF COVERAGE	Comprehensive \ Third Party / Third Party Fire & Theft
POLICY NO.	DMPCSNW001437 02202.
NAME OF DRIVER	As above / If No: W JIA FANS
NRIC	633685HIL Any passengers: OI (SHURKS SA
DATE OF BIRTH	45 1 66 1 1988
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	7105 2017
GENDER	Male / Female
CONTACT NO.	9/29 2835 Office: Home:
ADDRESS	BLK 8719 TAMPINES STREET 84 #06-33 SINGPLANT STREET
DRIVER HAVE ANY OWN VEHICLE	(NO) If yes: Reg No:
RELATIONSHIP	Employee / Hirer / Spouse / Parent / Friend / If No:
WEATHER CONDITION	Clear / Raining / Dizzling / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	NO / If yes: Who? I JIA FALS SHUALLY GALLY
CONTACT NO.	
POLICE REPORT	NO / If yes : Where?
VEHICLE B NO.	SKJ & B Any passengers:
NAME	HERRY LUBER CHE CHINGAR SAR LLEGA
CONTACT NO.	8755 7531
VEHICLE C NO.	Any passengers:
VEHICLE D NO.	Any passengers:
VEHICLE E NO.	Any passengers:
VEHICLE F NO.	Any passengers:
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown	person soliciting (s)/
Refering accident claims assistance?	YES / NO
DADTICI II AD WODWCITOR	Espera Auto Dto Ltd.
PARTICULAR WORKSHOP	Focus Auto Pte Ltd - JENNIFERX 4325 64 MAL. COM
TELP NO.	1 Kaki Bukit Avenue 6
CONTACT PERSON	Autobay @ kaki bukit
FAX NO.	#02-48/50 Singapore 417883
	Tel: 6886 9097
	Fax: 6844 4625



Motor Private Car

MX4F

R SN

AN0101A 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.

DMPCSNW00143702202

Engine No.: 2NR8581329 Cha. No.:NSP1707020959

1. Index Mark and Registration

SLD5940R

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

4. Date of Expiry of Insurance

CH M&E GROUP PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (00:00:00)

23/06/2022

22/06/2023

Named Drivers Ex Sect. I

\$\$500,00

Additional Ex Other than Named Drivers:

\$\$3,000.00

Ex Sect. I - Age <= 25

\$\$500.00

Ex Sect. I - Age >= 26 * Age as at date of accident

EX ON WINDSCREEN. \$\$100.00

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 for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : HL BANK 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: I TRUST PTE LTD **Authorised Officer**

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

★3 Anson Road #16-00 Springleaf Tower Singapore 079909

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www.sg.cntaiping.com