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SN08233R0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 27/03/2023 10:23 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (27/03/2023 10:23 (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 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

27/03/2023 10:23 (SGT) **Actual Driver** 23/03/2023 09:10 (SGT) Corporation Rd, Singapore JUNCTION BEFORE YUNG HO ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBF7418C

INSURED/POLICYHOLDER

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

Yes DAWN ENGINEERING WORKS PTE. LTD. 1XXXXXX316E dawn.engineering@gmail.com (Phone) +65-92366478

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model

Toyota Dyna

Variant

Employment

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

No - Claiming third party

your vehicle? Vehicle Category

Commercial vehicle Manual

Transmission CC

2982

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMCVSNA00121852202

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

ABDUL RAZAK BIN BIDIN SXXXX276B 24/03/1957 Outdoor

14/06/1979 Date Of Driving Pass 43 YEARS AND 9 MONTHS Driving experience Male Gender (Phone) +65-91433467 Mobile Number Alt. Phone Number arazakbidin@icloud.com **Email Address** BLK 875 WOODLANDS STREET 82 #02-536 Address Address complement 730875 Postcode 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 IRWAN BIN OKED Name Male Gender DETAILS OF POLICE ACTION No 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) Yes Are accident photos available for attachment? No Was there any video captured by Car Camera? DETAILS OF OTHER VEHICLE PROPERTY 1 SBS3073X Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
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

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?	ABDUL RAZAK BIN BIDIN Male (Phone) +65-91433467 SLIGHT INJURY GBF7418C Yes No
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?	IRWAN BIN OKED Male SLIGHT INJURY GBF7418C Yes No

SKETCH PLAN

IMPORTANT NOTICE

- i. 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 <u>truthful and 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 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)

l understand, acknowledge, agree and consent that

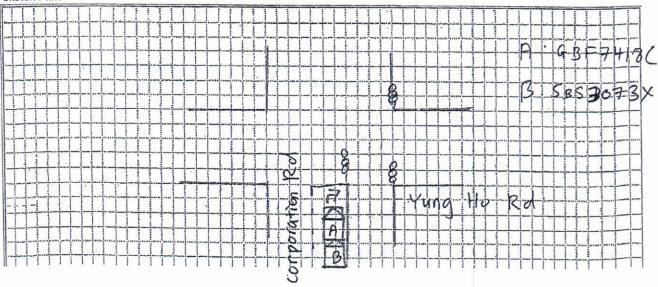
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident 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.

Policyholder's Signal 1 3 1 6 & Time

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

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

Sketch Plan



-		Junction			
I am travelling along	corporation	rd before	YungH	lo Rd.	Town
while stationary wattine	for the tra	ffic light	to clea	7 .	darry.
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of my ushide.					
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I/We declare the foregoing particulars are true in every respect.

Policyholder's Saldiam Pre & Time

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

Witnessed by Reporting Centre Personnel



Date of Accident	: 23032023 Accident Time: 0910 (24-HR-FORMAT)
Accident Place	: Corporation Rd Juantion before YUNG HO RD.
Vehicle Reg. No (Car plate No.)	GBF7418C CC: Vehicle Make/Model: TOYOTA DYNA
Insurance Company	CHAT CHINA TAIPING Policy No. OMCUSNA CO121852262.
Name of Registered Owner	: Company / Individual DAWN ENGENEERING WORKS PIELTP.
ID of Registered Owner OWNER EMAIL ADDRESS:	: Co Reg No: 199363316E Owner's NRIC No:
DAWN ENGINE ERING & GMAIL . CO	Co Contact No: 92366478 Owner's Contact No: -
DRIVER'S Name	ABOUL RAZAK BY GEORN BIDINER'S NRIC No: 51 26 32768
DRIVER'S Date of Birth	24631957 DRIVER'S License Pass Date 14061979.
Relationship bet. Owner & Driver	: Spouse ' Parents 'Children' Sibling Employee Others:
DRIVER'S Address	APT BLK 875 WOODLANDS STREET 82 402-536 (73081
DRIVER'S Contact No./ Alt No.	:1) 9143 3467 2)
DRIVER'S Occupation	: INDOOR OUTDOOR eg. working inside or outside of an ofc)
Email Address	ARAZAK BIDIN GICLOUD. COM.
Weether & Road Surface	CLEAR & DRY RAINING & WET LAFTER RAIN & WET
Reporting Type	: Reporting Only \Claim Other Party Claim Own Insurance
Number of Passengers (including Dri Was the accident reported to the polic Was there any video Captured by car Exact purpose for which vehicle was Any injuries, if yes(name of the inj	Ver): 2 Name & Gender: ABBUL RAZAIC BIN BIOIN /M.
Vehicle Reg No: SBS 3073×	
Vehicle Make/Model:	Vehicle Reg No:
Name DRIVER:	
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:
REPORT FORM EXPLAINED IN : ENGLISH /	CHINESE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT : OWNER	R / DRIVER / BOTH



中国太平保险 (新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Commercial

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Parry Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Theo-Party Risks) Rules, 1959 (Mataysia)

MZ407/C

R SN

AN0676A

Cov. Type:C

CERTIFICATE No.

DMCVSNA00121852202

Engine No : 1KD2684637

Cha. No.: JTFAT35YX0K207549

Index Mark and Registration

GBF7418C

AUTOSAFE

Number of Vehicle

Effective date of the Commencement of

DAWN ENGINEERING WORKS PTE. LTD.

2. Name of Policy Holder

01/10/2022 Insurance for the purposes of the Regulations, (00:00:00)

Ordinance or Enactment

Fyress Sect I

552 000 00

Excess Sect. II S\$1,500.00

EX ON WINDSCREEN . \$\$100.00

4. Date of Expiry of Insurance

30/09/2023

5. Persons or Classes of Persons entitled to drive!

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired

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.

6. Limitations as to use:

(1) Use in connection with the Policyholder's business and Hirer's Business.

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

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

The policy does not cover:

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

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

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO. : MAYBANK

* 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

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Issued By: Loo Yee Feng **Authorised Officer**

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

Q6389 6111

₱6222 1033

www.sg.cntaiping.com