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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1, Please report correctly the details of the accident to speed up the claims process.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance compenies to
- 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.

- 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. 5. Any false reporting may be referred to the Police for investigation.
- 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

| foresaid. | ACCIDENT STATEMENT | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| | 29/01/2018 19:10 | |
| Date Of Report | 28/01/2018 17:00 | |
| Date Of Accident | TPE TOWARDS CHANGI AIRPORT | |
| Exact Location Of Accident | SINGAPORE | |
| Country/State of Loss | DETAILS OF OWN VEHICLE | |
| went and | SJP1151M | |
| Vehicle Registration Number | | |
| Insured/Policyholder | BZYCARS | |
| Name Of Registered Owner | 53279849W | |
| Co Reg No | MUSRE78@GMAIL.COM | |
| Email Address | (LOCAL) +65-84088108 | |
| Mobile Phone No | OFFICE-84088108 | |
| Alternative Phone No | | |
| Vehicle Particulars | TOYOTA | |
| Manufacturer | CAMRY-2.4 ABS AIRBAG (A) | |
| Model | | |
| Exact Purpose for which vehicle was being use time of accident | | |
| Are you claiming under your own insurance po for repair to your vehicle? | | |
| If No, Please state action to be taken | REPORTING ONLY | |
| Vehicle Category | PRIVATE HIRE | |
| Insurance Company | A ACCUPANCE COMPANY LTD | |
| Name of Insurance Company | ALLIED WORLD ASSURANCE COMPANY, LTD | |
| Type Of Coverage | COMPREHENSIVE | |
| Fleet Policy | NO | |
| Policy Number | MOMVP000003150-00-000 | |
| Cover Note Number | | |
| Driver | The second secon | |
| Name of Driver | MUSA BIN IBRAHIM | |
| NRIC No | S1347780I | |
| Date Of Birth | 08/04/1959 | |
| Occupation | OUTDOOR | |
| Date Of Driving Pass | 13/12/1989 | |
| Driving Experience | 28 YEARS AND 1 MONTH | |
| Gender | MALE | |
| Mobile Number | (LOCAL) +65-84088108 | |
| Fax Number | 24000109 | |
| Contact Number | OTHERS-84088108 | |
| | MUSRE78@GMAIL.COM | 2000 |

MUSRE78@GMAIL.COM

Address

BLK 672A YISHUN AVENUE 4

#06-502

Postcode

761672

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNKNOWN (PASSENGER)

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHB7620J

Vehicle Make/Model/Colour

CHEVROLET

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

96606029

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Page 2 of 21

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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
- 7. By the lodgment 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:

- 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)
 - (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
 - (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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

nelving with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

29/1/10

Date & Time:

Reporting Centre Personnel's Signature

THANKS BETTER BETTER

AGCIDENT STATEMENT

| ACCIDENT STATEMENT | |
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| 100105NT DATE 28 10.1 12018 (OD/MM/YYYY), TIME: (17. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | |
| ACCIDENT DATE: 20 E TOWARDS COTOMS ANDOR | |
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| Samuel O tree W. | |
| 1. DETAILS OF VEHICLE STP 1151 M | |
| ONEHICLE NUMBER! AMERICAN | |
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| D)INSURANCE COMPANT OF THE ATTENTION OF | |
| DIPOLICY TYPE: (COMPREHENDIA) CAMPY | |
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| NTYPE: (SACOON / COUNTER / COMMERCIAL / MOTORCIOCE | |
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| A)NAME: | |
| UNKNOWN BINRIC/FIN/PASSPORT | |
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| 15 Ho of passenger DRIVER WUSA 5 Braws MALE 14088108 | |
| (Including direct) SINAME: 513477801 CONTACT: 4906-5-2 | |
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| 4 NO OF PASSENGER OF VEHICLE NUMBER: _ STEEL CONTACT: 16606029 | |
| CONTACT: | |
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| VELICLE NUMBER | |
| CONTACT DOLVED'S NAME | |
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Date of sirm 08-04-1959

SINGAPORE









GREAT AMERICAN INSURANCE COMPANY

GST REG. NO.: M90370081T UEN: T15FC0029B 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

PRIVATE CAR COMPREHENSIVE POLICY SCHEDULE

ORIGINAL

We, Great American Insurance Company (hereinafter called the Insurer), hereby agree, in consideration of the payment to us by or on behalf of the Insured of the premium specified in the Schedule, to insure against loss, liability or expense in the manner hereinafter provided. Subject to the following terms, conditions, exclusions, clauses, endorsements and warranties printed hereon or attached hereto.

Policy No.

MOMVP000003150-00-000

Issue Date

09/11/2017

Intermediary

NLE Insurance Agencies Pte Ltd

Insured

Bzycars.

Address

7500A Beach Road

#04-324 The Plaza Singapore 199591

Period of Insurance

: From 15/09/2017 (00:00) To 14/09/2018 (23:59) (Both Dates Inclusive)

Policy Version

: MVP 0116_V1.4

Coverage Details

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium Inclusive GST

: SGD 1,600.00

Cover Type

: Private Car (Comprehensive)

Primary Driver

Any persons who is driving on the policyholder's order or with their permission

Named Driver 1 Named Driver 2

N/A

Named Driver 3

N/A N/A

TOYOTA CAMRY 2.4 AUTO ABS

Manufacturing Year

2009

Vehicle Make Model

AIRBAG:

2362

: No

Registration Number

SJP1151M

Vehicle Capacity

Off Peak Car

iż. No

Chassis Number

MR053BK4007032630

Engine Number NCD Protection 2AZE127989

NCD Entitlement

10% No Claim Discount

Workshop

: Authorised Workshop

Excess (Section 1)

: SGD 2,000.00

Excess (Section 2)

Windscreen Excess

: SGD 1.500.00 : SGD 100.00

Hire Purchase Company

: YES MOTORING PTE, LTD.

Subjected to the following terms, conditions, clauses, endorsements and warranties printed hereon or

attached hereto: THE FOLLOWING ENDORSEMENTS AND CLAUSES ARE APPLICABLE TO THIS POLICY

Additional Excess for Authorized Driver - Own Damage Claims Hire Purchase (where applicable)