

## 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 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 ability.
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 Report	10/05/2018 15:15
Date Of Accident	09/05/2018 16:00
Exact Location Of Accident	ALONG STIRLING ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2825D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S EVORICH WORKS PTE LTD
Co Reg No	201012213H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63487333

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	COMMERICAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	GOODS VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1754911700
Cover Note Number	

### Driver

Name of Driver	ALAM SARWAR
Passport No/FIN	G499880Q
Date Of Birth	25/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	08/01/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98069912
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	27, KIM CHUAN TERRACE
Postcode	537045
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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 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)	1

#### 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

AS PER SKETCH PLAN ATTACHED.

#### 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	SHD1076J
Vehicle Make/Model/Colour	KIA TAXI SILVERCAB SILVER COLOUR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG LOY YONG
NRIC/Passport Number	S6831532H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Sketch Plan Pg. 1

### SKETCH PLAN

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#### 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 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.
- (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
  - (ii) for the purposes of legal proceedings under any regulations, laws or court orders.

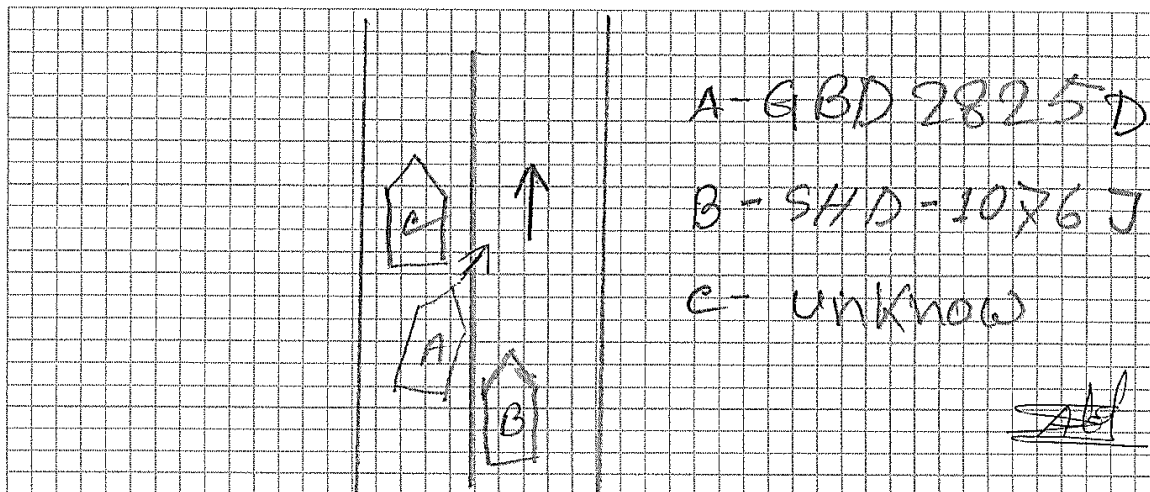
**EVORICH WORKS PTE LTD**  
EVORICH R & D • 16 Tampines St 92 #01-08/09  
Building and Gallery • (Mails & Cheques Receiving Centre)  
excite @: [www.EVORICH.com.sg](http://www.EVORICH.com.sg)  
Tel: 6348 7333 (12 lines)

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: *Sally*  
NRIC/FIN No.: *5184 Z*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date of 9.may. Slowly I come out Right line.  
After Trey come out on the Right line.  
And hitting lorry.

**EVORICH WORKS PTE LTD**  
DECLARATION  
EVORICH R & D (P) Ltd  
Building and Gallery (Malls & Shopping Centres)  
excite @: www.EVORICH.com.sg  
Tel: 6348 7333 (12 lines)

I hereby declare that the particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name: Sally  
NRIC/FIN No.: 5184 Z

2.45 PM



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

MZ300/CN SN  
AN0481A  
Cov. Type: C  
AUTOSAFE

### 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. DMCVSN1754911700 Engine No :1KD2426018  
Chassis No:JTFAT35Y40K203366  
1. Index Mark and Registration Number of Vehicle GBD2825D  
2. Name of Policy Holder EVORICH WORKS PTE LTD  
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 22 AUGUST 2017 EXCESS SECT I .....S\$500.00  
EX ON WINDSCREEN .....S\$100.00  
4. Date of Expiry of Insurance 21 AUGUST 2018  
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: \*

- (1) USE 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. : UNITED OVERSEAS BANK LIMITED 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.

Countersigned By:

Authorised Officer


Authorised Signatory

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **G8499880Q**  
Name: **ALAM SARWAR**

Birth Date: **25 Aug 1980**  
Issue Date: **08 Jan 2018**  
Valid Till: **07/01/2023**

002761706A




Drive-

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		<b>EFFECTIVE DATE</b>
Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	08 Jan 2018

NP 428A

Licence No: G8499880Q



FIWPS111Eb\_E2 - IPA Work Permit 0 63047562 / 10 APR 2018

EMPLOYER'S COPY



EVORICH HOLDINGS PTE. LTD.  
16 TAMPINES STREET 92  
#00-00 JP BUILDING  
SINGAPORE 528873

Driver

12 Apr 2018

**Your application is approved**

Dear Sir / Madam

We are pleased to inform you that ALAM SARWAR's Work Permit application has been approved in-principle. Please bring your new worker to Singapore before this approval expires on 11 Jul 2018.

The next page lists the steps you need to take for your worker to be issued a Work Permit card. Your worker can start work on the second day of the arrival in Singapore while waiting for the steps to be completed.

You need to complete the steps within 14 days of the worker's arrival. Otherwise, MOM's approval will be withdrawn and you will need to send your worker home.

Yours sincerely

Penny Han (Mrs)  
Controller of Work Passes

NAME OF FOREIGN WORKER  
ALAM SARWAR  
WORK PERMIT NO.  
0 63047562  
PASSPORT NO.  
BN0226158  
DATE OF APPLICATION  
10 APR 2018  
CPF SUBMISSION NO  
200721632D - PTE - 01  
MONTHLY LEVY RATE  
S\$600  
SB TRANSMISSION REF NO  
3681335

**▲ IMPORTANT**

- You must comply with the Employment of Foreign Manpower Act, and the Conditions and Regulatory Conditions of Work Permit. MOM will take action on non-compliance. You can read the rules at [www.mom.gov.sg](http://www.mom.gov.sg)

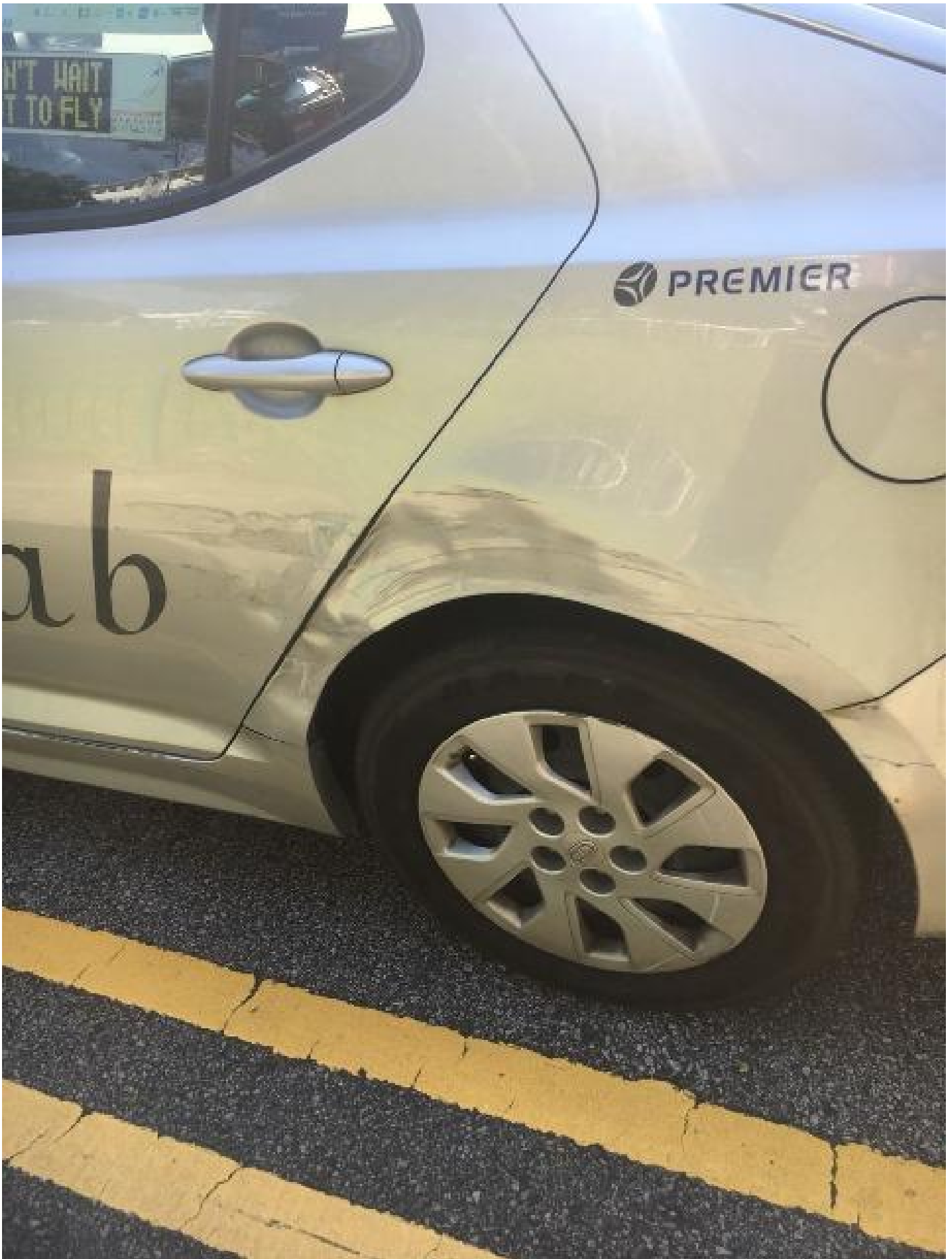
Ministry of Manpower Work Pass Division

Web <http://www.mom.gov.sg>Contact Us <http://www.mom.gov.sg/contact>

Page 1 of 2





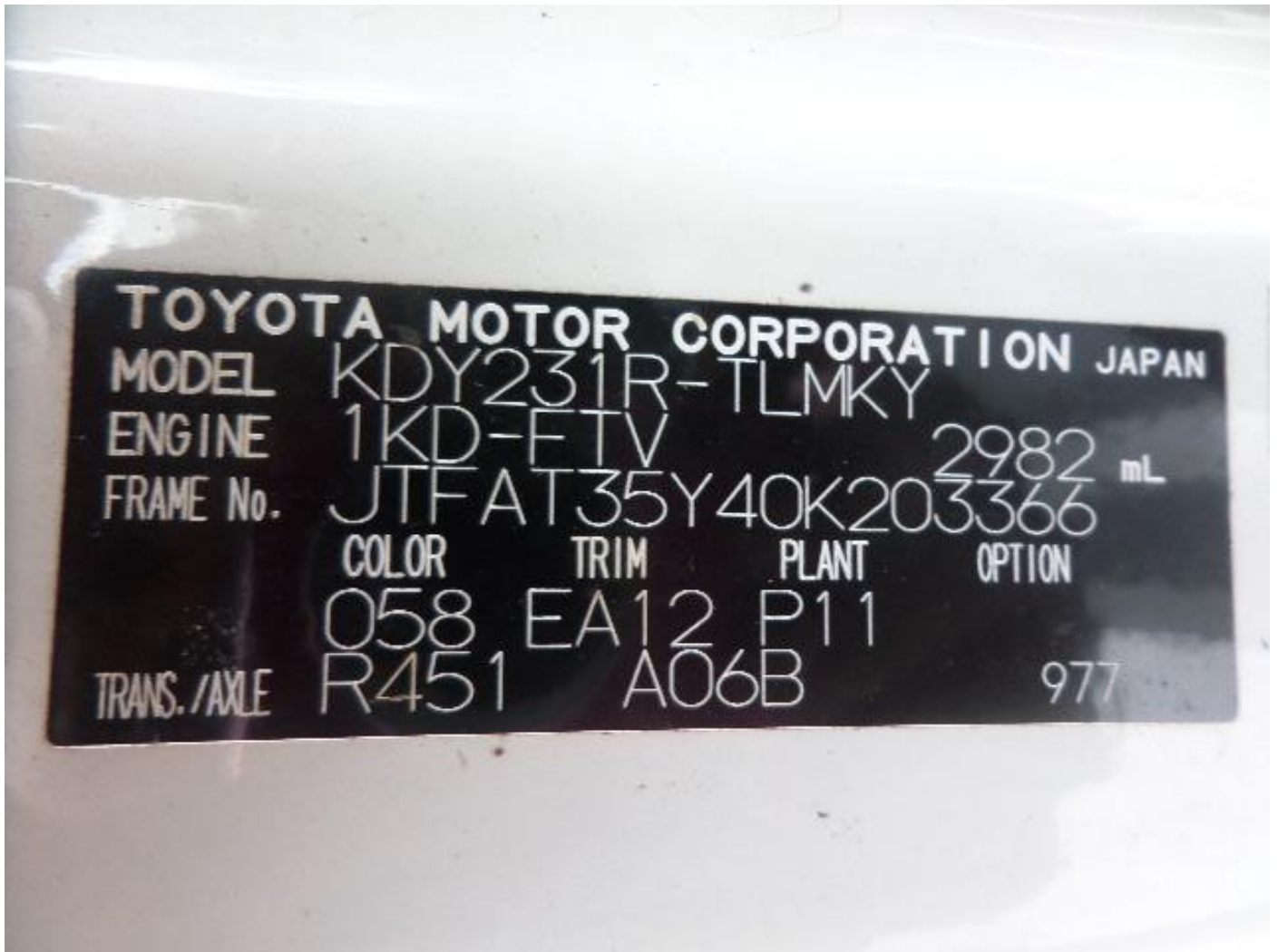


INSURED VEH





CHASSIS NO





INSURED TP



INSURED TP



INSURED TP





INSURED TP





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