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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> by the Policyholder and/or the Authorised 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 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.	
S. C. S. Street Street, Market Street, and Street,	ACCIDENT STATEMENT
Date Of Report	30/05/2018 15:18
Date Of Accident	28/05/2018 14:15
Exact Location Of Accident	TELOKBLANGAHRDTWDSHENDERSONRDBESIDE BTCHEMINRDEXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM2793U
Insured/Policyholder	
Name Of Registered Owner	SGRENTACAR PTE LTD
Co Reg No	201329402W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91180710
Alternative Phone No	OFFICE-91180710
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L 5AT
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1761781700
Cover Note Number	
Driver	
A CONTROL OF THE PROPERTY OF T	

Name of Driver KOH WING HONG NRIC No S8532728C Date Of Birth 05/10/1985 Occupation INDOOR Date Of Driving Pass 26/02/2005 Driving Experience 13 YEARS AND 3 MONTHS Gender MALE Mobile Number (LOCAL) +65-91180710 Fax Number Contact Number OTHERS-91180710 EMail Address NOEMAIL

BLK 276D JURONG WEST STREET 25 Address

#10-05

Postcode 644276

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 SIDE SWIPE Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

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) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : KOH CAI HONG

GENDER: : FEMALE

Passenger 2

NAME: : PANG YOKE HOON

GENDER: : FEMALE

Passenger 3

NAME: : QUINTON CHOO GAA KYUN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

4

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLM8547B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 24

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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.
- Information provided must be as <u>truthful</u> and accurate as possible. 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 Police for investigation.
- 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

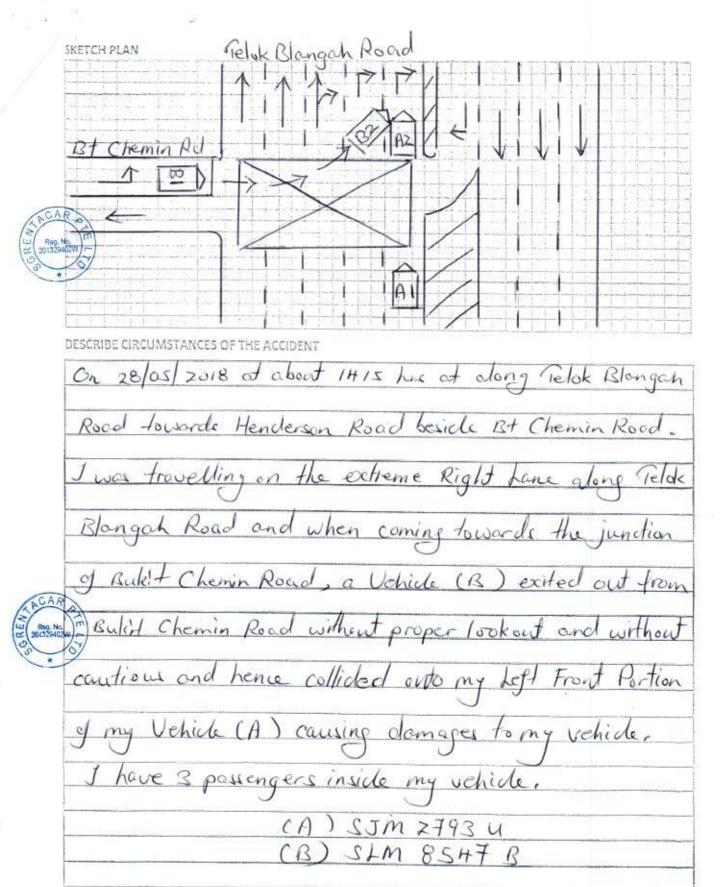
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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/(aw firms, may/are permitted to object, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (5) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including tirulr lawyars/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (ii) The 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.
- (a) 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
 - (2) for complying with requirements under any regulations, laws or court orders.

Policyholography attend

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

Name:

NRIC/FIN No.:



DECLARATION

(Ave dealers the foregoing particulars are true in every respect.

Reg. No. m CC 201329402W P Policy Type Colgnature Date & Torrus

Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 28/05/2018 Time: 1416 his (h)	h:mm) 24 hr format
Location Telok Blangah Road towards Henders	a Rol Lesicle
nd de la constant de	Chemin Rol &
Vehicle Number SJM 2793 U	Chemin For
Insured Name SGRAHATAY He Ltd	
NRIC /FIN 201329 402 W Contact Number	
Make Honda Model (Mc	
Are you claiming under your own insurance policy for repair to your vehic	le?
() Yes If No,Pls select: (/) Third Party () Reporting	
Insurance Company (hing Taiping	
Type of Policy (/) Comphensive () Third Party Fire & Theft	() TP Only
Policy Number DMHCSN1761781700	
Name of Driver Koh wing Hong	()Same as Insured
ADVO ADVA	
	118 0710
Date of Birth 05/10/1485	
Driving Pass Date 26/02/ 2005	
Occupation (/) Indoor () Outdoor	
Gender (/) Male () Female	
Email Address	(/)NO EMAIL
Address of Driver BIK 226D Turong well street 25 #10-	05 5 (644276)
Was driver an employee of the Insured's Company? () Yes (/) No	
If No, Relationship of the Driver with the Insured Hiver	
() Owner () Spouse () Friend () Relative () Children	() Sibling
	() Sibling
Does the Driver Own Any Other Vehicle? () Yes (/) No	() Sibling
Does the Driver Own Any Other Vehicle? () Yes (/) No If Yes , Vehicle Registration Number of Driver's Own Vehicle	() Sibling
Does the Driver Own Any Other Vehicle? () Yes (/) No If Yes, Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle	() Sibling
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- Baby Quinton Choo Gaa Kyun

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8532728C



dur SJM 27934



KOH WING HONG

Rade CHINESE

Oate of birth 05-10-1985 Country/Place of Sirth SINGAPORE

5454225



10-10-2015

APT BLK 276D JURONG WEST STREET 25 #10-05 SINGAPORE 844276

duer 55M 2793U



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES.

PASS DATE

Class 3

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

26 Feb 2005

Licence No: \$8532728C

NP 428A



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

Co. Reg. No. 200208384E

MZ406L/8 N SN B AN0619A Cov. Type: C

MUTOR HIRE CAR

CERTIFICATE OF INSURANCE Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMHCSN1761781700

Engine No :R16A14001347 Chano: JHMFD462095200349

I Index Mark and Registration

S0M2793U

Number of Vehicle

I. Name of Policy Holder

SGRENTACAR PTE LTD

02 October 2017 Excess Sect I \$\$2,500.00

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

(16:59 Hours)

Excess Sect. I (Outside Singapore)... SSS,000.00 Excess Sect. II 5\$2,500.00

4. Date of Expline of Insurance

01 October 2018

Excess Sect.II (Outside Singapore)... \$\$5,000.00

EX ON WINDSCREEN S\$200.00

5. Persons or Classes of Persons entitled to drive?

As per Named Driver(s) stated below.

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.

ANY EMPLOYEE OF THE COMPANY OR

ANY AUTHORISED HIRER

6. Limitations as to use:"

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.
- 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.

HIRE PURCHASE CO. : SINGAPURA FINANCE LTD AS HP OWNER

Limitations rendered inoperative by Section 9 of the Motor Vehicles (Third-Perty 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 (Malaysis).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

HO LI HWA IRENE

Authorised Officer

Authorisad Signatory

11111