MCCA18070732 / Car City Auto Centre Pte Ltd - HQ ENTRY DATE & TIME: 31/05/2018 15:56 SUBMITTED BY: Neo Gim Li

### 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 <u>truthful and accurate</u> 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

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	ACCIDENT STATEMENT				
Date Of Report	31/05/2018 15:56				
Date Of Accident	28/05/2018 13:00				
Exact Location Of Accident	BLK 27 FLORA ROAD OPEN CARPARK				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	GBH3794G				
Insured/Policyholder					
Name Of Registered Owner	M/S NET LINK LEASING PTE LTD				
Co Reg No	201601105K				
Email Address	NETLINKLEASING@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-88281661				
Alternative Phone No	OFFICE-88281661				
Vehicle Particulars					
Manufacturer	TOYOTA				
Model	HIACE-3.0 D DX (M)				
Exact Purpose for which vehicle was being used at time of accident	t				
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	DMCVSN1815151800				
Cover Note Number					
Driver					
Name of Driver	MOHAMMAD RIDAYA BIN ROZAITA				

NRIC No S9342208B

Date Of Birth 15/11/1993

Occupation OUTDOOR

Date Of Driving Pass 09/07/2013

Driving Experience 4 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97305016

Fax Number

Contact Number

EMail Address FREEDOM\_RLD@HOTMAIL.COM

BLK 192 PASIR RIS STREET 12 #02-10 Address

Postcode

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 **CLEAR** Road Surface DRY

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

ambulance?

Was any other material or property damaged? YES

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

NO 2

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : HERYANTI

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

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 YES Was there any video captured by Car Camera? Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number **GBH3001L** Vehicle Make/Model/Colour TOYOTA HIACE

**Details Of Properties** 

Vehicle Category **GOODS VEHICLE** 

Name of Driver KER JIE MING CALVIN

NRIC/Passport Number S9449602J 85333671 **Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME: :

GENDER: :

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 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 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:

- (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 complying with requirements under any regulations, laws or court orders.

Policyholder's Signature.

Date & Time: 3/05/

CRIMIT YEAR ATE THE TELL T

501601109K Co. Reg. No.

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

Date & Time:

Reporting Centre Personnel's Signature
Name: Saly

Name: Saly NRIC/FIN No.: \$1847

# Sketch Plan #2 Pg. 1

SKETCH PLAN		
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B		
DESCRIBE CIRCUMSTANCES OF THE	ACCIDENT	The second secon
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going only from t	d I p.M. I Was dr	g van Suddenly
reverse and hit my	13001 1.1.	al ran saddenid
100.20	New York	
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	3,20 pm	
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DECLARATION	(dahana)	CHIRC
DECLARATION  I/Ve declare the foregoing particulars are	true in every respect.	Canne
S Co. Reg. No.	ζ n	
NISA3	1/2 31/05/18 3.20pm	CON CONTRACTOR
Date & Time: $31/05/18$ (If	iver's Signature driver is not the policyholder)	Reporting Centre Personnel's Signature Name: Sally
<b>3.30 ρm</b> Da	ate & Time:	NRIC/FIN NO.: 17842



中国太平保险(新加坡)有限公司 -CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg. No. 200208384E

MOTOR COMMERCIAL VEHICLE

Please see reverse

Authorised Officer

Issued By:

MZ407/C N SN AN0646A 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)

ORIGINAL

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

CERTIFICATI	≅ No.	DMCVSN1815151800		Engine No :1KD2661350 ChaNo:KDH2010209395		
<ol> <li>Index Mark Number of</li> </ol>	and Registration Vehicle	GBH3794G		AUTOSAFE		
2. Name of Po	olicy Holder	M/S NET LINK LEASING	PTE LTD			
insurance f	ate of the Commencement of or the purposes of the Regulati or Enactment	08 May 2018 ons,	Excess Sect I . Excess Sect. II	Excess Sect I		Excess Sect I
4. Date of Exp	viry of Insurance	07 May 2019	EX ON WINDSCREE	S\$100.00		
5. Persons or	Classes of Persons entitled to (	drive*				
Any pers hired.	on who is driving on	the Policyholder's orda	er or with their pe	rmission or to whom the vehicle is		
Court of And prov	Law or by reason of ided further that the	r venicle or has been s any enactment or regula	so permitted and is ution in that behal: stered under the po-	icensing or other laws or not disqualified by order of a f from driving the Motor Vehicle, ad Traffic Act and its registration ccident loss or damage.		
6. Limitations as	to use:*					
. (2) Use w mecha	whilst drawing a trai anically propelled ve	nicle.	other than for rewa	ard) of any one disabled .		
HIRE PURC	CHASE CO. : SING INVE	STMENTS & FINANCE LTD A	S HP OWNER			
* Lim. and S	itations rendered inoperation Section 95 of the Road Tran	ve by Section 8 of the Motor V asport Act 1987 (Malaysia), are	ehicles (Third-Party Risk not to be included under	s and Compensation) Act (Chapter 189) these headings.		
<b>!/VV</b> provis	e hereby Certif	fy that the policy to which	this Certificate relati	es is issued in accordance with the Chapter 189) and Part IV of the Road		

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

## DRIVER IC & DL Pg. 1

# REPUBLIC OF SINGAPORE DENTITY CARD NO. \$9342208B





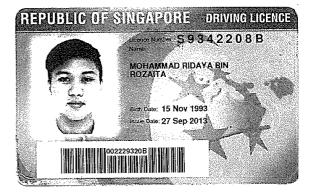
Name

MOHAMMAD RIDAYA BIN ROZAITA

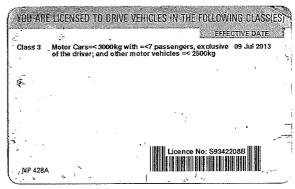


Race
MALAY
Date of birth
15-11-1993
Country/Place of birth
SINGAPORE

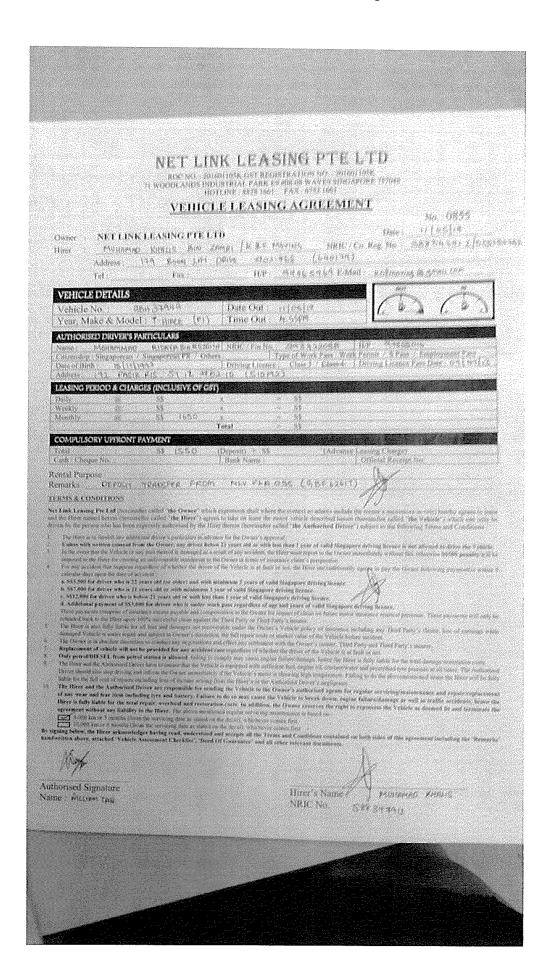
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#### VEHICLE LEASING AGREEMENT Pg. 1





### **CHASSIS NO**

