

## 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 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 Report             | 15/12/2018 14:45 |
| Date Of Accident           | 14/12/2018 16:30 |
| Exact Location Of Accident | ALONG HOLT ROAD  |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBA9577P

#### Insured/Policyholder

|                          |                        |
|--------------------------|------------------------|
| Name Of Registered Owner | BAK CHWEE AUTO PTE LTD |
| Co Reg No                | 201532164D             |
| Email Address            | NOEMAIL                |
| Mobile Phone No          |                        |
| Alternative Phone No     | OFFICE-90232375        |

#### Vehicle Particulars

|  |                 |
|--|-----------------|
| Manufacturer   | TOYOTA          |
| Model  | HIACE-3.0 D (M) |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL 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          | THIRD PARTY FIRE AND/OR THEFT                 |
| Fleet Policy              | NO  |
| Policy Number             | DMCVSN1810381800                              |
| Cover Note Number         |   |

#### Driver

|                      |                          |
|----------------------|--------------------------|
| Name of Driver       | KHAIRUNNISA BINTE JUMARI |
| NRIC No              | S8625883H                |
| Date Of Birth        | 13/09/1986               |
| Occupation           | OUTDOOR                  |
| Date Of Driving Pass | 17/01/2007               |
| Driving Experience   | 11 YEARS AND 10 MONTHS   |
| Gender               | FEMALE                   |
| Mobile Number        | (LOCAL) +65-90232375     |
| Fax Number           |                          |
| Contact Number       |                          |
| Email Address        | NISA.AYUNIE86@GMAIL.COM  |

|   |                                      |
|---|--------------------------------------|
| Address   | APT BLK 803A KEAT HONG CLOSE #03-150 |
| Postcode  | 681803                               |
| 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 - 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)   | 2               |
| Passenger 1   | NAME: : AFFENDI |
|   | GENDER: : MALE  |

#### 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 ATTACHED 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         | SJJ2749P                          |
| Vehicle Make/Model/Colour           | HONDA STREAM BLUE COLOUR          |
| Details Of Properties               |                                   |
| Vehicle Category                    | PRIVATE HIRE                      |
| Name of Driver                      | TAN BAN TIONG                     |
| NRIC/Passport Number                | S8016675C                         |
| Contact Number                      | 97225492                          |
| Address                             | BLK 418A FERNAVLE LINK<br>#10-132 |
| Postcode                            | 791418                            |
| Insurance Company Name              |                                   |
| Nature Of Damage                    | LEFT PORTION                      |
| No. Of Passenger (Including Driver) | 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 complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:



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

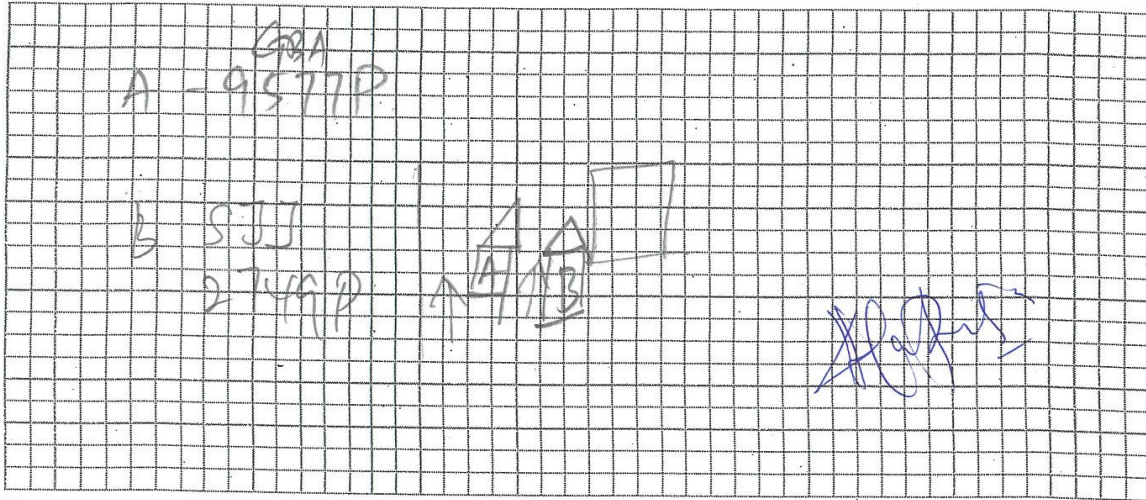
*[Handwritten Signature]*

15/12/18  
1-35 PM

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14 Dec 2018 at 430pm I was driving along Hilt Rd. I was <sup>driving</sup> on left lane and I wanted to turn right to enter in the condo. suddenly car B from lane 1 ~~hit~~ hit my vehicle from the right side.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/12/18 1.35pm

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





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

MZ407/CE SN  
AN0435A  
Cov.Type: F

### 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.   | DMCVSN1810381800   | Engine No :1KD1806254<br>Chassis No:JTFHT02P4000021915 |
| 1. Index Mark and Registration Number of Vehicle  | GBA9577P   |  |
| 2. Name of Policy Holder  | BAK CHWEE AUTO PTE LTD   |  |
| 3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment  | 23 MARCH 2019  | EXCESS SECT. II .....S\$1,500.00                       |
| 4. Date of Expiry of Insurance  | 28 APRIL 2019  |  |
| 5. Persons or Classes of Persons entitled to drive *  |  |  |
| <p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION OR TO WHOM THE VEHICLE IS HIRED.</p> <p>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.</p> |  |  |
| 6. Limitations as to use: *   | <p>(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p> <p>(3) USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD BY ANY PERSON TO WHOM THE VEHICLE IS HIRED.</p> |  |
| <p>HIRE PURCHASE CO. : HITACHI CAPITAL ASIA PACIFIC P L AS HP OWNER</p> <p>* 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.</p>   |  |  |

**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:

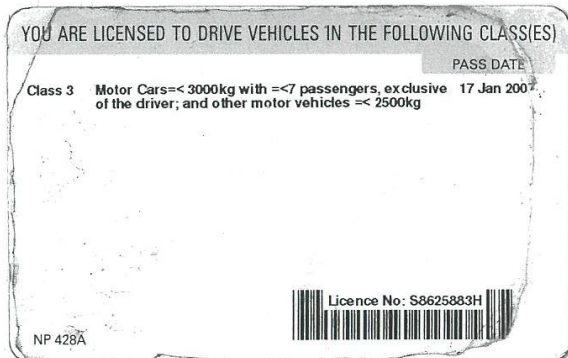
Authorised Officer

Authorised Signatory

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



*Hirer / Driver*





# BAK CHWEE AUTO PTE LTD

BLK 9002, #01-44 TAMPINES INDUSTRIAL PARK A ST 93

ROC NO: 201532164D

TEL: 67856340

HP: 90623345

## VEHICLE RENTAL AGREEMENT

Hirer's Particular (company)

Driver's Particular

Name : \_\_\_\_\_

Name : Khairunnisa

NRIC / CO. No. : \_\_\_\_\_

NRIC : S86258834

Address : \_\_\_\_\_

Address : B1E 803A KEAT HOME CLOSE  
#03-150 S (687803)

Driving Exp : \_\_\_\_\_

Driving Exp : 12 YRS

Driving License No. : \_\_\_\_\_

Driving License No. : S86258834

Date Of Birth : \_\_\_\_\_

Date Of Birth : 13 Sep 1986

Tel : \_\_\_\_\_ (HP)

Tel : 90332375 (HP)

Vehicle No. : GBA9577P

Make/Model : TOYOTA HILUX

Out : Date/ Time 1 Nov 2018 5pm In: Date/Time : \_\_\_\_\_

Daily Rate : \_\_\_\_\_ Weekly Rate : \_\_\_\_\_ Monthly Rate : \_\_\_\_\_

Deposit : \$ \_\_\_\_\_ Total Charges : \$ \_\_\_\_\_ Excess : \$ \_\_\_\_\_

## TERMS AND CONDITIONS

Hirer shall not use vehicle for any form of illegal means in reference to the Singapore law. If so, hirer shall be accountable for same.

Hirer shall return vehicle in gas amount as per handed over.

Hirer shall bear all traffic and parking related summons incurred by subject vehicle duration of rental.

Hirer shall ensure vehicle is within Singapore use only.

Hirer is liable for any loss of, or further damage to the vehicle and its accessories during the duration of rental.

In case of accident, the hirer shall report to rental office immediately. If there is bodily injuries, a police report must be made within 24 hours.

Only person above 23 years of age with more than 2 years driving experience, authorised, licensed and signing this agreement may drive.

I have read and agree to the terms and condition on both sides of the agreement. All information I have given in connection with this agreement is true.



Owner Signature

Hirer Signature/ Co. Stamp

Additional driver Signature

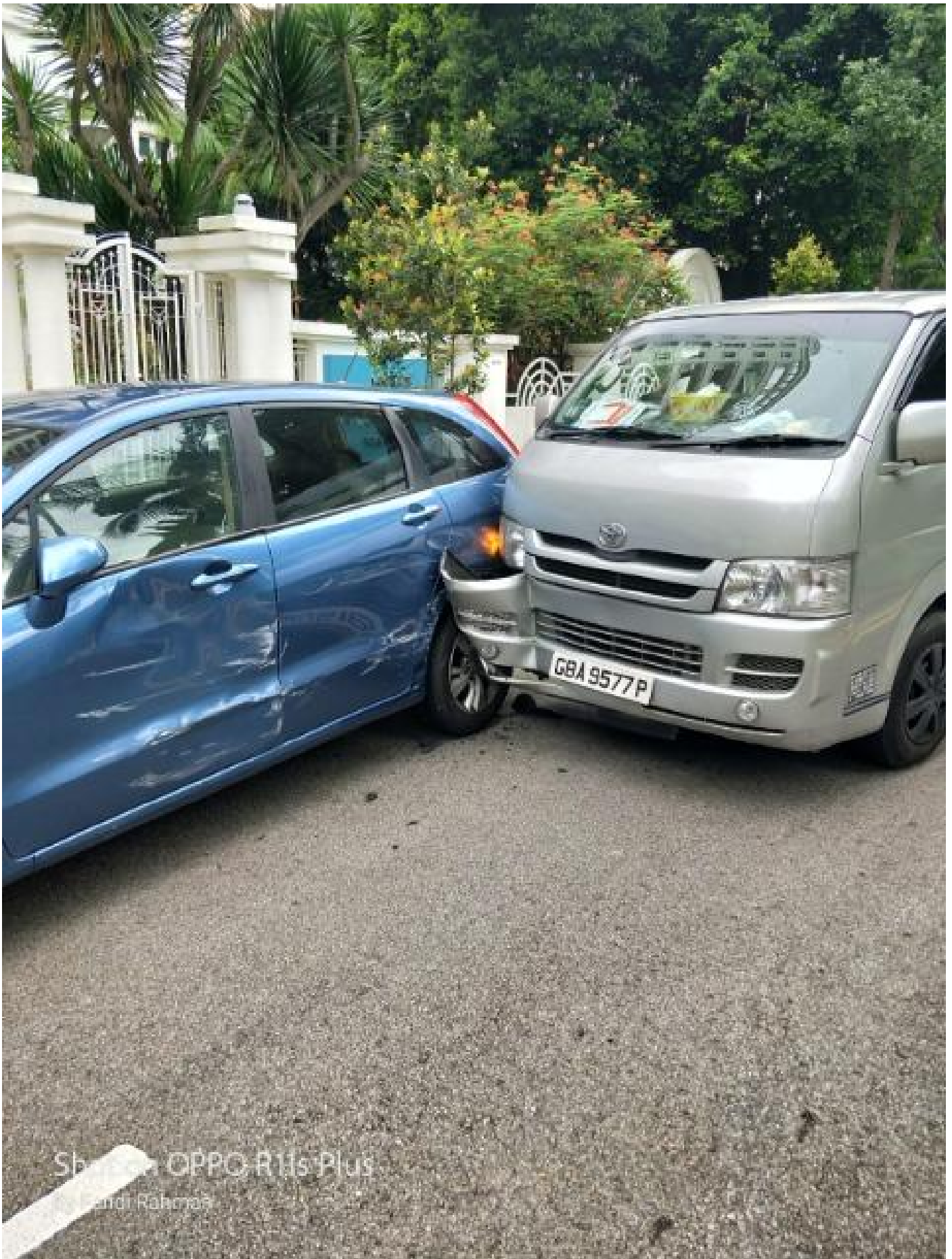
SCENE PHOTO



Shot on OPPO R11s Plus  
by Fandi Rahman



SCENE PHOTO



**INSURED VAN**



INSURED VAN CHASSIS NUMBER

CHASSIS NO : JTFHT02P40-0021915  
U.L.W. : 1800 KG  
M.L.W. : 2800 KG  
PASS.CAP : 02  
TYRE SIZE : F 195R15C 8PR LT  
: R 195R15C 8PR LT (S)



**INSURED VAN**



**INSURED VAN**



INSURED VAN





## INSURED VAN



## INSURED VAN



**INSURED VAN**

