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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.
- 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 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	16/01/2019 14:58
Date Of Accident	12/01/2019 17:00
Exact Location Of Accident	MARSILING RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD5337R
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	2
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96155910
Vehicle Particulars	
Manufacturer	VOLVO
Model	FMX37064R SLEEPER CAB
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN1804761800
Cover Note Number	
Driver	
Name of Driver	AZHARI BIN SALLEH
NRIC No	S6944659J
Date Of Birth	04/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2000
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91999510
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 514 WOODLANDS DR 14 #01-111

Postcode 730514

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 COLLIDED INTO PEDESTRIAN

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

1

NO

Was any body injured in the Accident?

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

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

Vehicle Make/Model/Colour PEDESTRIAN

Details Of Properties

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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 and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

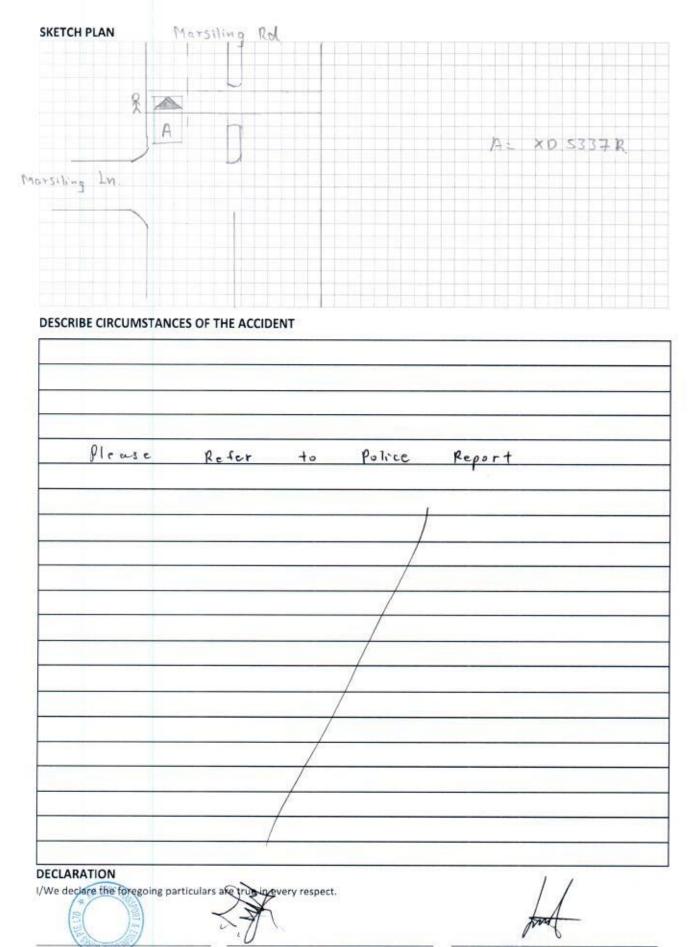
I understand, acknowledge, agree and consent that:

- (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:
 - 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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



Policyholder's Signature

Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





1 of 3

Report No. T/20190115/2080

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2019 14:32		Made:	Vide Report No.:	Station Diary No.
Informa	ant's Partic	ulars		(72)
Name of AZHAR ID Type NRIC Note that the second sec	f Informant I BIN SALL / ID No.: O / S69446 ity:	: EH 59J	Address: 514 WOODLANDS DRIVE 1 Contact No.: Home/Office: Email:	4 #01-111 SINGAPORE 730514 Mobile: 91999510
SINGAP	ORE CITIZ			
Male	Age: 49	Date of Birth: 04/12/1969	Type of Informant: Driver	
Race: Javanese			Language: English	Institution / School Name:
Occupation: LORRY DRIVER			Driving Licence Information: Class: 3,4,5	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive:	Date/Time of Accident:	Type of Location
Location: Along Road 1 MARSILING L	ANE	l No	12/01/2019 17:00	
Weather:		Road Surface:		
		rioda Gariace.	F	Road Speed Limit:
Traffic Flow:		Traffic Control:		Road Speed Limit:
2 22 22 2 22 22 22 22	on:		Т	Road Speed Limit: raffic Volume: nyone conveyed by

Vehicle No.	Type	Make	M. A.			
XD5337R Lorry		Model	Color	Condition	No of Passenger	
					C C C C C C C C C C C C C C C C C C C	





2 of 3

Report No. T/20190115/2080

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

ON 12/01/2019 @ AROUND 5 PM, I WAS DRIVING MY LORRY(XD5337R) ALONG MARSILING LANE AND I WAS TRAVELLING ON A UPWARD SLOPE AREA OF THE ROAD. WHEN I GOT ACROSS THE UPWARD SLOPE, I SLOWED DOWN FOR A WHILE AND LOOKED AROUND. WHEN I SAW NOTHING, I CONTINUED ON MY WAY. WHILE I WAS TRAVELLING AROUND MARSILING AREA, I DID NOT FEEL NOR HEAR ANYTHING THAT WOULD HAVE MADE ME AWARE OF ANY ACCIDENT. THE NEXT FEW DAYS LATER, I RECEIVED A CALL FROM TP TO MAKE A REPORT.





3 of 3

Report No. T/20190115/2080

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Sketch Plan

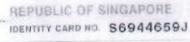
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: TP / MUHAMMAD SYUKRI BIN ABU BAKAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time:\ 15/01/2019 14:32
Officer In Charge Of Case:	Classification Of Case:
TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	SINGAPORE POLICE FORCE
Authentication Stamp	C



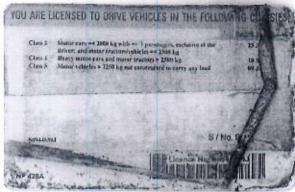




AZHARI BIN SALLEH

Rece JAVANESE Delication See

04-12-1969 Country of birth SINGAPORE 100446001



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中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Ca. Reg. No. 200208384E

MZ300/C N SN BROOT2A

Cov. Type: T PLM 309176

MOTOR COMMERCIAL VEHICLE

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

CERTIFICATE No.

DMCVSN1804761800

Engine No : D11244192 ChaNo: YV2J1E1D6CA724943

 Index Mark and Registration Number of Vehicle

XD5337R

2. Name of Policy Holder

KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD

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

4. Date of Expiry of Insurance

05 March 2019

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.

* 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.

Issued By:

Authorised Officer

Authorised Signatory

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.: 199904117E Owner ID Type: Company

Owner Name: KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD

Registered Address: 27 PANDAN CRESCENT SINGAPORE 128476

Mailing Address:

Birth Date:

Vehicle Particulars

Vehicle No.: XD5337R

Previous Vehicle No.:

Effective Date of Ownership: 06 Mar 2012 Original Regn Date: 06 Mar 2012 Registration Date: 06 Mar 2012 Year of Manufacture: 2011

Vehicle Type: Goods (Open) Tipper/Dumper Truck

Vehicle Scheme:

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2: Vehicle Attachment 3:

Vehicle Make: VOLVO

Vehicle Model: FMX370 64R SLEEPER CAB

Primary Colour: White Secondary Colour: Passenger Capacity:

Chassis No.: YV2J1E1D6CA724943

Engine No.: D11244192 10837 cc/-Engine Capacity / Power Rating:

Maximum Power Output:

Propellant: Diesel Max Unladen Weight: 12260 kg Maximum Laden Weight: 28000 kg Open Market Value: \$120,556.00

PARF Eligibility: No PARF Eligibility Expiry Date: Minimum PARF Benefit: 0 No. of Transfers:

IU Label No .: 2010418843

2012030105000019D COE No.:

COE Expiry Date: 05 Mar 2022

COE Category: C - Goods Vehicle & Bus COE Registration Category: C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing \$49,801.00/-

Quota Premium:

Actual QP Paid: \$49,801.00 \$49,801.00 QP (Regn Cat): OPC Cash Rebate Eligibility: No QP during COE Bidding Exercise: \$49,801.00

Additional Registration Fee Rate: 5.00 % Actual ARF Paid: \$6,028.00 Vehicle Lifespan Expiry Date: 05 Mar 2032

CO2 Emission: CO Emission: HC Emission:

NOx Emission: PM Emission:

To renew the COE, the Prevailing Quota Premium payable is that of Category C. Message: