SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number
Contact Number
EMail Address

- 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 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

| atoresald. | |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 18/04/2019 11:36 |
| Date Of Accident | 07/03/2019 10:00 |
| Exact Location Of Accident | TELOK BLANGAH RISE OPEN CARPARK |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | YL6807R |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S TOH KIM BOCK C-E CONTRACTOR PTE LTD |
| Co Reg No | 198600003M |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62535422 |
| Vehicle Particulars | |
| Manufacturer | MITSUBISHI |
| Model | FE639 |
| Exact Purpose for which vehicle was being used at time of accident | WORK PURPOSE |
| 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 FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | DMCVSN3049301800 |
| Cover Note Number | |
| Driver | |
| Name of Driver | MOHD ZAHARI BIN YATIM |
| NRIC No | S0650624J |
| Date Of Birth | 24/03/1945 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/03/1983 |
| Driving Experience | 36 YEARS AND 0 MONTHS |
| Gender | MALE |

(LOCAL) +65-90528744

NOEMAIL

Address BL 768 PASIR RIS STREET 71

#06-332

Postcode 510768

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 NO COLLISION

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

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

soliciting/offering accident claims assistance.

NO 1

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BUKIT MERAH WEST NPC

Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20190328/2062.

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

Details Of Properties

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- 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. 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:

- 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)
 - (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.
- 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:

18 APR 2613

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

Date & Time:

Reporting Centre Per el's Signature Name:

NRIC/FIN No.: Poh Kwee Choo S6840583A

Sketch Plan Pg. 2

| ETCH PLAN | | |
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| SCRIBE CIRCUMSTANCES (| THE ACCIDENT | |
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| (/ts / | ER POLICE REPORT. /. | -T/20190328/2062 |
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| ECLARATION | rulars are true in every respect | |
| we declare the foregoing partic | culars are true in every respect. | |
| | M.C. | Annual Control |
| V25 2889 | | |
| olicyholder's Signature late & 11nBe:APR 7613 | Driver's Signature (If driver is not the policyholdering Date & Time: | Reporting Centre Personnel's Signature Name: Poh Kwee Choo |

POLICE REPORT Pg. 1





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPO 159682 1 of 3 Report No. T/20190328/2062

| 500 Bukit Me 159682 Tel No: 1800 | | ., | SINGAPO | DRE | | | | | | |
|---|---|---|--------------------|---------------------------|-----------------------|-------------------------|-------------------------------|------------------|---------------------|-------------------|
| | | | JT | | | | | | | |
| Date/Time Report Made: 28/03/2019 12:00 | | | Vide Report No.: | | | | S1 | ation Diary No.: | | |
| Informant's | Facilitates (hartes) (former | ars | | | | rest color displaces | | | | |
| Name of Informant: MOHD ZAHARI BIN YATIM | | Address: APT BLK 768 PASIR RIS STREET 71 #06-332 SINGAPORE 510768 | | | | | | | | |
| ID Type / ID No.: NRIC NO / S0650624J | | Contact No.: | | | | Mobile: | e: 90528744 | | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | | | | | | | |
| Sex: Male | Age: 74 | Date 0 | of Birth: /1945 | Type of Informant: Driver | | | | | | |
| Race: Malay | * | | | Langi | uage: | | | Instituti | tion / School Name: | |
| Occupation: Lorry driver | | Driving Licence Information: Class: Date of | | | | of Expiry: | | | | |
| General Info | rmation | of the / | \ccident | | | | | | | |
| Type of Accident: | | on-Injun | | 3.35 | Drink Drive: No | | Date/Time Accident: | | | Type of Location: |
| Location: Along Road 1 TELOK BLANGAH RISE | | | | | | | | | | |
| INSIDE TEL | OK BLA | NGAH F | RISE CAR | | | | | | | |
| Weather: | | | Road Surface: | | | | Road Speed Limit: | | | |
| Traffic Flow: | | | Traffic Control: | | | | Traffic Volume: | | | |
| Type of Collision: | | | | | | | Anyone conveyed by ambulance: | | | |
| Details of \ | /ahialati | wawaa | Yara | HE 251 | | | | 2012 PM 8-7 | 1.0.2792 | |
| Vehicle No. | | | Make | | Model | - 1 c | Color | Cor | ndition | No of Passenger |
| YL6807R | Lorry | | | | | 10.7 | | | <u> </u> | 0 |
| Details of I | Pareon IV | เกลเกลล | | | | 500A | | | | |
| Any Pedest | | | | especial desired | | are fal | | | g galgeria, la | |
| | No. of Pedestrians Injured: NIL. Use of Pedestrian Crossing: NA | | | | | | | | | |

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POLICE REPORT Pg. 2





2 of 3

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Report No. T/20190328/2062

Tel No: 1800-3779999

CONTINUATION OF REPORT

| Driver | | | | |
|------------------|-----------------------|------------|---|-----------------------------------|
| Name | MOHD ZAHARI BIN YATIM | | ID No. | S0650624J |
| Related Vehicle | YL6807R (Lorry) | | Contact No. | 90528744 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Disc | harge NIL | |
| No. of Days gran | Degree of | Injury NIL | | |

Brief Details.

On 23 March 2019, my company Toh Kim Bock C-E Contractor Pte Ltd received a letter from the traffic police stating that the vehicle bearing YL6807R that I drove for work was involved in accident.

When I saw the letter, I was unaware that there was an accident that happened. I tried to recall however at about 1000hrs, I was at Block 35 Telok Blangah Rise hawker Centre having my breakfast, and had parked my vehicle at the carpark. When I left the carpark, no one had approached me and there was no new damages to my lorry.

There is in vehicle camera facing the front.

POLICE REPORT Pg. 3





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 Tel No: 1800-3779999

3 of 3 Report No. T/20190328/2062

CONTINUATION OF REPORT

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.

| Signature Of Officer Recording The Report: D / Sgt 1 TAN YEW ANN | Signature Of Informant: |
|--|-------------------------|
| Signature Of Interpreter: | Date/Time: |
| Not applicable | 28/03/2019 12:00 |
| Officer In Charge Of Case: | Classification Of Case: |
| TP / GIA / | |
| Staff Sgt WONG SIEU LUI | |
| Contact No.: 65476151 | |
| process of the same and the sam | |
| Authentication Stamp SN 45 | |
| NP168 Perice Funce | |
| CICHATUCE | |

CERTIFICATE OF INSURANCE Pg. 1



中国太平保险(新加坡)有限公司

MZ200/C N SN AN0334A THIRD PARTY FIRE & THEFT

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)

Engine No :4D34J80068

DMCVSN3049301800 Chassis No:FE639EA45664

1. Index Mark and Registration

Number of Vehicle

YL6807R

2. Name of Policy Holder M/S TOH KIM EOCK C-E CONTRACTOR PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (10:29 HOURS) 22 JULY 2019

Date of Expiry of Insurance

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

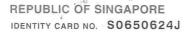
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Authorised Signatory

DRIVER'S NRIC + DRIVING LICENCE Pg. 1





(25)

MOHD ZAHARI BIN YATIM

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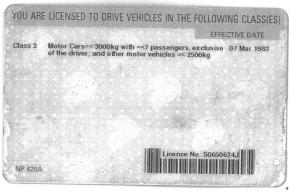
MALAY
Date of birth
24-03-1945
Country/Place of birth
SINGAPORE

(4...)

506506240



















CHASSIS NUMBER

