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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/08/2019 13:25
Date Of Accident	30/08/2019 11:30
Exact Location Of Accident	CHANGI AIRPORT (TERMINAL 2)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC2643B
Insured/Policyholder	
Name Of Registered Owner	M/S RED SAND
Co Reg No	53369501E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98111100
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350-2.5 D HR MICROBUS (A)
Exact Purpose for which vehicle was being used at time of accident	
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3032151900
Cover Note Number	
Driver	
Name of Driver	RAUB BIN SAAT

Name of Driver

RAUB BIN SAAT

NRIC No

S1384104G

Date Of Birth

18/10/1959

Occupation

OUTDOOR

Date Of Driving Pass

18/01/2017

Driving Experience 2 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98111100

Fax Number

Contact Number

EMail Address RAUBSAAT@GMAIL.COM

Address 9 JALAN KAYU MANIS

Postcode 228972

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

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

e. 9

Number of Passengers (Including Driver)

Passenger 1

NAME: : PASSENGER

GENDER: : MALE

Passenger 2 NAME: : PASSENGER

GENDER: : MALE

Passenger 3 NAME: : PASSENGER

GENDER: : MALE

Passenger 4 NAME: : PASSENGER

GENDER: : MALE

Passenger 5 NAME: : PASSENGER

GENDER: : FEMALE

Passenger 6 NAME: : PASSENGER

GENDER: : FEMALE

Passenger 7 NAME: : PASSENGER

GENDER: : FEMALE

Passenger 8 NAME: : PASSENGER

GENDER: : FEMALE

NO

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

REFER TO 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 SHD5409G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver LEE TECK CHYE NRIC/Passport Number S0171283G

Contact Number

Address BLK 866 TAMPINES STREET 83 #03-227

Postcode 1852

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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:
 - 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 0 AUG 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

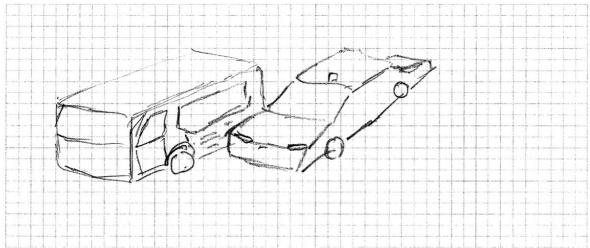
3 0 AUG 2019

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Jenny Lim S6927273H

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I'm driving to tirport, nearby elrop-off passenger at.
Terminal 2 Door 3, silt Air passenger, "Lane 2 to 1
Sunddenly the tax SHD 5409 G out of my side
of the Left panel vechide with the passenger inside
reference to passenger No: + 61 811 585 019 contact.
total passenger carry 8 pox. No passenger inside
taxi.
Taxi Driver policular:
Wame: LER TECK CHYE
NRIC: S0171283 G.
ADRESS: BLK 866 Tampines ST 83. #03-127
3 ingapone: 1852.

DECLARATION

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

Policyholder's Signature

GIARMC SketchPlanForm_\/3

Date & Time: 3 0 AUG 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

3 0 AUG 2019

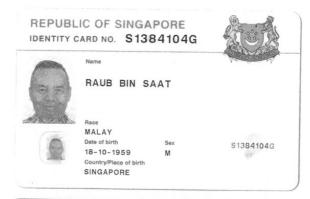
Reporting Centre Personnel's Signature

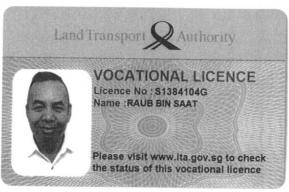
Name:

NRIC/FIN No.:

Jenny Lim S6927273H

Driver's NRIC & Driving Licence Pg. 1







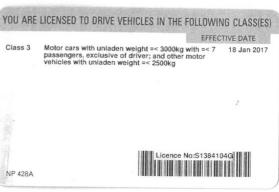


This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date

03 BUS VL 06/06/2018
04 BUS ATTENDANT 06/06/2018





5565704

Certificate of Insurance Pg. 1



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

MZ601 N SN AN0580A COMPREHENSIVE

AUTOSAFE

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.

DMB1SN3032151900

Engine No :YD25348003A Chassis No: JN1UC4E26Z0001758

1. Index Mark and Registration

Number of Vehicle

PC2643B

2. Name of Policy Holder

M/S RED SAND

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

30 APRIL 2019 (15:50 HOURS)

29 APRIL 2020

EX ON WINDSCREENS\$100.00

4. Date of Expiry of Insurance

5. Persons or Classes of Persons entitled to drive *

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR 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: *

USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.

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. : THINK ONE CREDIT PTE LTD AS HP OWNER

* 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.

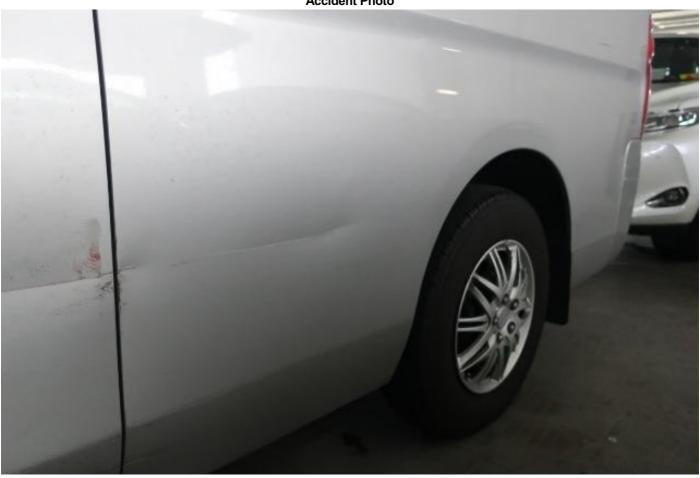
Countersigned By:

Authorised Signatory















Chassis Number

