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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.
- 3. Information provided must be as truthful and accurate 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.

<ol><li>By the lodgement of this report to the insurers, you aforesaid.</li></ol>	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	19/09/2019 16:54	
Date Of Accident	18/09/2019 19:30	
Exact Location Of Accident	ARAB ST	
Country/State of Loss	SINGAPORE	
SMECH	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH9918C	
Insured/Policyholder		
Name Of Registered Owner	M/S AL-REHMAT TRADING PTE LTD	
Co Reg No	200303841R	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91999118	

Alternative Phone No Vehicle Particulars

NISSAN Manufacturer

NV350 PANEL VAN 2.5 5MT 5DR Model

Exact Purpose for which vehicle was being used at

time of accident

WORKING

OFFICE-91999118

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY COMMERCIAL VEHICLE Vehicle Category

Insurance Company

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

Type Of Coverage COMPREHENSIVE

NO Fleet Policy

DMCVSN1837901800 Policy Number

Cover Note Number

Driver

ABDOLRAZAGH VOJODI GHAHVEHCHI Name of Driver

NRIC No S2685132G 20/05/1961 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 12/05/1997

**Driving Experience** 22 YEARS AND 4 MONTHS

Gender MALE

(LOCAL) +65-86248633 Mobile Number

Fax Number

OFFICE-86248633 Contact Number

EMail Address NOEMAIL Address BLK 450C TAMPINES STREET 42

#04-442

Postcode 523450

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 Registration Number of Driver's Own

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 (including own vehicle)

involved in the accident

2 NO

NO

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.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

n? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SHC5452K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:
  - 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)

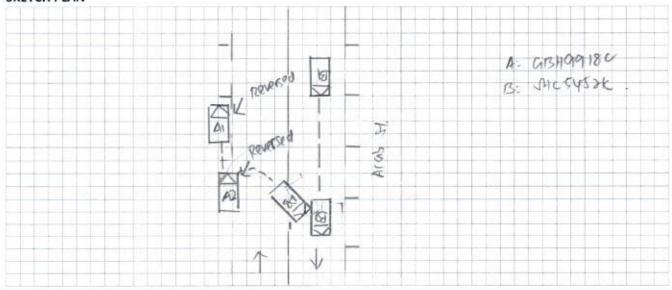
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

#### SKETCH PLAN



Refer	to statement.

### 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:

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

MY CAR WAS IN THE LOT NUMBER 34 AT ARAB STREET. AT THE TIME OF 7:30PM I TRIED TO DRIVE MY CAR AND REVERSED TO THR RIGHT BUT THERE'S NOT ENOUGH SPACE TO TURN SO I REVERSED BACK AND THE TAXI CAR NUMBER SHC5452K ON THE LEFT SIDE SLIGHTLY FROM MY VAN. WHEN I WASN'T TO TRUN TO THE RIGHT THE TAXI DRIVER, HE TRIED TO GO THROUGH WHEN THERE'S NOT ENOUGH SPACE AND HE SAW ME TURNING TO THE RIGHT BUT STILL WENT PASS. THIS IS HOW THE ACCIDENT HAPPEN.



# 中国大平保险(新加坡)有限公司

APING INSURANCE SINGAPORE PTE LTD

Dom. T. Get

## 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.

DMCVSR1837901900

Engine No :YD25038875B Theasis HoldMiNCCELSZ0030705

 Index Mark and Registration Number of Vehicle

GEH9918C

2. Name of Policy Holder

M/S AL-REMMAT TRACTION STE LTD

the purposes of the Regulations, Ordinance or Enactment (13:03 HCURS

4. Date of Expiry of Insurance

20 HOVEMBER 2013

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 OF OTHER LAWS OF REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COUPT OF LAW OR BY REASON OF ANY ENACTMENT OF REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: \*

(1) USE IN CONNECTION WITH THE POLICYHOLDER'S SUSINESS.

(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OF REMARD) IN CONNECTION WITH THE ECHICITADABK'S BUSHIBOUR

(3) USE FOR SOCIAL, DOMESTIC OF PLEASURE PUPPOSES.

THE POLICY DOES NOT COVER.

(1) USE FOR HIRE OF REWARD OF FACING, PACE-MARING, RELIABILITY TRIAL OF SPEED TESTING.
(2) USE WHILST DRAWING A IPAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPERLED VEHICLE.

HIRE PURCHASE CO. : ETHOZ GROUP LTD AS HP CMILER

\* 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

MSUR