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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

| Date Of Accident 30/11/2019 20:30 Exact Location Of Accident HOMETEAM NS BUKIT BATOK CHALET CARPARK SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SKR5663D Insured/Policyholder Name Of Registered Owner MR SAIRUL HAFIZ BIN MOHD ALI NRIC No Se405465H NOEMAIL Mobile Phone No OFFICE-83615969 Vehicle Particulars Manufacturer AUDI Model A4 Exact Purpose for which vehicle was being used at time of accident to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Type Of Coverage Company No DMPCSN3047611900 COWPREHENSIVE NO DMPCSN3047611900 Cover Note Number Driver NAR SAIRUL HAFIZ BIN MOHD ALI NRIC No Se405465H NO DMPCSN3047611900 Cover Note Number Driver NAR SAIRUL HAFIZ BIN MOHD ALI NRIC No Se405465H Date Of Birth 01/03/1984 Occupation OUTDOOR Date Of Driving Pass 25/10/2012 Driving Experience MALE (LOCAL) +85-83615969 | MANAGEMENT OF THE PARTY OF | ACCIDENT STATEMENT |
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| Gender MALE Mobile Number (LOCAL) +65-83615969 Fax Number (LOCAL) +65-83615969 | Date Of Driving Pass | 25/10/2012 |
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| Fax Number | Gender | MALE |
| | Mobile Number | (LOCAL) +65-83615969 |
| Contact Number OFFICE-83615969 | Fax Number | |
| | Contact Number | OFFICE-83615969 |

NOEMAIL

Address BLK 91 HENDERSON RD #12-148

Postcode 150091

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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Vehicle Registration Number of Driver's Own Vehicle

ehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

NO

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? 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.

Number of Passengers (Including Driver) 0

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?

If Yes, against whom?

Circumstances of Accident

MY VEH WAS PARKED AT THE HOMETEAM NS BUKIT BATOK CHALET CARPARK, EVERYTHING WAS INTACT. WHEN I WENT BACK TO MY VEH, I SAW A NOTE PUT ON MY WINDSCREEN AND MY VEH LEFT HAND SIDE ALSO DAMAGE. I CALL THE PHONE NUMBER ON THE NOTE, AFTER THAT THE DRIVER COME BACK TO THE SCENE AND HE ADMIT WHEN HE REVERSING INTO A EMPTY LOT BESIDE MY VEH, HIS LORRY HIT ONTO MY VEH LEFT HAND SIDE, I ALSO HAVE IN CAR CAMERA RECORD DOWN THE WHOLE INCIDENT HAPPENED.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP3060B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MUHAMMAD NUR SYAZWAN BIN ISMAIL

NRIC/Passport Number S9807800B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 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:
 - (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.

Policy older'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 | | | | |
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| DECLARATION | | | | |
| | ticulars are true in every respect | t. | | 1 1 |
| 6/ | | | | 11 |
| 1 hg | | | | hard |
| Policyholder's Signature | Driver's Signature | SIA SIATSA | Reporting Cent | re Personnel's Signature |

Date & Time:

(If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:

中国太平 CHINA TAIPING OTOR PRIVATE CAR

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MXIE N SN ANOS92A 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.

DMPCSN3047611900

Engine No : CDH064426

Chassis No: WAUZZZ8K6AA037277

1, Index Mark and Registration Number of Vehicle

SKR5663D

2. Name of Policy Holder

MR SAIRUL HAFIZ BIN MOHD ALI

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

5. Persons or Classes of Persons entitled to drive *

26 JUNE 2019 (11:07 HOURS) IN ADDITION TO NAMED DRIVERS EX:

25 JUNE 2020

EX SECT. I - AGE <= 25......\$\$3,000.00 EX SECT. I - AGE >= 26......S\$500.00

Date of Expiry of Insurance

* AGE AS AT DATE OF ACCIDENT

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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 FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : SPEEDO CAPITAL 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:

W WAH

Authorised Signatory