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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.

- 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 14/03/2020 12:33 14/03/2020 07:30 Date Of Accident

SLIP ROAD FROM CTE TOWARDS BUKIT TIMAH ROAD Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number GZ4337H

Insured/Policyholder

POLARIS INTERNATIONAL (S) PTE LTD Name Of Registered Owner

2XXXXXX092K Co Reg No

Email Address ENQUIRIES@POLARISINTERNATIONAL.BIZ

(LOCAL) +65-96279524 Mobile Phone No OFFICE-67488966 Alternative Phone No

Vehicle Particulars

ISUZU Manufacturer NHR69E Model

Exact Purpose for which vehicle was being used at ON THE WAY TO WORK time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY

If No, Please state action to be taken Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

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

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO Fleet Policy

DMCVSN3072881900 Policy Number

Cover Note Number

Driver

GHAZALI BIN SUAIRI Name of Driver

SXXXX755A NRIC No 25/10/1962 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 01/10/2010

9 YEARS AND 5 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96279524 Mobile Number

Fax Number

OFFICE-67488966 Contact Number

EMail Address ENQUIRIES@POLARISINTERNATIONAL.BIZ

Page 1 of 16

Address BLK 733 YISHUN AVENUE 5

#03-370

Postcode 760733

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

/enicle

Insurance Company of Driver's Own Vehicle

2

NO

YES

NO

1

NO

NO

YES

NO NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLV5212P
Vehicle Make/Model/Colour MERCEDES

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver JESSIE PHOON WAI LENG

NRIC/Passport Number SXXXX508A Contact Number 93883709

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) 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, (d) 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: Reporting Centre Personnel's Signature

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Name: Reporting Centre Personnel's Signature

Name: Reporting Centre Personnel's Signature

Name: Reporting Centre Person

NRIC/FIN No .:

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPANY: C) POLICY NUMBER: d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: 1 SNZY 6) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	ACCIDENT DAYE: (14/3/2020) (DD/MM/YYY), TIME: (07:30.) (HH:MM)
1. DETAILS OF VEHICLE GIVEHICLE NUMBER: GT 133711 DINSURANCE COMPANY: CHIALA TOPPAU CIPOLICY NUMBER: GPOLICY NUMBER: GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) 9/MAKE & MODEL: 1824 (ITYPE: (SALOON / COUPE / MPV // AN / LORRY / MOTORCYCLE / OTHERS) 9/VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) 9/VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) 9/VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) 9/VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) 9/VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) 9/VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) 9/VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) 1// ARE YOUR ALLOW ON INSURANCE (YES AND) 1// INSURED / POLICY HOLDER ANAME: ALABASE MA SURVIV. (MALE / FEMALE) DINRIC/FIN/PASSPORT: 200465047 CONTACT: 96279524. CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 1// ANAME: ALABASE MA SURVIV. (MALE / FEMALE) DINRIC/FIN/PASSPORT: 31539757 CONTACT: 96279524. CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 1// ANAME: ALABASE MA SURVIV. (MALE / FEMALE) DINRIC/FIN/PASSPORT: 31539757 CONTACT: 96279524. CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 1// AND ALABASE MALE MALE / FEMALE DINRIC/FIN/PASSPORT: 31539757 CONTACT: 96279524. 1// AND ALABASE MALE MALE / FEMALE 1// AND ALABASE MALE / FEMALE / THE ALABASE MALE / THE ALAB	
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i) PURPOSE OF USING AT ACCIDENT TIME ON 947 LUTY 10 MODEL i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: ALLEY AND MODEL: C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER A) NAME: ALLEY AND SURVIV C) ADDRESS: C) CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER A) NAME: ALLEY AND SURVIV C) ADDRESS: BLIC 733 YIS LULY AVE. S. # 03 - 370 C) ADDRESS: BLIC 740 C) ADDRESS: BLIC 740 C) ADDRESS: BLIC 740 C) ADDRESS: BL	f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
A)NAME: TO SAME ANAMAMY (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 200/65092 CONTACT: c)ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DINRIC/FIN/PASSPORT: 31539755 CONTACT: 76279524. C)ADDRESS: BLL 133 YISLUM AV. S. # 03 - 370 ST60735. *d)DATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 10 /1962 J(DD/MM/YYYYY) e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: (25) 7 /1962 J(DD/MM/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
CINCLUding driver) DRIVER CINCLUding driver) DINRIC/FIN/PASSPORT: 3153975/A. CONTACT: 76279524. CIADDRESS: BLIC 133 YISLUM AVE. S. # 03 - 370 S 160735. "d)DATE OF BIRTH: (25/10/1962.)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES') NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAV) D)ROAD SURFACE: (DRY / WET / OTHERS CLEAV) 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: 18. THIRD PARTY VEHICLE 19. VEHICLE NUMBER: SLV 5127 MODEL: MACHINE PARTY VEHICLE 19. UNIC/FIN/PASSPORT: SLV 5127 CONTACT: 95883709 19. THIRD PARTY VEHICLE 19. UND of PASSZANGER 19. VEHICLE NUMBER: MODEL: MODEL: ORIVER'S NAME: DIVINGE MODEL: MODEL: MODEL: MODEL: ORIVER'S NAME: DIVINGE MODEL: MODEL: MODEL: MODEL: MODEL: ORIVER'S NAME: DIVINGE MODEL: MODEL	b) NRIC/FIN/PASSPORT: 200465092 CONTACT:
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e)OCCUPATION: (INDOOR / OUTDOOR) fild (E) OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES ! NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAT b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: THIRD PARTY VEHICLE G) VEHICLE NUMBER: SLY SIZE PHOWN WHI (AWA) (c) NRIC/FIN/PASSPORT: SIZE PHOWN WHI (AWA) 9. THIRD PARTY VEHICLE G) VEHICLE NUMBER: MODEL: G) VEHICLE NUMBER: MODEL: G) VEHICLE NUMBER: MODEL: G) VEHICLE NUMBER: MODEL: G) DRIVER'S NAME: MODEL: G) DRIVER'S NAME: MODEL:	(Including driver) diname: Ghazale BM Sharri (MALE / FEMALE) binkic/fin/passport: 315397554, contact: 96279524. claddress: BLIC 133 Yishun Ave. 5, #03-370
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	FIDATE OF DRIVING PASC
b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: 8. THIRD PARTY VEHICLE (Including driver) b) DRIVER'S NAME: JESSIE PHOW WHI (AWK) c) NRIC/FIN/PASSPORT: SOUT (SOUTACT: 95888709) 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: (Including driver) d) VEHICLE NUMBER: MODEL: (Including driver) e) DRIVER'S NAME: (Including driver) d) VEHICLE NUMBER: MODEL:	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE (Including driver) b) DRIVER'S NAME: JESSIE PHOW WHI (AMS) (Including driver) b) DRIVER'S NAME: JESSIE PHOW WHI (AMS) (Including driver) C) NRIC/FIN/PASSPORT: SOUTH CONTACT: 93888709 7. THIRD PARTY VEHICLE (Including driver) C) DRIVER'S NAME: MODEL:	6. WAS ANYBODY INJURED (YES / NO)
(Including driver) b) DRIVER'S NAME: JESSIE PHOND WAT (AUC) () NRIC/FIN/PASSPORT: SOURCE CONTACT: 93883709 THIRD PARTY VEHICLE () VEHICLE NUMBER: MODEL:	IF YES, PLEASE STATE WHICH POLICE STATION:
(Including driver) e) DRIVER'S NAME: MODEL:	(Including driver) b) DRIVER'S NAME: JESSIE PHOSA WAT (AMS) () NRIC/FIN/PASSPORT: SOUTH CONTACT: 95888709
(_) RRIC/FIN/FASSFORT: CONTACT:	(Induding driver) of DRIVER'S NAME:
	()

VIDEO ENQUIRIES & POLARISIMARMATION AL-BIZ



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ300/C N SN AN0666A 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)

CERTIFICATE No.	DMCVSN3072881900	Engine No :4JG2346230 Chassis No:JAANHR69E67100111
Index Mark and Registration Number of Vehicle	GZ4337H	
2. Name of Policy Holder	M/S POLARIS INTERNATIONAL	(S) PTE LTD
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01 OCTOBER 2019	
4. Date of Expiry of Insurance	18 OCTOBER 2020	
5. Persons or Classes of Persons entitled to drive *		
ANY PERSON WHO IS DRIVING ON THE POLICYH	OLDER'S ORDER OR WITH THEIR	PERMISSION.
PROVIDED THAT THE PERSON DRIVING IS PERM REGULATIONS TO DRIVE THE MOTOR VEHICLE O COURT OF LAW OR BY REASON OF ANY ENACTME	R HAS BEEN SO PERMITTED AND	IS NOT DISQUALIFIED BY ORDER OF A
6. Limitations as to use: *		
(1) USE IN CONNECTION WITH THE POLICYHOL (2) USE FOR THE CARRIAGE OF PASSENGERS (POLICYHOLDER'S BUSINESS. (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE	OTHER THAN FOR HIRE OR REWAL	RD) IN CONNECTION WITH THE
THE POLICY DOES NOT COVER. (1) USE FOR HIRE OR REWARD OR RACING, PA (2) USE WHILST DRAWING A TRAILER EXCEPT	CE-MAKING, RELIABILITY TRIA THE TOWING OF ANY ONE DISAB	L OR SPEED TESTING. LED MECHANICALLY PROPELLED VEHICLE.
* Limitations rendered inoperative by Section	n 8 of the Motor Vehicles (Third-Party F	Risks and Compensation) Act (Chapter 189)
and Section 95 of the Road Transport Act, 1	987 (Malaysia), are not to be included t	under these headings.
I/We hereby Certify that the policy to which (Third-Party Risks and Compensation) Act (Chapter 1	89) and Part IV of the Road Transport A	rdance with the provisions of the Motor Vehicles ct, 1987 (Malaysia). Please see reverse A TAIPING INSURANCE (SINGAPORE) PTE, LTD.
		Juna