TOTAL COLUMN TOTAL	Jeb description		Date & Time Comp	leted	Done b	,
Date In: 30/6/20 13:29						
Ref No: MAI CTI 2000 6816/44	SAS e-filing		-			
Vch No: GBJ 676.	E-mail (within		1		-	
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OD : TP ! Reporting Only	i-Motor W/C		(5, TP 4hrs)			
OB . 11 Topolying only	i-Photo Uplo	aded				
TD leaves	Assessment/St		<u> </u>			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		)
TP Particulars: Veh No: 52	B 252L.	. INC (	)/Non-INC(	)		
Owner / Driver: (			Tel:	1	)	
Policy No: ( ) Perio	od: (	)	Cover Type: (		)_	
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (	WO): N: 0-2	20%; P: 21-79%.	P: 80-100%	]	
Year of Registration: ( ) W	arranty: YES (	)/NO(	)		00-2012/00-07	
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General Remarks:			Asia kana	A Property	\$	7. <sup>21</sup> 7.
( ) Walk-In Customer : Customer's inform	nation strictly Co	nfidential & S	trictly NO refer of re	pairer.		
( ) Total Loss Case : to e-mail Insurer						
Drive-In ( )/ Towed-In ( ); Invoice:	AND THE PROPERTY OF THE PARTY O	NO( );	Towing Co: (	r'	•	)
Remarks: (INC horline: 6788 6616)	70 -		Date&Timb Comp	ker5d	Done	by
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p. 1. 4.

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 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.
- 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.

aroresaro.	ACCIDENT STATEMENT
Date Of Report	30/06/2020 13:29
Date Of Accident	26/06/2020 13:15
Exact Location Of Accident	AT THE GANTRY OF 21 HILLVIEW AVE
Country/State of Loss	SINGAPORE
A STATE OF THE PARTY OF THE PAR	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ67G
Insured/Policyholder	
Name Of Registered Owner	HUPFARRI ENTERPRISE PTE LTD
Co Reg No	• ·
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91634546
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCVSNW00017272001
Cover Note Number	
Driver	
Name of Driver	MOK KIM TIANG
NRIC No	SXXXX703E
Date Of Birth	27/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	03/12/2009
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91634546
Fax Number	

NOEMAIL

Address BLK 640 ROWELL RD #10-88

Postcode 200640

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 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

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.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

**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?

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

SLB252L Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR TANG YEN TING Name of Driver

NRIC/Passport Number SXXXX479B Contact Number 97441078

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **SKETCH PLAN**

### **IMPORTANT NOTICE**

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- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

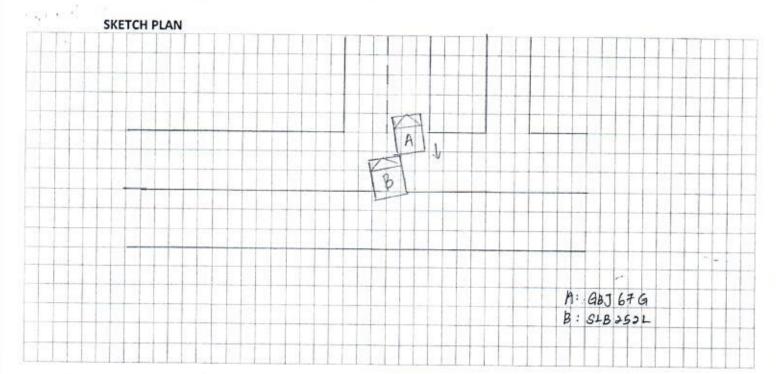
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature Date / time: Mok

Driver's signature (if driver is not policy holder) Date / time: The state of

reporting centre personnel's Signature Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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reverse	2.	While	e r	eversi	ng ,	La	ccidenta	ally h	t onto	vehicle	B which	was	
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			- 120									onen-	

DECLARATION

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

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:



## 中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

AN0655A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Melaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00017272001

Engine No.: 1KD2429384

Cha. No.: KDY2318016667

1. Index Mark and Registration

GBJ67G

AUTOSAFE

Number of Vehicle 2. Name of Policy Holder

HUPFARRI ENTERPRISE PTE LTD (NON-DRIVER)

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

02/04/2020

Excess Sect I

\$\$500.00

EX ON WINDSCREEN .

4. Date of Expiry of insurance

01/04/2021

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:\*

Use in connection with the Policyholder's business.
 Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 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.

ACER INSURANCE AGENCY 21 Woodlands Close

#08-44 Primz Bizhub Singapore 737854

Tel: 6777 8323 Fax: 6776 8323

**Authorised Signatory** 

Issued By: ACER INSURANCE AGENCY **Authorised Officer** 

6222 1033

www.sg.cntaiping.com

# SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	<b>医生态等</b> 生态
Date of accident	26/06/2020	(DD/MM/YY)
Time of accident	1315	(HH:MM)
Exact location of accident	At the gantry of 21 Hillview Avenue.	(mining)

<b>自己是有关的</b>	DETAILS OF VEHICLE
Vehicle registration number	GBJ 67G
Vehicle make and model	Toyota byna
Type of vehicle	Saloon   MPV   CRV   Van   Lorry   Bus   Motorcycle   Others:
Vehicle category	Private  Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes \( \text{No } \equiv \text{if no, please select:} \\ Third part claim \( \text{D} \) Reporting only \( \text{D} \)

<b>有数数数据的</b>	INSURANCE IN	FORMATION	AND DESCRIPTION OF THE PERSON
Insurance company	China Taiping		
Policy number	7-0		
Type of policy	Comprehensive	Third party fire & theft	TP only

INSURED / POLICY HOLDER							
Name	Hubfarri	Enterprise	Pte	Ltd	Male 🗆	Female	
NRIC / Fin / Passport number	1						
Contact		100-114					
Address							

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)							
Name	Mok Kim Tiana Male -	Female						
NRIC / Fin / Passport number	S 1472703E							
Contact	9163 4546							
Address	BIK 640 Rowell Road #10-88 5(200640)							
Email address		7-22-00						
Date of birth	27/02/1961							
Occupation	Indoor  Outdoor							
Driving date pass	03/12/2009							

Street, the last the street, or the street	GENERAL	INFORMATION	OF THE ACCIDENT	产品等40%(40%)的特殊
Was driver an employee of	Yes	No 🗆		No. 10 10 10 10 10 10 10 10 10 10 10 10 10
the insured's company?	If no, rel	ationship of the	driver and insured:	
Accident captured by camera?	Yes 🗆	No p		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry D	Wet □		
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Vohicle resistantian and he	THIRD PARTY VEHICLE 1
Vehicle registration number Vehicle make model	SLB 252 L
Name	7
	Tang Yen Ting
NRIC / Fin / Passport number	S7580479B
Contact	9744 1078
PARTICIPATE A SECURITIVE PROPERTY OF THE PARTICIPATE P	
<b>以</b> 是统治。	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
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NRIC / Fin / Passport number	
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AND THE RESERVE AND ADDRESS OF THE RESERVE AND A	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
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Contact	
16	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
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Contact /	
Market Company of the Autorities	THIRD PARTY VEHICLE 6
Vehicle registration number	MIND MIND CONTRACTOR
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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CONTRACTOR OF THE PARTY OF THE	THIRD DARTY VEHICLE 7
Vehicle registration number	THIRD PARTY VEHICLE 7
Vehicle make model	
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Name	The second secon	Name and Address of the Owner, where	the state of the s		SANCE SHEEP STORY	
Injuries sustained				2772-755		/
Which vehicle person in?						
Were seat belts worn?	Yes 🗆	No 🗆			50	
Was injured conveyed to	Yes 🗆	No 🗆				
hospital by ambulance?	300000000					
<b>在</b> 2018年5月1日 - 1000年		INJURED PE	RSON 2	Marin Son	MANUFACTURE NO.	DESCRIPTION OF THE PARTY.
Name		Name and Address of the Association of Street	akali akali akali akali a		<b>基础的图像表现的</b>	CONTRACTOR OF STREET
Injuries sustained			- 12-27-20	1		
Which vehicle person in?				/	-75 5 5 5	
Were seat belts worn?	Yes 🗆	No 🗆	1	/		
Was injured conveyed to	Yes 🗆	No 🗆	/		olestro och	
hospital by ambulance?			/			
CASHARA SERVICE TO LANGE TO		INJURED PER	20012			
Name	CTHICAGO CONTRACTOR	INJUNED PER	PION PARTIES	WIND ROBER FO		生之是政力规
Injuries sustained						
Which vehicle person in?			/			
Were seat belts worn?	Yes 🗆	No 🗆 /	/			
Was injured conveyed to	Yes 🗆	No D				
hospital by ambulance?	162 [	NO LI				
and a second sec						
	A CONTRACT	INJURED PER	SON 4			Manager 1
Name		111111111111111111111111111111111111111		Major Samuel States a		NEWS THE
Injuries sustained						
Which vehicle person in?						
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes 🗆	No D				
hospital by ambulance?		/				
<b>经产用的</b>		INJURED PER	SONE			WEST TO SAME
Name	The second second	INJUNED PER	30113		在1000000000000000000000000000000000000	部件的应问的
Injuries sustained	+/-					
Which vehicle person in?	1/					
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes 🗆	No 🗆				
hospital by ambulance?	1030	140 🗅				
- Topical by dissolution						
	STATE OF THE PARTY			LEGGER TO SERVE	MARKET CANADA	
CONTRACTOR OF THE CASE OF THE		INJURED PERS	SON 6	STATE OF THE STATE	Barbara Art	Manager Shall and
Name	THE RESERVE OF THE PARTY OF THE	THE RESERVE OF THE PARTY OF THE				
Injuries sustained						
Injuries sustained Which vehicle person in?	and the second					
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆				