Date &Time Completed Done by Alexania Alexania Done &Time Completed Done by Alexania Alexan
Tel: Cover Type: ()
Tel: Cover Type: ()
Tel: Cover Type: ()
Report X/Hand to Owner/Wish Tol: Fax: INC()/Non-INC(). Tel:) Cover Type: ().
Report X/Hand to Owner/Wish Tol: Fax: INC()/Non-INC(). Tel:) Cover Type: ().
Report x/Hand to Owner/Wisz Tot: Fax: INC()/Non-INC(). Tel:) Cover Type: ().
Y/Hand to Owner/Wish Tol: Fax: INC()/Non-INC(). Tel:) Cover Type: ().
Tol: Fax: . INC(.)/Non-INC() Tel: .) . Cover Type: () .
Tel:) Cover Type: ()
Tel: ,)) Cover Type: ()
) Cover Type: ()
N: 0-20%; P: 21-79%. P: 80-100%]
NO()
)
AND THE PROPERTY OF THE PROPER
PARTICULAR MANAGEMENT STATES STATES
ntial & Strictly NO refer of repairer.
); Towing Co: (
MANAGEMENT OF THE PROPERTY OF
2000 200 200 200 200 200 200 200 200 20

<u> </u>
CONTROL DE LA CONTROL DE L
HAN AND AND AND AND AND AND AND AND AND A
NEW TOTAL PROPERTY OF THE PARTY
Aceldent laporting (336) Dannya Assatantani (3100) ING (140)
Towing Vee
Wallow-Though Burvey (Resurvey) \$30
plaiming against Hi C Only (Wal 10 Jan 2010)
Tre-Indianous
11 DA 4 EN COT NOVEMBY
I IGAD DA Y OMICS OWITE
UC Additional Sorvious:
UC Additional Services:- : Courtery Cer/ Tpt Allowanus 53 : Courtery Cer/ Tpt Allowanus 510
UC Additional Services: Courtery Cer/ Tp1 Allowands Unpyle Co-ordination Post Repuls Co-ordination 223
UC Additional Services: Courtery Cef / Tpt Allowands Hayele Co-ordination 510 (Fost Repair Inspection 52) In DV / Gelieut Recess Coordination 33 COURTER AND
Courtery Cef / Tpi Allowanue 33 : Courtery Cef / Tpi Allowanue 31 : Unyels Co-ordination 310 : Yout Unpair Inspection 325

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 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 Jodgement 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 Report Date Of Accident Date Date Of Accident Date Date Date Date Date Date Date Date	foresaid,	ACCIDENT STATEMENT
Date Of Accident 20/07/2020 10:10 Exact Lozation Of Accident JALAN BUKIT MERAH TOWARDS KAMPONG BAHRU ROAD SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number GBJ4557H Insured/Policyholder Name Of Registered Owner SKYLINK VEHICLE RENTAL PTE LTD CO Reg No - Email Address AMINURCHIN®GAIL.COM Mobile Phone No (LOCAL) +65-90069109 Vehicle Particulars Manufacturer KIA Model K2500 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? If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company They Policy No Policy Number Diffuer Name of Driver MUHAIMIN BIN SULDAR NRIC No SXXXX964B Date Of Birth O4/07/1984 Occupation OUTDOOR Date Of Driving Pass 11/03/2013 Driving Experience MALE Mobile Number Fax Number	THE RESERVE THE PARTY OF THE PA	Strategic and the strategic an
Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE		
DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Co Reg No Email Address AMINURCHIN@GAIL.COM (LOCAL) +65-90069109 Alternative Phone No (LOCAL) +65-90069109 Alternative Phone No OFFICE-90069109 Vehicle Particulars Manufacturer KiA Model K2500 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? If No, Please state action to be taken Vehicle Category Commercial Vehicle Insurance Company Name of Insurance Company Name of Insurance Company Coverage ThiRD PARTY FIRE AND/OR THEFT NO Policy Number Diver Name of Driver Na		
Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Co Reg No Email Address AMINURCHIN@GAIL.COM Mobile Phone No Alternative Phone No A		[전쟁] [1] [1] [2] [1] [1] [1] [2] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Co Reg No Email Address AMINURCHIN@GAIL.COM Mobile Phone No (LOCAL) +65-90069109 Alternative Phone No OFFICE-90069109 Vehicle Particulars Manufacturer KIA Model K2500 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? If No, Please state action to be taken Vehicle Category Commander Company Name of Insurance Company Alternative Coverage Third PARTY FIRE AND/OR THEFT Fleet Policy No Policy Number Cover Note Number Driver Name of Dr		
Name of Registered Owner	是一位是一位的一位,这一位的一位,	ETAILS OF OWN VEHICLE
Name Of Registered Owner SKYLINK VEHICLE RENTAL PTE LTD Co Reg No - Email Address AMINURCHIN@GAIL.COM Mobile Phone No (LOCAL) +65-90069109 Vehicle Particulars KIA Manufacturer KIA Model K2500 Exact Purpose for which vehicle was being used at time of accident KC500 Exact Purpose for which vehicle was being used at time of accident TON If No. Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy NO Policy Number DMCVSNA00029462000 Cover Note Number DMCVSNA00029462000 Driver MUHAIMIN BIN SULDAR NRIC No SXXXX964B Date Of Birth 04/07/1984 Occupation OUTDOOR Date Of Driving Pass 11/03/2013 Driving Experience 7 YEARS AND 4 MONTHS Gender MALE Mobile Numb	Vehicle Registration Number	GBJ4557H
Co Reg No	Insured/Policyholder	
Email Address AMINURCHIN@GAIL.COM Mobile Phone No (LOCAL) +65-90069109 Vehicle Particulars Manufacturer KIA Model K2500 Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. TIPE OF Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy NO Diloy Number DMCVSNA00029462000 Cover Note Number Driver Name of Driver MUHAIMIN BIN SULDAR NRIC NO SXXXX964B Date of Birth O4/07/1984 Occupation OutDoor Date Of Driving Pass 11/03/2013 Driving Experience AMLE Mobile Number Fax Number	Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Mobile Phone No (LOCAL) +65-90069109 Vehicle Particulars KIA Manufacturer KIA Model K2500 Exact Purpose for which vehicle was being used at time of accident WORKING PURPOSES Are you claiming under your own insurance policy for repair to your vehicle? NO If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy NO Policy Number DMCVSNA00029462000 Cover Note Number DMCVSNA00029462000 Driver MUHAIMIN BIN SULDAR NRIC No SXXXXY964B Date Of Birth O4/07/1984 Occupation OUTDOOR Date Of Driving Pass 11/03/2013 Driving Experience 7 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-90069109	Co Reg No	¥
Alternative Phone No Vehicle Particulars Manufacturer Model 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? If No, Please state action to be taken THIRD PARTY Vehicle Category Insurance Company Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT THIRD PARTY FIRE AND/OR THEFT TOVER TOWN NO DMCVSNA00029462000 Cover Note Number Driver Name of Driver Name of Driver NAME of Birth Odvor/1984 Odvor/1984 Odvor/1984 Odvor/1984 Odvor/1984 Odvor/1985 Driving Experience Fedder MALE Mobile Number KIA KIA KIA KIA KIA K2500 WORKING PURPOSES HIRD PARTY THIRD PARTY COMMERCIAL VEHICLE THIRD PARTY THIRD PARTY FIRE AND/OR THEFT NO DMCVSNA00029462000 Odvor/1984 Odvor/1984 Odvor/1984 Odvor/1984 Odvor/1984 Odvor/1985 Driving Experience TYEARS AND 4 MONTHS Gender MALE Mobile Number	Email Address	AMINURCHIN@GAIL.COM
Wanufacturer Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy re repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company No CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy No DMCVSNA00029462000 Cover Note Number Driver Name of Driver Name of Driver Name of Driver Name of Driver NAMIC No SXXXX964B Date Of Birth Occupation Date Of Driving Pass Driving Experience Fax Number	Mobile Phone No	(LOCAL) +65-90069109
Manufacturer Model K2500 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? If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Fleet Policy NO Policy Number Diver No	Alternative Phone No	OFFICE-90069109
Model K2500 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? If No, Please state action to be taken Vehicle Category NO THIRD PARTY COMMERCIAL VEHICLE Insurance Company Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Fleet Policy Policy Number Differ NO MUHAIMIN BIN SULDAR NRIC No SXXXX964B Date Of Birth Occupation Date Of Driving Pass Driving Experience Fender MALE Mobile Number (LOCAL) +65-90069109 Fax Number	Vehicle Particulars	
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? If No, Please state action to be taken THIRD PARTY COMMERCIAL VEHICLE Insurance Company Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Fleet Policy Policy Number Cover Note Number Driver Name of Driver Name of Driver Name of Driver NAME OR HIRD AND DATE OF Birth Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number WORKING PURPOSES NO WORKING PURPOSES NO THIRD PARTY FIRE AND/OR THEFT NO NO MUVALINING INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY FIRE AND/OR THEFT WORKING PURPOSES NO THIRD PARTY WORKING WORKING WORKING WORKING THIRD PARTY WORKING THIRD PARTY WORKING WORKING THIRD PARTY WORKING THIRD PARTY WORKING THIRD PARTY WORKING THIRD PARTY WORKING WORKING THIRD PARTY WORKING THIRD PARTY WORKING THIRD PARTY WORKING THIRD PARTY WORKING WORKING THIRD PARTY WORKING THIRD PARTY WORKING WORKING THIRD PARTY WORKING	Manufacturer	KIA
time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Fleet Policy NO Policy Number Diver Name of Driver Name of Driver Name of Driver NAME OR DRIVER NAME OF Birth Occupation Date Of Birth Occupation Date Of Driving Pass THOUSE AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-90069109 Fax Number	Model	K2500
for repair to your vehicle? If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company No CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver NAME Of Birth Occupation Date Of Driving Pass 11/03/2013 Driving Experience MALE Mobile Number (LOCAL) +65-90069109 Fax Number		WORKING PURPOSES
Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver NAME of Driver NAME of Birth Occupation Date Of Driving Pass Driving Experience Gender Model Mo		NO
Insurance Company Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Fleet Policy NO Policy Number DMCVSNA00029462000 Cover Note Number Driver Name of Driver NRIC No SXXXX964B Date Of Birth Occupation Date Of Driving Pass Driving Experience TYPEARS AND 4 MONTHS Gender MALE Mobile Number CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY FIRE AND/OR THEFT MO MCVSNA00029462000 NO MCVSNA00029462000 NO MCVSNA00029462000 NO MCVSNA00029462000 NO MCVSNA00029462000 NO MCVSNA00029462000 Outpoor MUHAIMIN BIN SULDAR SXXXX964B O4/07/1984 Occupation OUTDOOR Date Of Driving Pass 11/03/2013 Driving Experience TYEARS AND 4 MONTHS Gender MALE Mobile Number	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy Policy Number DMCVSNA00029462000 Cover Note Number Driver Name of Driver NAME OF Birth Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number CHINA TAIPING INSURANCE (SINGAPORE) PTE. LŤD. THIRD PARTY FIRE AND/OR THEFT NO THIRD PARTY FIRE AND/OR THEFT NO THIRD PARTY FIRE AND/OR THEFT T	Vehicle Category	COMMERCIAL VEHICLE
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy NO Policy Number DMCVSNA00029462000 Cover Note Number Driver Name of Driver MUHAIMIN BIN SULDAR NRIC No SXXXX964B Date Of Birth 04/07/1984 Occupation OUTDOOR Date Of Driving Pass 11/03/2013 Driving Experience 7 YEARS AND 4 MONTHS Gender MALE Mobile Number THIRD PARTY FIRE AND/OR THEFT NO NO NO NO NO NO NO NO NUMAIMIN BIN SULDAR SXXXX964B OUTDOR SXXXX964B OUTDOR OUTDOR TYPEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-90069109	Insurance Company	
Fleet Policy NO Policy Number DMCVSNA00029462000 Cover Note Number MUHAIMIN BIN SULDAR Name of Driver MUHAIMIN BIN SULDAR NRIC No SXXXX964B Date Of Birth 04/07/1984 Occupation OUTDOOR Date Of Driving Pass 11/03/2013 Driving Experience 7 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-90069109 Fax Number	Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Policy Number DMCVSNA00029462000 Cover Note Number Driver MUHAIMIN BIN SULDAR NRIC No SXXXX964B Date Of Birth 04/07/1984 Occupation OUTDOOR Date Of Driving Pass 11/03/2013 Driving Experience 7 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-90069109	Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Cover Note Number Driver MUHAIMIN BIN SULDAR NRIC No SXXXX964B Date Of Birth 04/07/1984 Occupation OUTDOOR Date Of Driving Pass 11/03/2013 Driving Experience 7 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-90069109 Fax Number	Fleet Policy	NO
Driver MUHAIMIN BIN SULDAR NRIC No SXXXX964B Date Of Birth 04/07/1984 Occupation OUTDOOR Date Of Driving Pass 11/03/2013 Driving Experience 7 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-90069109 Fax Number	Policy Number	DMCVSNA00029462000
Name of Driver MUHAIMIN BIN SULDAR NRIC No SXXXX964B Date Of Birth 04/07/1984 Occupation OUTDOOR Date Of Driving Pass 11/03/2013 Driving Experience 7 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-90069109 Fax Number	Cover Note Number	
NRIC No SXXXX964B Date Of Birth 04/07/1984 Occupation OUTDOOR Date Of Driving Pass 11/03/2013 Driving Experience 7 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-90069109 Fax Number	Driver	
Date Of Birth 04/07/1984 Occupation OUTDOOR Date Of Driving Pass 11/03/2013 Driving Experience 7 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-90069109 Fax Number	Name of Driver	MUHAIMIN BIN SULDAR
Date Of Birth 04/07/1984 Occupation OUTDOOR Date Of Driving Pass 11/03/2013 Driving Experience 7 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-90069109 Fax Number	NRIC No	SXXXX964B
Occupation OUTDOOR Date Of Driving Pass 11/03/2013 Driving Experience 7 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-90069109 Fax Number		
Date Of Driving Pass 11/03/2013 Driving Experience 7 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-90069109 Fax Number (LOCAL) +65-90069109	At Indiana and a second of the	The second secon
Driving Experience 7 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-90069109 Fax Number (LOCAL) +65-90069109	Note that the control of the control	
Gender MALE Mobile Number (LOCAL) +65-90069109 Fax Number (LOCAL) +65-90069109	and the same and t	
Mobile Number (LOCAL) +65-90069109 Fax Number	The second belongs the confidence of the confide	
Fax Number	The Control of the Co	
A STATE OF THE STA	WEST-CARTICALDUATESCO	
		OTHERS-90069109

AMINURCHIN@GAIL,COM

Address

BLK 919 JURONG WEST STREET 91

#12-134

Postcode

640919

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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?

YES

Was any injured conveyed to hospital by

ambulance?

NO

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200720/7022

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

SGH8523E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

MUHAIMIN BIN SULDAR

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBJ4557H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 aforesald.
- 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 Signa

Name:

NRIC/FIN No .:

SKETCH PLAN MARICUE (B) SUDDEN BUS STUDDE KAMPUNG MICH FUND A-GBJ 4557 H B-56H 8523 I WAS DRIVING ALONG JALAN GULLY MERAH TUMARD CAMPLING EAHRU RUMD ON THE 2MD LANE OF A 3 LANE, RUMD. SOMEMERS NEARL BUS STOP BOB, I APPLIED BRAKE AND SUMED DOWN DIE TO THE HEAVY TRAFFIC FLOW, OUT OF A SUMPEN, I FELT A STRONG IMPACT FROM THE LEFT SIDE OF MY LEHICLE . APTER THE ACCIDENT I AUGUSED AND PEACUSE THAT VEHICLE (15) PRINT FROM THE 3RD LAME CUT INTO MY LANE BECAMSE VENICUE (13) TRIED TO WELL TAKE THE BUS THAT WAS STUPPED AT THE BUS ETUP. AS VEESUUTED PIGHT SIDE PORTION OF VEHICLE (B) COLLIDED INTO LEFT SIDE PERTICON OF MY VENICLE. A-4BI 4557 H B-5GH 8523 E POLICE REPORT 7/20200120/2002

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 Possonnel's Signature

NRIC/FIN No.: KOS

GIARRIC SterchPlant or in V3

2

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 20711 2020 TIME: 10:10 HRS (H	H:MM) 24 hrs Format
LOCATION: JALAN RUKIT MERAH TOWARD KAMPUN	G RAHRY ROAD AT
1506 BUS STOP.	
VEHICLE NUMBER: GBJ 4557 H	
INSURED NAME: SEYLINK VEHICLE · RENTAL PTE LTD	
NRIC/FIN: CONTACT:	
MAKE: KIA MONDEL: K 2500	
Are you claiming under your own insurance policy for repair to your vehicle?	
() Yes, If No, Pls Select : () Third Party () Reporting Only	
INSURANCE COMPANY: CHIMA TAIPING	
TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT	
POLICY NUMBER: PMCVSNA 000 29462000	
NAME DRIVER: MUHATIMIN BIN SULDAR	()SAME AS INSURED
NRIC/FIN: 5841696413 CONTACT: 900 69109	
DATE OF BIRTH: 04 ML 1984	
DRIVING PASS DATE: 1/ MAR 2013	
OCCUPATION: () INDOOR (JOUTDOOR	
GENDER: (MALE () FEMALE	
EMAIL ADDRESS: aminurchin (@gmail com)	()NO EMAIL
ADDRESS OF DRIVER: 919 JURONG WEBT ET 91 #12-134	3 To come and a second
:3'PORE 640919	
Number Of Passenger Include Driver: DIZIVEIZ ONLY	
Was driver an employee of the Insured's Company? () YES () NO	
If No, Relationship Of The Driver With The Insured	
()Owner ()Spouse ()Friend ()Relative ()Children ()Sibling ()Others
Does The Driver Owm Any Other Vehicle?: () YES ()NO	72.00.00
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:	
Insurance Company Of Driver's Own Vehicle	
Weather Conditions: (Clear () Raining () Orizzling () Others	
Road Surface: () Dry () Wet () Others	
Was Any Foreign Vehicle Involved In This Accident? () YES (\(\subseteq NO	
Was Anybody Injured In The Accident? () YES () NO	
If YES, Injured details:	

Convey By Ambulance: () YES () NO	
Was There Any Video Capture By Car Camera? () YES () NO	
Was There Any Accident Reported To The Police? ()YES ()NO If Yes Atta	ch Police Report
Police Report Number (If any)	
Details Of 3rd Party Name NRIC Contact	No. of Paxs (incl'driver)
Veh B SE7H 8523 €	()/Not Sure ()
Veh C	()/Not Sure ()
/eh D	()/Not Sure ()
/eh E	()/Not Sure ()
/eh F	()/Not Sure ()
/eh G	()/Not Sure ()





1 of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Report No. T/20200720/7022

	ate/Time Report Made: 0/07/2020 20:28		Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
	Informant: IIN BIN SU	LDAR	Address: 919 JURONG WEST STREE 640919	T 91 #12-134 SINGAPORE	
ID Type / ID No.: NRIC NO / S8418964B			Contact No.: Home/Office: Mobile: 90069109		
National SINGAP	ty: ORE CITIZ	EN	Email: aminurchin@gmail.com		
Sex: Male	Age: 36	Date of Birth: 04/07/1984	Type of Informant: Driver		
Race: Boyanese			Language: English	Institution / School Name:	
Occupation: delivery driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Inform	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/07/2020 10:1	Type of Location: Straight Road
Location: jalan bukit me	erah			Road Speed Limit:
Weather: Clear				50 Km/h
Traffic Flow: One Way				Traffic Volume: Heavy
Type of Collis Between Mov	sion: ving Vehicles - Head	d To Side		Anyone conveyed by ambulance: No

11 To 11 To 12 To	I Company of the last	Car Shirth Section	CONTRACTOR OF STREET	0.1	A-191-	No of Decrees
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ4557H	Lorry	KIA	7	Purple	Slightly Damaged	0
SGH8523E	Car	KIA	picanto	Silver	Seriously Damaged	1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20200720/7022

CONTINUATION OF REPORT

Driver				1 4 11 7 15	ATT AND	AV SUSSESSES OF THE RESIDENCE OF THE RES
Name	MUHAIMIN BIN SULDAR			ID No).	S8418964B
Related Vehicle	GBJ4557H (Lorry)			Conta	act No.	90069109
Hospital/Clinic	FIRST CARE FAMILY CLINIC & SURGERY			Class Drivin Licen Expin	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment				harge	20/07	/2020
	ted Medical Leave 0)3	Degree of		Slight	
Driver			da site see		No.	
Name	LEE YUET PENG		ID No		S0790112G	
Related Vehicle	SGH8523E (Car)			Conta	ct No.	97583320
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			narge	NIL	
No. of Days grant	ed Medical Leave N	IIL	Degree of		NIL	

Brief Details.

I was driving along Jalan Bukit Merah toward kampung bahru rd on the 2nd lane of a 3 lanes road. Somewhere near bus stop (b06), I applied brake and slowed down due to heavy traffic flow, Out of sudden, I felt a strong impact from the left side of my vehicle. After the accident, I alighted and realised that vehicle SGH8523E drive from 3rd lane cut into my lane because vehicle SGH8523E tried to overtake the bus that was stopped at the bus stop. As result, right side portion of vehicle SGH8523E collided into left side portion of my vehicle.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200720/7022

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2020 20:28
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: \$665500200 / 657 Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNAY20061479 Vehicle Registration No: 680 4557 H Name(as shownin NRIC): MUHAIMIN BIN SULDAR NRIC/FIN/Passport No: (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : 919 JURONG WEST STREET 91 # 12 - 134 Address Singapore(640919) Mobile No.: 90069109 Contact (Tel) : aminurchin @ amail . com Email Address OKOK | FO | OK : Date of Accident _Time of Accident: IDID HRS Place of Accident : JALAN BUILLT MERAH TOWARDS KAMPONG BAHARU 184D Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE. LID. (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: LLDAR Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date:



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

CHINA TAIPING

Motor Commercial

MZ407/C

N

CERTIFICATE OF INSURANCE other Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation; Rules, 1960 Road Transport Act, 1997 (Malaysia) Motor Vehicles (Third-Party Risks) Russ, 1999 (Malaysia)

AN0478A Cov, Type:F.

CERTIFICATE No.

DMCVSNA00029462000

Engine No.: D4CBK762613 Cha. No. KNCSJX76LK7350213

Index Mark and Registration

Number of Vehicle

GBJ4557H

2. Name of Policy Holder

SKYLINK VEHICLE RENTAL PTE LTD

Effective date of the Commencement of 23/04/202 Insurance for the purposes of the Regulations. (11:19:00) Ordinance or Erischment

23/04/2020

Excess Sect. II

G\$2,000.00

4. Date of Expey of Insurance

22/04/2021

Persons or Classes of Persons entitled to drive

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

fi. Limitations as to use.*

Use for racing, pace-making, reliability trial or speed-testing.
 Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
 Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO. . CYCLE & CARRIAGE FULCO MTR DEALER PILIAS 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)

nsure Please see reverse

Issued By:

Lim Lee Oko Authorised Officer For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory