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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Driving Experience** 

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- Please report <u>correctly</u> 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.
- 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 evaluable.

	ACCIDENT STATEMENT		
Date Of Report	11/08/2020 14:06		
Date Of Accident	03/08/2020 08:55		
Exact Location Of Accident	ALONG DEFU LANE 1		
Country/State of Loss	SINGAPORE		
White Park the Real Park to the Control of the Cont	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBC3660K		
Insured/Policyholder			
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD		
Co Reg No	2XXXXX755G		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-87488689		
Alternative Phone No	OFFICE-62665858		
Vehicle Particulars			
Manufacturer	NISSAN		
Model	URVAN		
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?	NO		
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.		
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT		
Fleet Policy	NO		
Policy Number	DMCVSNA00029502000		
Cover Note Number			
Driver			
Name of Driver	LAU JIA JUN		
NRIC No	SXXXX886G		
Date Of Birth	26/11/1992		
Occupation	OUTDOOR		
Date Of Driving Pass	04/03/2019		

MALE

NOEMAIL

1 YEAR AND 4 MONTHS

(LOCAL) +65-87488689

OFFICE-52665858

Address

BLK 107C CANBERRA STREET

#13-605

Postcode

753107

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

Was any other material or property damaged?

NO YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

ambulance?

NAME:

: ENG EE JIE

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

PLEASE REFER TO SKETCH PLAN

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

YN9237E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

#### 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.
- 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
- 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.
- 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:

- (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:
  - (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
- (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.

Policyholder's Signature Date & Time:

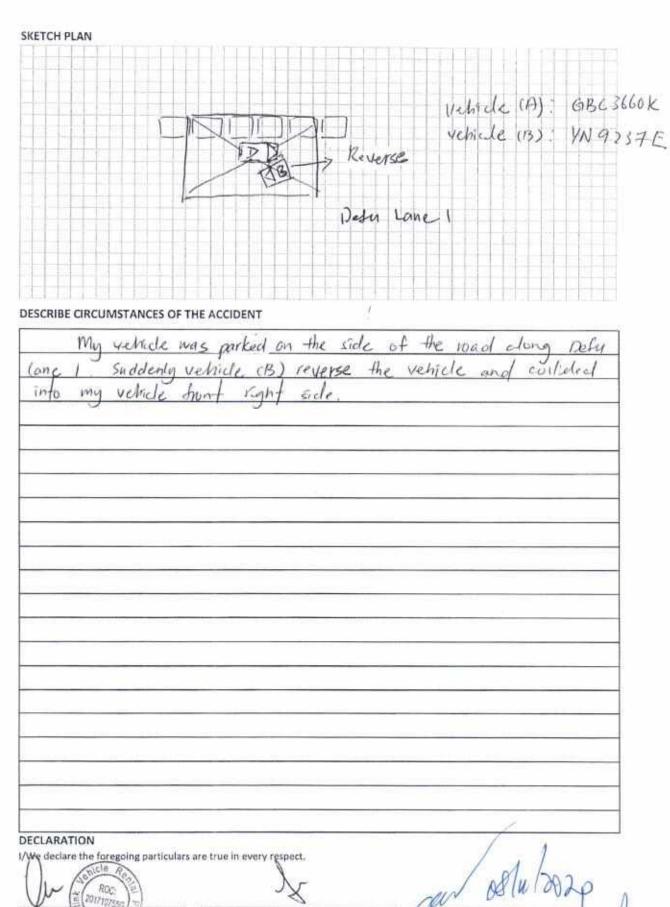
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel

Name:

NRIC/FIN No.:



Policyholder Signature Date & Time: Driver's Signature (if driver is not the policyholder) Date & Time:

NRIC/FIN No.:

Beporting Centre Personnel's Signature Name:

DAMARI SOMERNICA STANIA

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 03 08 3030	TIME: 0855HRS	(hh:mm) 24 hrs Format
LOCATION: DEFO LANE I		, and the second
VEHICLE NUMBER: GBC 3660 K		
	KENTAL PTE LTD	
NRIC/FIN: 2017/0755G	CONTACT: CALCERO	
MAKE: NISSAN	CONTACT: 6166 5858	
Are you claiming under your own incurses a	MODEL: UKVAN	
Are you claiming under your own insurance [ ( ) Yes, If No, Pls Select: ( ✓ ) Third Party	oolicy for repair to your vehicle?	
INSURANCE COMPANY:	( ) Reporting Only	
TYPE OF POLICY ( ✓) COMPREHENSIVE	( )THIRD PARTY ( )TPFT	
POLICY NUMBER: OMCUSNA 000 295	08000	
NAME DRIVER: / AU - 11A JUN		
NAME DRIVER: LAU JIA JUN		( ) SAME AS INSURED
NIDIC / PIN.		
NRIC / FIN: 59271886 G	CONTACT: 87488689	
0.0 1900		
DRIVING PASS DATE: 04 MAR 2019	2002	
OCCUPATION: ( ) INDOOR ( ) OUTI GENDER: ( ) MALE ( ) FEM.		
7.12	ALE	
EMAIL ADDRESS:		( / ) NO EMAIL
ADDRESS OF DRIVER: APT BLK 167 C	CANBERRA STREET # 13	-605
3 (753107)		P111
Number Of Passenger Include Driver: EN	G EE JIE (M)	
Was driver an employee of the Insured's Com	pany? ( / ) YES ( ) NO	
If No, Relationship Of The Driver With The		
( ) Owner ( ) Spouse ( )Friend	( )Relative ( )Children (	( )Sibling ( )Others
Does The Driver Own Any Other Vehicle? : (	) Yes ( / ) No	
If Yes, Vehicle Registration Number Of Driver	's Own Vehicle:	
Insurance Company Of Driver's Own Vehicle		AU .
Weather Conditions: ( / ) Clear ( ) Ra	ining ( ) Drizzling ( ) Other	
Road Surface : ( ) Dry ( ) W	et ( ) Other	
Was Any Foreign Vehicle Involved In This A	TOTAL CONTRACTOR OF THE PARTY O	10
Was Anybody Injured In The Accident? (	) YES ( /) NO	
If YES, Injured details:		
Convey By Ambulance: ( ) YES (	) NO	
Was There Any Video Capture By Car Came		
Was There Accident Reported To The Police		444 - 1 P. P. P
Police Report Number (if any)	er ( ) les ( / ) No il res	Attach Police Report
Details Of 3rd Party Name/NRIC	Contact	No of home to the state of
Veh B YN 9237 E	Contact	No. of Paxs (incl'driver)
Veh C		( ) / Not Sure ( / )
		( ) / Not Sure ( )
Veh D		( ) / Not Sure ( )
Veh E		( ) / Not Sure ( )
Veh F		( ) / Not Sure ( )



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ407/C

CERTIFICATE OF INSURANCE

N SN

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act. 1887 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AND47BA

Cay Type:F

CERTIFICATE No.

DMCVSNA00029502000

Engine No.: ZD30292049K

Index Mark and Registration

**GBC3660K** 

Cha. No: JN1MG4E25Z0796522

Number of Vehicle

2. Name of Policy Holder

SKYLINK VEHICLE RENTAL PTE LTD

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

23/04/2020 (11:19:00)

Excess Sect. II

\$\$2,000.00

Date of Expiry 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

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.

6. 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 raward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED AS HP OWNER

\* Limitations rendered imperative 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

Sure

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Issued By: .....

Lim Lee Choo Authorised Officer

Authorised Signatory