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Insured/Driver Liability: (%)	Note-Est Status (WO): N: 0	20%; P: 21-79%, P: 80-	100%]
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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 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

	ACCIDENT STATEMENT
Date Of Report	07/10/2020 15:18
Date Of Accident	06/10/2020 11:35
Exact Location Of Accident	SIMPANG BEDOK CARPARK
Country/State of Loss	SINGAPORE
Description of the Description o	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PA8513P
Insured/Policyholder	
Name Of Registered Owner	CARE EXPRESS SERVICES
Co Reg No	5XXXX992M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88894435
Alternative Phone No	OFFICE-87686898
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE-3.0 COMMUTER GL (A)
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	BUS
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	DMB1SNW0008242000
Cover Note Number	
Driver	
Name of Driver	AYANG ALIAHNA BINTE MANSOOR
NRIC No	SXXXX668D
Date Of Birth	05/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2013
Driving Experience	7 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88894435
Fax Number	
Contact Number	OTHERS-87686898

NOEMAIL

Address

BLK 350 ANCHORVALE ROAD

#10-113

Postcode

540350

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)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

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)

3

**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

SHC5601Y

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 15

#### 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:
  - 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)

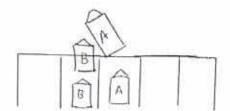
Date & Time:

Reporting Centre Rersonnel's Sig

Name: NRIC/FIN No

A= PA8513P

B = SHC 56019 .



Simpang Bedok.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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

Policyholder's Sign Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

oad surface (Dry / Wet	Usage of veh during of acc
Veather condition Clear / Raining	
peed:	West Williams
	Driver IC
Does driver own a vehicle: yes /no	Driver Name
if yes, veh number plate.	Driver Pass date:
veh insurance co	Dryer Birth date .
Relationship with insured <u>Employee</u> & Corpleted	
Witness (if any), yes/no	
Witness name	
Witness hp	
Witness email (if any)	
Witness add	
Witness IC no:	
Third party veh number SNC X661 9	
Name of third party driver	
IC of third party driver	
HP of third party drivet	
Address of third party drivet:	
Insured/Co name of third party vehicle	
Control member of insured/Co	
Insurance co of third party vehicle 63.33 363	
Interest to the second	
Police report (if any) yer/no	
Police report reported at which police station	
Any intended prosecution given, yes /no	
if yes, against whom: yeh A /yeh B driver	
Action taken claiming third party / claiming own damage	/ reporting only
No of Pax C3 Cax	
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Connect3 client vehicle no _FD 25,137	
Owner contact no SCSG = 44436	
thate of accident. CE US 1200 U	
Location of accident Section Fire Copy	
Time of accident : 11 HONG	
Any injury yes /no ( if yes, must have police report)	



Motor Bus

MZ601

N: SN

AN0626A

Cav. Type F

CERTIFICATE OF INSURANCE

a variable (Three-Party Risks and Compensation) Act (Chapter 145) where Vehicles (Three-Party Risks and Compensation) Rules. 1960 Risks Teamper Act, 1967 (National) Moder Vehicles (Three-Party Risks) Rules. 1952 (Malaysia)

CERTIFICATE No.

DMB15NW00008242000

Engine No.: 1KD1888403 Cha. No.:KOH2220005594

1 Index Mark and Registration

PA6513P

Number of Vehicle

2. Name of Policy Holder

CARE EXPRESS SERVICES

Effective date of the Communication of 20/08/2020 Insurance for the purposes of the Regulations.
 Ordinance or Enactment

Excess Sect. II

\$\$1,500.00

4. Date of Expery of Insurunce.

19/08/2021

5 Persons or Classes of Persons entitled to drive?

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's permission.

Provided that the person driving is permitted to accordance with the licensing or other taws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by proof of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Vehicle.

E. Limitatory es touse?

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-lessing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\* Emilations rendered inoperative by Section & of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 183) 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 resued 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.

Insued By UNIVERSAL INSURANCE AGENCY PTE LTD Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

🐧 3 Anson Road #16-00 Springleaf Tower Singapore 079909

O63896111

₱6222 1033

@www.sg.cntarping.com

# **Enquire Vehicle Registration Details**

# Vehicle Registration Details

Vehicle No. PA8513P

Make/ Model
TOYOTA/HIACE COMMUTER GL 3.0 A

Vehicle Scheme Public Service Vehicle (Others)

Current Propellant Diesel

Chassis No. KDH2230005594

Vehicle Type Private Hire (Chauffeur) Bus/Coach/Minibus

Owner's Details

Owner Name:

CARE EXPRESS SERVICES

Owner ID Type:

Business

NRIC/Passport/Company Cert No.:

53416992M

Registered Address:

14 JALAN TARI PIRING JALAN KAYU ESTATE SINGAPORE 799167

Mailing Address:

Birth Date:

https://vrl.lta.gov.sg/lta/vrl/action/search/vehicleByOwner?FUNCTION\_ID=F1801091ET

## Registration Details

Previous Vehicle No.:

Effective Date of Ownership:

19 Aug 2020

Original Registration Date:

10 Mar 2009

Registration Date:

10 Mar 2009

No. of Transfers:

2

IU Label No.:

1550213375

### Vehicle Specifications

Engine No.:

1KD1888403

Chassis No.:

KDH2230005594

Year of Manufacture:

2008

Primary Colour:

Silver

Secondary Colour:

Passenger Capacity:

10

Engine Capacity / Power Rating:

2982 cc/-

Maximum Power Output:

Max Unladen Weight:

2300 kg

Maximum Laden Weight:

3025 kg

Vehicle Attachment 1:

With Wheelchair Lift

Vehicle Attachment 2:

.

Vehicle Attachment 3:

-

### Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$52,899.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$2,645.00

Vehicle Lifespan Expiry Date:

09 Mar 2029

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$2,590.00

COE No.:

2009030105000033G

COE Expiry Date:

29 Feb 2024

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium

\$2,590.00/-

PQP Paid

\$13,688.00

https://www.seguv.sgmarvivaciion/search/semiceuyonnies/1/ oneo more\_io+i 100/103/12/1

10/7/2020 QP (Regn Cat): \$2,590.00 PARF Rebate Details PARF Eligibility: No PARF Eligibility Expiry Date: Minimum PARF Benefit: Vehicle Emissions Details CO2 Emission: CO Emission: HC Emission:

NOx Emission:

PM Emission:

Message:

This is a public service vehicle.

Print

OK >

Save as PDF

Copy as Text