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SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- 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	ACC	DENT	T STA	TEN	/IEN	П
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 Date Of Report
 30/10/2020 16:18

 Date Of Accident
 29/10/2020 14:30

Exact Location Of Accident ALONG ANG MO KIO AVENUE 1

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG2361J

Insured/Policyholder

Name Of Registered Owner SKYLINK VEHICLE RENTAL PTE LTD

Co Reg No 2XXXXX755G

Email Address CHARLES@SKYLINKAUTO.COM.SG

 Mobile Phone No
 (LOCAL) +65-97696133

 Alternative Phone No
 OFFICE-82235654

Vehicle Particulars

Manufacturer NISSAN Model NV350

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

REPORTING ONLY

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 RAISSUDIN BIN MOHAMED SELAMAT

 NRIC No
 SXXXX478D

 Date Of Birth
 02/09/1989

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/04/2013

Driving Experience 7 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97696133

Fax Number

Contact Number OTHERS_92236664

Address

BLK 632A SENJA ROAD

#06-177

Postcode

671632

OTHER - HIRER

Was driver an employee of the Insured's Company NO

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

COLLISION - HEAD TO REAR

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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?

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

SMH5708M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 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.
- 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:

- (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)
 - (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 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:

Name:

NRIC/FIN No.:

(If driver is not the policyholder)

Date & Time:

Date & Time:

WHITE SEPTEMBER OF A VI

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 29 OCT 2020	TIME: Wanter	NAME OF THE OWNER OWNER OF THE OWNER OWNE
LOCATION: ANG MD KID AVE 1	TIME: 1430 HRS	(hh:mm) 24 hrs Format
VEHICLE NUMBER: GBG 2361 J		
INSURED NAME: SKYLINK VEHICLE PENTOL	PTE ITD	
11111 3011 10 + 556	CONTACT: 2-12	
MAKE: NIGOLI	CONTACT: 9769 6133	
Are you claiming under your own insurance policy for	MODEL: NV 350	
	Penartic C. Penart	
THOURS TO THE CHIMICA	Reporting Only	
TIPE OF POLICY (>)COMPREHENSIVE ()YE	HIRD PARTY ()TPFT	
POLICY NUMBER: DMCUSNA000 39 50 3000	HIRD PARTY ()TPFT	
NAME DRIVER: PAISSUDIN BIN MOHAMED	SELAMAT	/ \0.011477 (0.0000000000000000000000000000000000
	\$ ~ LA((()))	() SAME AS INSURED
NRIC / FIN: \$8930478 D	CONTACT: 8223 5654	
DITE OF BIKITI. D3 = 09 = 19 K9	8223 3694	
DRIVING PASS DATE: 01 -04 - 2013		
OCCUPATION: () INDOOR (V) OUTDOOR		
GENDER: () MALE () FEMALE		
EMAIL ADDRESS: CHARLES @ SKYLINK AUTO	nm. sg	/ No mile
ADDRESS OF DRIVER: BLK 632 A SENJA RUAD	day 177 4 4 5 5 5 5	() NO EMAIL
Number Of Passenger Include Driver: DRIVER	1571	
DEIVER)	CHI ONE PASSIONIFER - CON	ILHOWA)
Was driver an employee of the Insured's Company? (YES (/)NO	
If No, Relationship Of The Driver With The Insured) LES () NO	
Owner () Spouse ()Friend (not seem a seement	11.11
Does The Driver Own Any Other Vehicle? : () Yes	() No	Sibling ()Others
If Yes, Vehicle Registration Number Of Driver's Own Ve	abicle:	
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: () Clear () Raining (v	Deignling () Oil	
Road Surface : () Dry (/) Wet () Drizzling () Other) Other	
Was Any Foreign Vehicle Involved In This Accident?		
Was Anybody Injured In The Accident? () YES	() YES (\(\sigma \) NO	
f YES, Injured details:	(0)10	
Convey By Ambulance: () YES (V) NO		
Was There Any Video Capture By Car Camera? (YES (V) NO	
Was There Accident Reported To The Police? () YES () NO If Yes Attacl	Police Report
Police Report Number (if any)	i se su	once report
Details Of 3rd Party Name/NRIC	No.of Paxs (incl'driver)	Contact
7eh B SMH 5708 M	() / Not Sure ()	Contact
/eh C	()/Not Sure ()	
/eh D	() / Not Sure ()	
/eh E /eh F	()/Not Sure ()	
CHT	() / Not Sure ()	



中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ407/C

CERTIFICATE OF INSURANCE

SN

Action Verticies (Third-Party Raiss and Companyalism) Act (Chapter 188) https://whiteles.(Therd-Party Raiss and Companyalism) Roles, 1160; flood Transport Act, 1987 (Malaysia) Mutae Venticies (Tavd-Party Rieks) Rules, 1850 (Malaysia)

ANG478A

Cov. Type:F

CERTIFICATE No.

DMCVSNA00029502000

Engine No.: YD25415290A

Cha. No.:.IN1MC2E26Z0007887

L. Index Mark and Registration

GBG2361J

Number of Venicle

2 Name of Policy Holder

SKYLINK VEHICLE RENTAL PTE LTD

Effection date of the Commercement of Insurance for the purposes of the Proputations. (11:19:00)

Excess Sect. II

\$\$2,000.00

4. Date of Expery 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

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 trive 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 upa:

Use for racing, pace-making, reliability trial or speed-testing.
 Use whilst drawing a finiter except the towing (alther 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.; INDEX CREDIT PTE LTD AS HP OWNER.

* Limitations rendered inoperative by Section 8 of the Motor Veteclas (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 (Malausia). MSUTE

Please see reverse

FOR CHINA TAIRFING INSURANCE (ISINGAPORE) PTE. L1D.

Issued By:

Lim Lee Choo **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.cntaiping.com