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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number

Contact Number

Gender

- 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 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

foresaid.	ent to the archiving of this report at the centre and to copies of the report being made available		
A THE WATER TO BE A SECOND	ACCIDENT STATEMENT		
Date Of Report	05/11/2020 14:07		
Date Of Accident	04/11/2020 11:25		
Exact Location Of Accident	EXIT ORCHARD ROAD (VIA CTE ) TRAFFIC LIGHT		
Country/State of Loss	SINGAPORE		
	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBH6670K		
Insured/Policyholder			
Name Of Registered Owner	SINGAPORE ATTRACTIONS PTE LTD		
Co Reg No	2XXXXX236E		
Email Address	ASRUL@SINGAPOREATTRACTIONS.COM		
Mobile Phone No	(LOCAL) +65-91602222		
Alternative Phone No	OFFICE-91602222		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	HIACE		
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	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMCVSNW00079962000		
Cover Note Number			
Driver			
Name of Driver	ASRUL BASRI BIN AZMI		
Passport No/FIN	GXXXX919X		
Date Of Birth	14/04/1986		
Occupation	INDOOR		

25/07/2018

MALE

2 YEARS AND 3 MONTHS

(LOCAL) +65-91602222

OTHERS\_01602222

Address

304 ORCHARD ROAD

#30-01

Postcode

238863

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?

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?

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

SLH4457E

Vehicle Make/Model/Colour

TOYOTA

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

- 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 <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>.
- 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.

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signat

Name:

Policyholder's Signature Date & Time:

Crock 1111	1 1/8/1 GRAY 6 MOK
Crosh Hare at Traffic	1 1/B) SLH 4457E
Lighti (Mg	
Buyons	
Road (Exit Orchard	Pd)

# SCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 was	driving along Buyong Rd, tit On lane before trafic light, ni- lane and suddenly one behind, near to rear lang	chard Road.
Change	lane before trafic light, wi	alle lane to
might	lane and suddenly one	can hit me
from	behind, near to rear land	
1		

DECLARATION

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

# ACCIDENT STATEMENT

(DD/MM/YYY), TIME: (11: 25)(HH:
LOCATION: EXIT ORCHARD RD (VIA CTE), TRAFIC LIGHT
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: G8 H 6670 K
DINSURANCE COMPANY: CHIN A TAIDING
CIPOLICY NUMBER: PMCVS NW 0007 996 2000
d)POUCY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THE
B)MAKE & MODEL: 10407A HIACE
F)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME: WORKING TIME
DARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
AJNAME: SINGAPORE ATTRACTIONS PTE LTD (MALE / FEMALE)
DINRIC/FIN/PASSPORT: 2016092868 CONTACT:
c)ADDRESS:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
HO of passanger DRIVER
Including driver) DINDIC/FIN/PASSBORY G PO 69/0 x 2017 107 9/60 22
b) NRIC/FIN/PASSPORT: G 80 69/9 x CONTACT: 9/60 22
CIADDRESS: 304 ORCHARO RD, #30-01 .
238 863 SINGAPORE
*d) DATE OF BIRTH: [ 14 / 04/ 1986 ] (DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
FIDGIE OF DRIVING PASC 25 JULY 2018
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
bJROAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
B. THIRD PARTY VEHICLE To of passanger a) VEHICLE NUMBER: SLH 44576 MODEL: TOYOTA
of passinger a) VEHICLE NUMBER: SLH 44576 MODEL: TOYOTA
ncluding driver) b) DRIVER'S NAME:
(
do at passanger el DRIVER'S NAME.
do of passanger of VEHICLE NUMBER:MODEL:  and uding driver) f) NRIC/FIN/PASSPORT:CONTACT::
1 ) CONTROLL

email = asrul@singaporeattractions.com



Motor Commercial

MZ300/C

SN

AN0450A Cov. Type:C

CERTIFICATE OF INSURANCE ator Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980 Road Transport Act, 1987 (Malaysla) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNVV00079962000

Engine No.: 1GD8272849

Cha. No.:GDH2011005213

1 Index Mark and Registration

**GBH6670K** 

**AUTOSAFE** 

Number of Vehicle

2. Name of Policy Holder

SINGAPORE ATTRACTIONS PTE LTD

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

28/08/2020 (13:30:35)

Excess Sect I.

\$\$500.00

EX ON WINDSCREEN.

S\$100.00

4. Date of Expiry of Insurance

27/08/2021

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:\*

(1) Use in connection with the Policyholder's business.

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

Issued By: INXPIRE N SOLUTIONS Authorised Officer

Authorised Signatory

O6389 6111

6222 1033

www.sg.cntaiping.com