

SINGAPORE ACCIDENT STATEMENT

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.
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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	10/11/2020 16:37
Date Of Accident	09/11/2020 06:05
Exact Location Of Accident	ALONG CANBERRA STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8576Y
Insured/Policyholder	
Name Of Registered Owner	YUNIRAN TRANSPORTER SERVICES
Co Reg No	-
Email Address	INFO@CARSMITH.BIZ
Mobile Phone No	(LOCAL) +65-88741161
Alternative Phone No	OFFICE-88741161

Vehicle Particulars

Manufacturer	TOYOTA
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	THIRD PARTY
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	DMB1SNW00011292001
Cover Note Number	

Driver

Name of Driver	ISMAIL BIN SUKOR
NRIC No	SXXXX899J
Date Of Birth	08/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	29/10/1996
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88741161
Fax Number	
Contact Number	OTHERS_88741161

Address	CLK 478A YISHUN STREET 44 #12-121
Postcode	761478
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	COLLISION - HEAD TO REAR
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?	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	GBH3081E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KURUPPAIAH SHANMUGANATHAN
NRIC/Passport Number	GXXXX941P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PC8576Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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 "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:
 - (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:

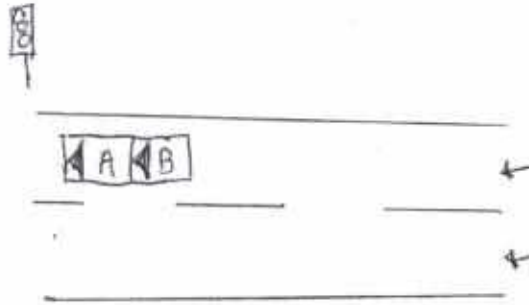
Driver's Signature:
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature:
Name:
NRIC/FIN No.:

10/11/2020
Resh
[Signature]

SKETCH PLAN

Along Canberra St



Vehicle A = PC 8576Y

Vehicle B = GBH 3081E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A (PC 8576Y) was travelling at the stated venue. As the traffic light turn red, I stopped. Suddenly I felt an huge impact and then I realised vehicle B (GBH 3081E) had hit onto my vehicle rear portion.

In the afternoon, I felt back ~~to~~ pain so I went to Woodlands Polyclinic to see a doctor. and got 1 day mc.

DECLARATION

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



[Handwritten signature]

[Handwritten signature] 10/11/2020
Redd *[Handwritten signature]*

Date of Accident : 9/11/2020 Accident Time: 0605 (24-HR-Format)
Accident Place : Along Canberra St
Vehicle No. (Car Plate No.) : PC 8576Y Make/Model: Toyota
Insurance Company : China Taiping Policy No: DMBLSNW00011292001
Owner or Company Name / IC No. : Yuniran Transporter Services
Owner or Company Contact No. : 88741161 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Ismail Bin Sukor S1806899J
DRIVER'S Date Of Birth : 8/10/1967 DRIVER'S License Pass Date 29/10/1996
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BIK 478A Yishun Street 44 #12-121 S(761478)
DRIVER'S Contact No. / Alt No. : 1) 8874 1161 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : info@carsmith.biz
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 1
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): 1 driver

Other Party Driver's Particular (if any)

Vehicle No: G1BH 3081E	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: Karuppaiah Shennuganathan	Name Driver: _____
IC No, Driver/Contact: G7893941P	IC No, Driver/Contact: _____

* NEW - Passenger's name & gender:



中国太平
CHINA TAIPING

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

Motor Bus

MZ601

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

R SN

AN0597A

Cov. Type: C

CERTIFICATE No.

DMB1SNW00011292001

Engine No.: 1GD8399224

Cha. No.: GDH2232001583

1. Index Mark and Registration
Number of Vehicle

PC8576Y

AUTOSAFE

2. Name of Policy Holder

YUNIRAN TRANSPORTER SERVICES

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

29/10/2020

Excess Sect I. S\$1,500.00

Excess Sect. II S\$3,000.00

4. Date of Expiry of Insurance

28/10/2021

EX ON WINDSCREEN S\$100.00

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 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 *

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-testing.

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

HIRE PURCHASE CO. - ABS FINANCIAL PTE LTD AS 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: SG MOTOR TRADER 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

6389 6111

6222 1033

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