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	4 E 650 T IN	C(,)/Non-INC(').	
Owner / Driver: (Tel:)
Policy No: () Per	iod: () Cover Type: ()
Confirmed by : (Date:	Tline:)
Insured/Driver Liability: (%) [N	lote-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-	100%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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.
- 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	23/11/2020 10:26
Date Of Accident	17/11/2020 08:35
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SCE8818T
Insured/Policyholder	
Name Of Registered Owner	ECHAN STUDIO
Co Reg No	5XXXX454D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93883383
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE CAR
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	DMHCSNA00002222001
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD AZRY BIN MUHAMMAD
NRIC No	SXXXX141I
Date Of Birth	28/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	08/05/2018
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87484810
Fax Number	
Contact Number	

NOEMAIL

BLK 182 AMK AVE 5 #07-2904 Address

560182 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

ambulance?

NO Was any foreign vehicle involved in this accident?

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

NO

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20201119/2046

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SME650T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD AZRY BIN MUHAMMAD

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SCE8818T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.
- 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.

S22434540) C (\$22434540) C (\$22434540) C

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

DECLARATION

I/We declare the foregood atticulars are true in every respect.

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 .:







1 of 3

Report No. T/20201119/2046

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT O	F A TRAFFIC	ACCIDENT	The second secon	·	
Date/Time Report Made: 19/11/2020 13:25			Vide Report No.:	Station Diary No.	
Informa	nt's Particu	lars	以公司的中央中国中国的公司	新发现和自然和特别的	
Name of Informant: MUHAMMAD AZRY BIN MUHAMMAD			Address: APT BLK 182 ANG MO KIO AVENUE 5 #07-2904 KEBUN BARU LINK 2 SINGAPORE 560182		
ID Type / ID No.: NRIC NO / S88221411			Contact No.: Home/Office:	Mobile: 87484810	
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 28/06/1988	Type of Informant: Driver		
Race: Malay		17	Language: English	Institution / School Name:	
Occupation: DELIVERY DRIVER			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 17/11/2020 08:35	Type of Location Straight Road	
Location: JURONG PIE	ER ROAD	2			
Weather: Road Dry		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffi		Traffic Control: Not Controlled		Traffic Volume: Heavy	
	sion:			Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCE8818T		ТОУОТА	COROLLA ALTIS 1.6 AUTO			0
SME650T	Car	SUBARU	FORESTER 2.0I-L CVT AWD SR			0





2 of 3

Report No. T/20201119/2046

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Any Pedestrian In		1		_	NAME AND ADDRESS OF THE PARTY O
No. of Pedestrians Injured: NIL Use			of Pedestrian Crossing: NA		
Driver	是是是他们在外外是中心的主要是是一种的。	SUPPLEMENT			000004441
Name	MUHAMMAD AZRY BIN MUHAI	MMAD	ID No.		S8822141I
Related Vehicle	NIL		Contact No.		87484810
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	17/11/2020 Date Disc		harge	17/1	1/2020
	ted Medical Leave 03	Degree of	f Injury	NIL	
Driver	學是可能是對於於於於於	不得必要数据的	TO SHOP	NEW SER	A STATE OF THE PARTY OF THE PAR
Name	TAI KAI JIE		ID No		NIL
Related Vehicle	NIL		Conta	act No.	91598277
Hospital/Clinic	NIL		Class Drivir Licen Expir	ng	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis	charge		
	ted Medical Leave NIL	Degree o	of Injury	NIL	

Brief Details.

ON STATED DATE, TIME AND LOCATION

ON 17/11/2020 AT ABOUT 0845HRS, I WAS BEARING A PLATE NUMBER SCE8818T AND THE OTHER PARTY WAS BEARING A PLATE NUMBER SME650T.I WAS DRIVING IN LANE 1 WHEN I NOTICE A CAR INFRONT OF ME STARTED BRAKING SO I STARTED TO SLOW DOWN WHEN OUT OF SUDDEN, HE JAM BRAKE WHICH CAUSE ME NOT MUCH TIME TO BRAKE IN TIME, THEREFORE I AM MAKING THIS POLICE REPORT.





Report No. T/20201119/2046

3 of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: TP / SC MUHAMMAD SHAFFIY BIN ROSLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/11/2020 13:25
Officer In Charge Of Case: TP / GIT / Staff Sgt SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476214	Classification Of Case: SINGAPORE POLICE FORCE
Authentication Stamp NP168	Signature

Date of Accident	Acoident Time: 0030ms (24-HR-FORMAT)
Accident Place	: PIE towards Changi
Vehicle Reg. No (Car plate No.)	. SCEBBIOT Vehicle Make/Model: Tayla Attic
Insurance Company	100 CCCC0000 PN2) HMD oN yoilog on raining
Name of Registered Owner	: Counting Individual FCHAN STUDIO
ID of Registered Owner	: Co Reg No: 53243 4540 Owner's NRIC No: -
	: Co Contact No: 93983383 Owner's Contact No:
DRIVER'S Name	Muhammad Azny Bin DRIVER'S NRIC No: SEGO141I
DRIVER'S Date of Birth	: 38-06-1988 DRIVER'S License Pass Date 08 May 2018
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: Hirer
DRIVER'S Address	: APT BIK 182 Ang Mo Kio Avenue 5#07-2904 5 (56018>)
DRIVER'S Contact No./ Alt No.	:1) 6748 4810 2) -
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: muhammadazu 1988 @ amail com
Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
	Driver): O1 Passenger Name: Gender: M/F olice? YES \ NO Passenger Name: Gender: M/F car camera; YES \ M Any Injuries: YES / NO Injured Name: Multiple Name:
	was being used at the time of accident: Private use \ Work purpose
	Other Party Driver's Particulars (if any)
Vohicle Reg No: SMEGEOT	Vehicle Reg No:
Vehicle Make\Model;	Vehicle Make\Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add	DRIVER'S Contact & add:
·	ther Party Driver's Particulars (if any)
· · Vehicle Reg No:	Vehicle Rag No:
Vehicle Make Model:	Vehicle Make\Model:
Name DRIVER	Name DRIVER:
IC No. DRIVER	IC No. DRIVER:
DR (VER'S Contact & add	DRIVER'S Contact & add



Motor Hire Car

M7408L/B

SN

AN0420A

Cov. Type:F

CERTIFICATE OF INSURANCE

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

CERTIFICATE No.

DMHCSNA00002222001

Engine No.: 3ZZ4882067

Cha. No.:MR053ZEE106143654

Index Mark and Registration

SCE8818T

Number of Vehicle 2. Name of Policy Holder

ECHAN STUDIO

Effective date of the Commencement of 07/04/2020 Insurance for the purposes of the Regulations. Ordinance or Enactment

Excess Sect. II

8\$1,500.00

Excess Sect.II (Outside Singapore).

\$\$3,000.00

4. Date of Expiry of Insurance

27/04/2021

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below. 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

ANY EMPLOYEE OF THE COMPANY OR

ANY AUTHORISED HIRER/DRIVER ONLY

- 6. Limitations as to user*
- Use for the carriage of passengers or goods in connection with the Policyholder's business.
 Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

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 rewerd) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: LIAN HONG 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: Irene Hor **Authorised Officer**

Authorised Signatory

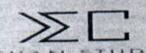
China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111

6222 1033

www.sg.cntaiping.com

147 EXPRESS



21 Toh Guan Road East, Toh Guan Centre #01-03 (s) 608609 TEL: 93883383 / 86853000 ROC: 53243454D

Date: 14/9/20

247 EXPRESS ENTERPRISE PTELTO-

to the state of th	Car Rental Agreet	nent
HIRER / COMPANY PARTICULARS		
Name (as per NRIC): 1201 Auc	al bayusoff	License Pass Date:
NRIC No .: 3/88/4/24/1		_ DOB;
Address: SIC 324 8 01-1	72 (502524)	181 423
Address: 510 324 8 01-1 Contact No. (1) 98007384	Conta	act No. (2)
The state of the s	为是经济外别是不是一个国际 计图像 化聚基苯甲基甲基	
RELIEF / GUARANTOR PARTICULA Name (as per NRIC):		License Pass Date:
NRIC No.:		DOB:
Address:		MARKET SAMPLE AND THE PROPERTY OF THE PARTY
Contact No. (1)	Conta	act No. (2)
		A STATE OF THE STA
VEHICLE DETAILS	N17.4	STATE OF THE PROPERTY AND PROPERTY OF
Control of the Contro	14 ACTIS	Desied
Vehicle Registration Number: SCES		Period
Date/Time Collection : 14 9	200	
Mileage Out (KM)	Mileage In	(KM) :
Fuel Level Out	Fuel Level	
建筑是特别的	and the second second	的现在分词
PRE RENTAL CHECKLIST		ut the second below
Identify areas of damage on the diagr	am and include comments w	ithin the remarks below.
是是一个是一个一个。 第二章		
LETTER TO THE		2000
HILL HILL		
THE PERSON NAMED IN		
The state of the s		9
		(b)
DEMARKS		
Everyday driver must check radiat	or water and engine oil, do	iver must ensure that it is always
a gumolem level		表示6个区域的经验是1000000000000000000000000000000000000
		or with minimum 2 years driving expen
\$35000 Excess is applicable for driver	who is 21 year old or with m	inimum 1 years driving experience.
STATUS LACES IS SUDICIDES OF OTIVER	who is below 20 year old or	with less than 1 years driving experienc
PAYMENT	张定位于邓 克尔	
Rental Amount	(Day/Week/Month) Depo	esit Amount:
Refund Deposit:		ature/Date)
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Authorized Staff Signature & Date		
		Hirek Signature & Date
STREAMS OF THE PROPERTY OF THE		新作的 III 自然 III 在 III