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SN0920C8000K-01 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 08/12/2020 15:34 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 2 (18/12/2020 10:41 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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 aforesaid.

ACCIDENT STATEMENT

Date of Submission 08/12/2020 15:34 (SGT) Date of Accident 07/12/2020 15:20 (SGT) Exact Location of Accident Geylang Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBK5776E**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LTEC PTE LTD

Company Reg No Email Address LTECPTELTD@GMAIL.COM Mobile Phone No (Phone) +65-62615865 Alternative Phone No (Office) +65-62615865

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant

Exact purpose for which vehicle was being used at time of

accident Employment Are you claiming under your own insurance policy for repair to

vour vehicle? Vehicle Category Commercial vehicle

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00086202000

DRIVER

Name of Driver ISLAM MD KAMRUL Work Permit No GXXXX499P Date Of Birth 27/03/1986 Occupation Outdoor

Date Of Driving Pass 11/08/2017 Driving experience 3 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-86710343 Alt. Phone Number Email Address LTECPTELTD@GMAIL.COM Address 553 UPP JURONG RD #09-563 Address complement Postcode 638356 Is the driver the policyholder? If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Change/cross lane Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMK4772S Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement

Insurance Company Name

| Nature Of Damage | |
|--|---|
| Details of property damaged in acciden | t |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

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 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. 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.
- 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 ciaims;
 - (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
 - complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) ail 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

Oriver's Signature (If driver is not the policyhoider) Date & Time: Reporting Centre Personnel's Signature

NRIC/FIN No.:

GIARMQ SteamPlanForm, V3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

X

Policyholder's Signature Date & Time: KHam) -

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

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

GIARMC Shetch Plan Farm_V 9



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SN0920 C 8000 K Vehicle Registration No: GBK 5776 E Name(as shown in NRIC): ISLAM MD KAMRUL NRIC/FIN/Passport No : G776849910 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate __Singapore(6383576 . 553 UPP JURONG RD _____Mobile No. : 867/0343 Contact (Tel) Email Address Date of Accident : 07 /12 /2020 ____Time of Accident : ______ 15:20 Place of Accident : GEYCANG RD Insurance Company: _ CHINA TAIRING (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: SHOULD BE OWN DAMAGE CLAIMS.

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Date:





Motor Commercial

MZ300/C

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)

AN0663A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00086202000

Engine No.: 1KDB037642 Cha. No.:JTFAT35Y40K215159

1. Index Mark and Registration

GBK5776E

Number of Vehicle

2. Name of Policy Holder

LTEC PTE. LTD.

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

16/09/2020

Excess Sect 1

\$\$350.00

EX ON WINDSCREEN

S\$100.00

4. Date of Expiry of Insurance

15/09/2021

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.

HIRE PURCHASE CO.: HL BANK

* 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: SGML PTE Authorised Office

Authorised Signatory

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

C 6389 6111

6222 1033

www.sg.cntaiping.com

ACCIDENT STATEMENT

| ACCIDENT DATE: 7/12/20 (DD/MM/YYYY), TIME: (15:20)(HH:MM) | |
|--|--------|
| LOCATION: LOK 36 434 Greylang Rol | 5.50 |
| 1. DETAILS OF VEHICLE | |
| a) VEHICLE NUMBER: GBK 5776E | |
| b)INSURANCE COMPANY: | 30 |
| C)POLICY NUMBER: | |
| d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) | (0) |
| e)MAKE & MODEL: Toyota Dyna | 38 |
| f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) | |
| g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) | |
| h)PURPOSE OF USING AT ACCIDENT TIME: WOXK i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) | |
| IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) | |
| 2. INSURED / POLICY HOLDER | |
| A) NAME: LTEG PTE Ltel. (MALE / FEMALE) | |
| b)NRIC/FIN/PASSPORT: CONTACT: 62615865 | |
| C/ADDRESS. | |
| * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER | * |
| The of persongs DRIVER | |
| (Including driver) a)NAME: ISlam MD Kainty (MALE/FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 86710343. | |
| C) C)ADDRESS: 8% 553 Upp Jurong Rot #09 - 567 CS) | 638351 |
| | 0 236 |
| *d)DATE OF BIRTH: (/) (DD/MM/YYYY) | |
| e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: | 193 |
| 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) | |
| 6. WAS ANYBODY INJURED (YES / NO) | 90 |
| 7. a)REPORTED TO POLICE (YES / NO) | |
| IF YES, PLEASE STATE WHICH POLICE STATION: | |
| 8. THIRD PARTY VEHICLE THE of passenger a) VEHICLE NUMBER: SMK 477 25. MODEL: | 10 |
| (Including driver) b) DRIVER'S NAME: | |
| C) NRIC/FIN/PASSPORT:CONTACT: | |
| 9. THIRD PARTY VEHICLE | * |
| d) VEHICLE NUMBER:MODEL: | #1 |
| Including driver) f) NRIC/FIN/PASSPORT:CONTACT: | |
| () | |
| | W 50 |

Cmail = Ltecpteltd @ Smail. com. fax = Yes.