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 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.

- 4. The issue and acceptance 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 22/12/2020 11:22 (SGT) Date of Accident 22/12/2020 08:10 (SGT) Exact Location of Accident Joo Koon Cir, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB6726R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner NORDIC FLOW CONTROL PTE. LTD. Company Reg No 199805602D Email Address anthony@multiheight.com Mobile Phone No (Phone) +65-81007128 Alternative Phone No (Office) +65-81007128

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNA00095622000 Cover Note Number

DRIVER

Name of Driver ZAINAL A'BIDIN @ ZAABAH BIN JAAFAR NRIC No S1517552D Date Of Birth 08/12/1961 Occupation Outdoor

Date Of Driving Pass 07/08/1996 Driving experience 24 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-85746783 Alt. Phone Number Email Address allhrstaffs@nordicgrouplimited.com Address APT BLK 413 JURONG WEST STREET 42 #09-803 Address complement Postcode 640413 Is the driver the policyholder? No 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 Clear Road Surface Dry 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 SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Nο Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** J

Vehicle Registration Number Vehicle Manufacturer	SHA1619J -
Vehicle Model	-
Vehicle Variant	=
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	_
Address	_
Address complement	-
Postcode	-
Insurance Company Name	-

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

SKETCH PLAN

IMPORTANT NOTICE

- ease report ggggggtly the details of the accident to spend up the claims proce
- This form must be considered by the Policeholders of the Authority
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance commission to perceive a policy liabilitie.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insuran companies.
- 5. Any false reporting may be referred to the Police for investigation
- The report will be forwarded by the insurers of the GNA Records Management Centre established by the General Insurance Association of Singapore (GNA) for archiving and that copies of this report will for a fee ba 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 control before mode available afforcing.
- 8. Consent under the Personal Data Protection Act (PDP)
 - My issuer, my workshop and the General Insurance Association of Siegapons ("GAE") maybre permitted to collect, use decisions and/or precises my expensed infestigeneously information are use in this (from all any other personal information provided by me or posswed by my knyser (collectively the "Personal Information") and disclore and transfer such Personal Information to all fuzurely shall be less in the less than the collective of the collective of the collective in this accident (all insurers) who have insured within the collective of the collective personal results of a tilt insurers). The insurers' (ways vigital from, the Collective Association of the collective personal collective personal results of the Insurers' (ways vigital from, the Collective Association of the Collective personal collective perso
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations reliating to the claims:
- (ii) investigating the accident and/or my claims;
- (II) carrying out and/or dealing with my instructions or responding to any enquiries by ma;
- (iv) administering my claims [including the mailing of correspondence, statements, involces, 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 course of minetoper/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 Parsonal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service provides or agents(including their lawyers/faw firms), which may be stret outside of Security for one or more of the objects the security of the security o
- agantum cutong their sawyers/naw firms), which may be sited outside of Singapore, for one or more of the above Purpose [d] my Personal Information will also be collected and used to compile claims history for the purpose of found departies.
- investigation and management in present and all future claims.
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or regulators, law enforcement and severament agreeins as reasonable required for the purpose.



Driver's Signature

Reporting Centre, Personnel's Signature Name: (I)((1)), (K), (J)







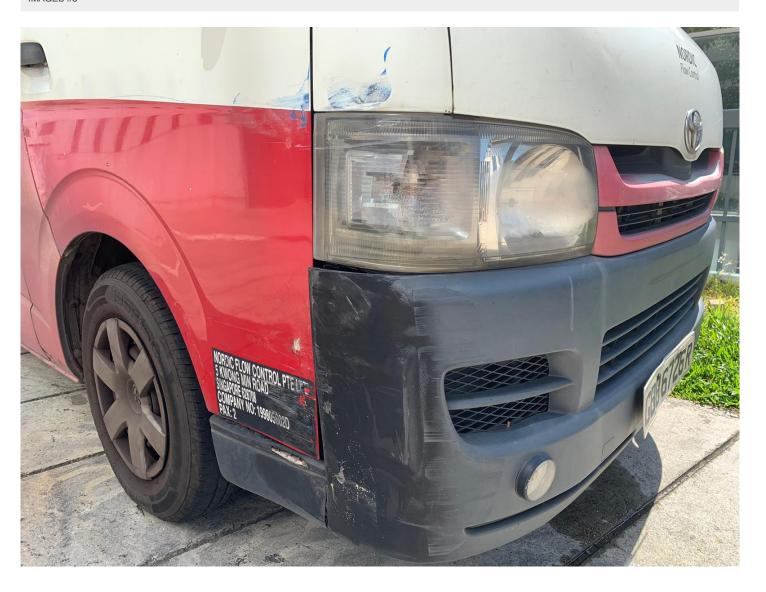
















中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

Ν SN

BR0060A

Cov. Type:C

CERTIFICATE OF INSURANCE

otor 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)

CERTIFICATE No.

DMCVSNA00095622000

Engine No.: 1KD1960619

Index Mark and Registration

GBB6726R

Cha. No.:JTFHT02P300049009

Number of Vehicle

Name of Policy Holder

NORDIC FLOW CONTROL PTE. LTD.

01/10/2020

Excess Sect I.

S\$600.00

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

EX ON WINDSCREEN .

S\$100.00

4. Date of Expiry of Insurance

30/09/2021

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.

- (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 (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: Moses Chia Wen Jye

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

😭 3 Anson Road #16-00 Springleaf Tower Singapore 079909

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