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Preferred Wksp / INC Assign Wksp / QW:			Tel:	Fax:)
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Insured/Driver Liability: (9	6) [Note-Est. Status (Wo	O): N: 0-20%	; P: 21-79%. P: 8	0-100%]	
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SN0920CU000D / National Assessment Centre Services [408933] ENTRY DATE & TIME: 30/12/2020 16:36 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (30/12/2020 16:36 (SGT))



SINGAPORE ACCIDENT STATEMENT

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
- 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
- 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.

- 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 aforesaid.

ACCIDENT STATEMENT

Date of Submission 30/12/2020 16:36 (SGT) Date of Accident 24/12/2020 17:00 (SGT) Exact Location of Accident Serangoon Rd, Singapore Additional Location Information Country/State of Loss

Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SLG8042Y

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner FRESH CARS PTE LTD

Company Reg No 2XXXXX540Z

Email Address nurulhuda.zaharen@yahoo.com.sg

Mobile Phone No (Phone) +65-96192819

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

No - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance

Type of Coverage ThirdParty

Fleet Policy

DMHCSNA00005972000 Policy Number

Cover Note Number

DRIVER

Variant

MUHAMED FAIZAL BIN MOHAMED SAREF Name of Driver

NRIC No SXXXX202J

17/07/1986

Date Of Birth Occupation Outdoor

Accident report SN0920CU000D

Date Of Driving Pass 20/02/2009 Driving experience 11 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-97484278 Alt. Phone Number Email Address nurulhuda,zaharen@yahoo,com.sg Address BLK 642 JURONG WEST STREET 61 Address complement #11-62 Postcode 640642 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer 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 Side Swipe 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? 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 SGY1911A Vehicle Manufacturer Mitsubishi Vehicle Model Lancer Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver NGOH MENG YIAN NRIC No SXXXX312B Contact Number (Phone) +65-90257767 Address Address complement

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

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:
 - (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 .:

Seanggon road SKETCH PLAN	(A) SI	GY 1911A	(Faizal Bin Mo
 B B			
DESCRIBE CIRCUMSTANCES OF THE ACCID	DENT		
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DECLARATION

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

Policyholder's Signature * 0 1 Date & Timet

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

Reporting Centre Personnel's Signature

Eref

Name:

NRIC/FIN No .:

Date of Accident	: 24/12/2000 Accident Time: 17-00 (24-11R-FORMAT)
Accident Place	: Seranggon Road traffic light
Vehicle Reg. No (Car plate No.)	: SLG 8042 Y Vehicle Make/Model: Byota With 1-8A
Insurance Company	: Chiha Taiping Policy No. DMHCSNA00005972000
Name of Registered Owner	: Company Individual Fresh Cas Pte Ltd
ID of Registered Owner	: Co Reg No: 201608540Z Owner's NRIC No:
DRIVER'S Name DRIVER'S Date of Birth	: Co Contact No: 96192819 Owner's Contact No: Notwined Folizal By Mohamed Saret DRIVER'S NRIC No: 586 19202 J 17/01/1986 DRIVER'S License Pass Date 20/02/2009
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: Hirer
DRIVER'S Address	: B1k 642 Jurong West St. 61 #11-62 Singupore 640642
DRIVER'S Contact No./ Alt No.	:1) 97484278 2) -
DRIVER'S Occupation	: PNDOOR (OUTDOOR (eg. working inside or outside of an ofc)
Email Address	nuru huda. zaharen @yahoo.com.sq
Weather & Road Surface	: CLEAR & DRY \RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only & Claim Other Party Claim Own Insurance
Number of Passengers (including Was the accident reported to the p Was there any video Captured by Exact purpose for which vehicle	police? YES (NO)
<u>Ot</u>	her Party Driver's Particulars (if any)
Vehicle Reg No. (B) SGY 19	Vehicle Reg No:
Vehicle MakelModel: Mifrubishi	Vehicle Make Model:
Name DRIVER: Ngoh Meng Yi	Mame DRIVER:
IC No. DRIVER: 58 00831	213 IC No. DRIVER:
DRIVER'S CONTACT 8 - 22 90 2	MT6T DENGLOS





Motor Hire Car

MZ406L/B

SN

AN0586A

Cov. Type:T

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia).

CERTIFICATE No.

DMHCSNA00005972000

Engine No.: 1ZZ2930933

Cha. No.: ZNE100371404

Excess Sect.II (Outside Singapore).

1. Index Mark and Registration

SLG8042Y

Number of Vehicle 2 Name of Policy Holder

FRESH CARS PTE LTD

Excess Sect. II

\$\$1,500.00 \$\$3,000.00

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

07/09/2020

4. Date of Expiry of Insurance

06/09/2021

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

6. Limitations as to use."

Use for the carriage of pessengers 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 reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : DBS BANK LTD

* 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:

Zhong YueQiang

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