SINGAPORE ACCIDENT STATEMENT

Vahiala Dagiatratian Number

IMPORTANT NOTICE

1. Please report <u>correctly</u> 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.

- 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loca	24/02/2021 16:28 (SGT) 23/02/2021 13:45 (SGT) Singapore PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

ODE7000D

Venicle Registration Number	
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PRESTECH INDUSTRIAL AUTOMATION PTE LTD
Company Reg No	2XXXXX579Z
Email Address	matt_tahir@yahoo.com
Mobile Phone No	(Phone) +65-84241726
Alternative Phone No	+65-84241726

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

Name of Insurance Company	Great Eastern
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2020-V0111168-VCV
Cover Note Number	-

DRIVER	
Name of Driver NRIC No Date Of Birth Occupation	SELAMAT BIN TAHIR SXXXX529J 03/09/1970 Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number	14/04/2009 11 YEARS AND 10 MONTHS Male
Gender Mobile Number Alt. Phone Number	
Mobile NumberAlt. Phone Number	
Alt. Phone Number	(Phone) +65-84241726
	•
Email Address	matt_tahir@yahoo.com
Address	BLK 218 AMK AVE 1 #09-911
Address complement	-
Postcode	560218
s the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	
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 - Head to Rear
Weather Conditions	
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	MR SNG
Gender	Male
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	
- general pagagim dia pagagita anima sastanta ta ta anima ta ta ta ta anima ta t	
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 OTHE	ER VEHICLE PROPERTY 1
DETAILS OF OTHE	EN VEHIOLE PROPERTY
Vehicle Registration Number	SFG1868Z
Vehicle Manufacturer	•
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	
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

- 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 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
- 7. By the ladgment 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 aferosaid,
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 the or possessed by my insurer (callectively the "Personal information") and disclose and scansier 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 lowyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (II) 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 cortain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mall packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the
- (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/ean 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 ebove 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:
 - (t) 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 Sianature

Date & Time:

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

Qate & Time:

COMPORTED CRO ENGINEERING PTE LTD 820 UBI HOAD 3 SINGAPORE ACREAS

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

SKETCH PLAN		
	A S	105 7886P SFE 1068Z
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
On 23/2/2021 @	around 1345hs I was trail	Wing along PIE and was about car turning the road was cargestad. a libear Rd Exit. My which was
to turn to Paya L	ebar Rd. As there are many	car turning the road was congested.
All the vehicle ove m	owing Slowly to turn to Pau	a liber Rd exit. My vehicle was BZ slam the rear of my vehicle
DECLARATION I/We declare the foregoing partic Policyholder's bignature Date & Time:	culars are trug in every respect. Driver's Signature (If driver is not the policyholder) Date & Time:	COMFORTHELORO ENGINEERING PTE LTĎ 220 JUNI HOÁD 71 SINGAPORE 498849 Réporting Centre Pérsnánel's Signatúra Name: NRIC/FIN No

itemer Service please visit ring Street Great Eastern Centre Fax: +65 6327 3060 6240 2888

Certificate of Insurance



ORIGINAL

water falley to which this Certificate relates is leaded in accordance with the provisions of the fallowing

Agation; (Third-Purry Misks and Compensation) Act (Can.189 of the Reviews Edition) (Singapore); Webliches (Third-Purry Misks And Compensation) Robes, 1996 Edition (Singapore); Vehicles (Third-Party Misks) Heles, 1999 lof Fedoration of Maldyn); Transport Act 1997 (of Malaysin); Transport (Assembly 1977); Act 2019 (of Malaysin); Act 2019 (of Malaysin)

FORR H2300

icy No. : 2020-V0111168-VCV icy Type : Commercial Volicia

Riak# (:0001 Cover (Comprehensive

ERIPTION OF VEHICLES:

entrion or vanishes. entrio Registration: GBE7886P entric Make & Model : TOYOTA DYNA 150 MANUAL

e of Insured i PRESTECH INDUSTRIAL AUTOMATION PTE LTD

) to 23-03-2021 lod of Insurance # 24-03-2020 (0000HRS

SONS OR CLASSES OF PERSONS ENTITLED TO DRIVE * ny person who is driving on the Policyholder's order or with their ermission.

royided that the person driving is permitted in accordance with the licensing rother laws or regulations to drive the Motor Vehicle or has been so permitted nd is not disqualified by order of a Court of Law or by reason of any nactment or regulation in that behalf from driving the Motor Vehicle.

and provided further that the Notor Vehicle is registered under the Road Traffic et and its registration under the Road Traffic Act has not been cancelled t the time of the sceldent loss or damage.

ITATIONS 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; demostic and plansure purposes.
The policy does not cover in
1) Use for racing pace-making reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
3) Use for the carriage of passengers for hire or reward.

itations rendered inoperative by Section 8 of the Motor Vehicles (Third Party iks and Compensation) Act (Chapter 189) and Section 95 of the Read Transport Act; (of Malaysia) are not to be included under these headings.

med for and on behalf of the Company

Rorised Signature

.19-02-2020

4KO

orn General Insurance Limited (Fig. No. 1920 (XXXXVI) med subsklary of Great Eastern Heckelijs Limited) Steof, 201-01 Great Eastern Coulor, Sixphone 046660 In 2020 Fex 185 (8532-2214 greatersleingeneral.com)



















