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SN0921350006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 05/03/2021 12:02 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (05/03/2021 12:02 (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 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.

 The issue and acceptance or interest to the Police for investigation.
 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

05/03/2021 12:02 (SGT) Date of Submission 18/12/2020 18:00 (SGT) Date of Accident KPE, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SGN7780D Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? ORANGE CARS Name Of Registered Owner 5XXXX768M Company Reg No KIM@FRESHCARS.SG **Email Address** (Phone) +65-93505135 Mobile Phone No +65-93505135 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Wish Model Variant 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?

Vehicle Category

Private hire

No - Reporting only Private hire

INSURANCE COMPANY

China Taiping Insurance Name of Insurance Company ThirdParty Type of Coverage No Fleet Policy DMHCSNA00005992000 Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No Date Of Birth Outdoor Occupation

HARBHAJAN SINGH S/O TEJA SINGH SXXXX051J 30/05/1952

11/04/2006 Date Of Driving Pass 14 YEARS AND 8 MONTHS Driving experience Gender (Phone) +65-93505135 Mobile Number Alt. Phone Number KIM@FRESHCARS.SG **Email Address** BLK 426A YISHUN AVE 11 #10-70 Address Address complement 761426 Postcode No Is the driver the policyholder? 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION No Was any foreign vehicle involved in the accident? 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. 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 SMP7869B Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category Name of Driver Contact Number Address Address complement

Insurance Company Name

Postcode

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

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.
- 3. 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.
- 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 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.
- 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policy holder's S patere / Date &

Sketch Plan

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

& Time

Witnessed by Reporting Centre

Personnel

Fifter lane of the into Amport Rd Exit.

| | | mstan W | ON | tun | | 19 | ating | Fi | fer | lah | e c | 7 | KPE | info | Alport | 1 | d |
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Declaration

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

Policyholder's Signature / Date & Time

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

H

Witnessed by Reporting Centre Personnel





Motor Hire Car

MZ406L/B

SN

AN0586A

Cov. Type:T

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, 1963 (Malaysia)

CERTIFICATE No.

DMHCSNA00005992000

Engine No.: 1ZZ2754794 Cha. No.: ZNE100337764

 Index Mark and Registration Number of Vehicle

SGN7780D

2 Name of Policy Holder

ORANGE CARS

07/09/2020

Excess Sect. II

\$\$1,500.00

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

Excess Sect.II (Outside Singapore).

\$\$3,000.00

4. Date of Expiry of Insurance

06/09/2021

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 Vehicle.

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) 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.

*Limitations randered 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)

Q6389 6111

6222 1033

www.sq.cntaiping.com

3 Anson Road #16-00 Springleaf Tower Singapore 079909

| | Accident Time: 18: 00 Ms (24-HR-FORMAT) |
|--|--|
| Date of Accident | Titler lane of life into Priport Pul Gait |
| Accident Place | SANTARO V Vehicle Make/Model: 1-WISK |
| Vehicle Reg. No (Car plate No.) | CINING AMDING PALLOW NO PMINOS NINDOUS OF THE |
| Insurance Company | : Company / Individual OPANGE OMES |
| Name of Registered Owner | : Company / Individual : Co Reg No: 523/4 X68 M Owner's NRIC No: |
| 1D of Registered Owner | Owner's Contact No: |
| | HORRANDIN SHAH STO TOM DRIVER'S NRIC NOT 11/14/2016 |
| DRIVER'S Name | : SINGIT DRIVER'S License Pass Date 11/4/2006 |
| DRIVER'S Date of Birth | Fundamed Others: K |
| Relationship bet. Owner & Drive | er: Spouse \ Parents \ Children\ Sibling \ Employeet = 30 00776 \ 476. |
| DRIVER'S Address | 10. :1) 9350 5135 2) |
| DRIVER'S Contact No./ Alt N | (o. :1) |
| DRIVER'S Occupation | : INDOOR WUTDOOR (eg. working inside or outside of an ofc) |
| Email Address | : CLEAR & DRYX RAINING & WET WITTER RAIN & WET |
| Weather & Road Surface | CLEAR & DRYA RAINING & Party Claim Own Insurance |
| Reporting Type | : Reporting Only Claim Other Party Claim Own Insurance |
| Number of Passengers (includes the accident reported to Was there any video Captur Exact purpose for which ver | of the police? YES \NO \ ed by car camera: YES \NO \ hicle was being used at the time of accident: Private use \Work purpose |
| | Daniel Driver's Particulars (il and |
| Vehicle Reg No B Sh | 17789 Vehicle Reg No: |
| Vehicle Make\Model: | A CHILLY INTEREST |
| | Nome DRIVER: |
| Name DRIVER: | IC No. DRIVER: |
| IC No. DRIVER: | DBIVER'S Contact & add: |
| DRIVER'S Contact & add | |