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SN08213A0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 10/03/2021 17:18 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (10/03/2021 17:18 (SGT))



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.

- 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 10/03/2021 17:18 (SGT) Date of Accident 02/03/2021 10:46 (SGT) **Exact Location of Accident** UE BizHub East, Singapore 486041 Additional Location Information **LOT 127** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP5611Z

INSURED/POLICYHOLDER

Yes Is company? LIBAN ENTERPRISE PTE LTD Name Of Registered Owner 2XXXXXX164K Company Reg No junhee.lim@liban.com.sg **Email Address** (Phone) +65-87882606 Mobile Phone No Alternative Phone No (Office) +65-62231171

VEHICLE PARTICULARS

Mitsubishi Manufacturer Model Canter 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 No - Reporting only your vehicle? Commercial vehicle

INSURANCE COMPANY

Vehicle Category

China Taiping Insurance Name of Insurance Company Comprehensive Type of Coverage Fleet Policy DMCVSNW00011872000 Policy Number Cover Note Number

DRIVER

Name of Driver LIM YIAT CHYE NRIC No SXXXX594C

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	16/02/1966 55 YEARS AND 1 MONTH Male (Phone) +65-87882606 - junhee.lim@liban.com.sg BLK 126B EDGEDALE PLAINS #03-354 - 822126 No Employee No
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collided into Property Clear Dry
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 1 No - No 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No

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.
- 3. 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>.
- 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 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 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' 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.

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

Sketch Plan

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Policyholder's Signature / Date & Time

Personnel

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scribe Circumstances of the Accident	
On 02.03.2021 at about 10:46 hrs	Twas renotiating a
I	Z WARS . Egs Herring &
reverse at UE Biz Hub (lot 127) & did	not notice that I had
**	
hit the basement light & ventilation jet	fon that cause
demand to II a manually	,
damaged to the property.	

Declaration

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



(A) 2

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

Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

Date of Accident	: 02.03.2021 Accident Time: 10:46 hys (24-HR-Format)		
Accident Place	: UE Biz Hub East (Lot 127)		
Vehicle. No. (Car Plate No.)	: YP5611Z Make/Model: Mitsubjshi Canter		
Insurace Company	: Longac Chino Por Pull Policy No: Z21VC05006839		
Owner or Company Name /IC No.	: Liban Enterprise Pte 4d (201204164K)		
Owner or Company Contact No.	: 6723 1171 Owner's HpCompany Tel		
DRIVER'S Name / IC No.	: Lim Viat Chye (S0359594C)		
DRIVER'S Date Of Birth	: 01.08.1948 DRIVER'S License Pass Date 16.03.1966		
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling Employee Others:		
DRIVER'S Address	: BIK 1268 Edgedale Plains #03-354 s(822126)		
DRIVER'S Contact No./ Alt No.	:1) 87887606 2)		
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g., working inside or outside office)		
Email Address	: Junhee.limelihan.com.gg		
Weather & Road Surface	:CLEAR & DRY) RAINING & WET \ AFTER RAIN & WET		
Reporting Type	:(Reporting Only) Claim Other Party \ Claim Own Insurance		
Number of Passengers (Including D	Priver): \		
Was there any video Captured by ea Exact purpose for which vehicle wa Any Injury (If YES, Pls state): N	is being used at the time of accident: Private use Work purpose		
Other]	Party Driver's Particular (if any)		
Vehicle. No:	Vehicle. No:		
Vehicle Make\Model:	e Make\Model:Vehicle Make\Model:		
Name Driver:	Name Driver:		
IC No. Driver/Contact:	IC No. Driver/Contact:		

* NEW - Passenger's name & gender:



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Commercial

CERTIFICATE OF INSURANCE

Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
tor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malfaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ300/C

N SN

AN0435A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00011872000

Engine No.: 4P10C14678 Cha. No.:FEB21CA20052

Index Mark and Registration

YP5611Z

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

LIBAN ENTERPRISE PTE LTD

09/03/2020

Excess Sect I.

\$\$500.00

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

EX ON WINDSCREEN .

\$\$100.00

Date of Expiry of Insurance

08/03/2021

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.

(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.: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE 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: YETTA INSURANCE AGENCY PTE LTD 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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:	Company
Owner ID:	164K
/ehicle Details	10410
/ehicle No.:	YP5611Z
ehicle to be Exported:	No
ntended Deregistration Date:	13 Apr 2021
ehicle Make:	MITSUBISHI
/ehicle Model:	CANTER FEB21CR3SDEB
Primary Colour:	White
Manufacturing Year:	2016
ngine No.:	4P10C14678
Chassis No.:	FEB21CA20052
Maximum Power Output:	
pen Market Value:	\$32,454.00
Original Registration Date:	09 Mar 2017
irst Registration Date:	09 Mar 2017
ransfer Count:	0
ctual ARF Paid:	\$1,623.00
ntended PARF Rebate Details	
ARF Eligibility:	No
ARF Eligibility Expiry Date:	-
ARF Rebate Amount:	\$0.00
ntended COE Rebate Details	
OE Expiry Date:	08 Mar 2027
OE Category:	C GOODS VENICIE & BUS
OE Period(Years):	10
QP Paid:	\$44,202,00
OE Rebate Amount:	\$27.310.00
otal Rebate Amount:	\$27,310.00

The information contained herein is correct as at 10 Mar 2021

OK