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SN08213F0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 15/03/2021 10:59 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (15/03/2021 10:59 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly 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.

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

15/03/2021 10:59 (SGT) 13/03/2021 11:50 (SGT) Pasir Panjang Rd, Singapore LAMPOST 73

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBB7744G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No.

CITI-TECH AIR-CON ENGINEERING PTE.LTD. 2XXXXXX41-W bennywang767@gmail.com (Phone) +65-97515923 +65-97515923

VEHICLE PARTICULARS

Manufacturer Model Variant

Toyota Dyna

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

Employment

No - Reporting only Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

China Taiping Insurance ThirdPartyFireTheft DMCVSN00056202000

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

WANG KAH LENG BENNY SXXXX024B 17/03/1967 Outdoor

Date Of Driving Pass	19/03/1992
Driving experience	29 YEARS
Gender	Male
Mobile Number	(Phone) +65-97515923
Alt. Phone Number	-
Email Address	bennywang767@gmail.com
Address	BLK 311 HOUGANG AVENUE 5 #10-181
Address complement	■2 - Dealth (1974)
Postcode	530311
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	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	2
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)	2
Has the driver been approached by unknown person(s)	Ne
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	WORKER
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	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
257412.25.2715	ER VEHICLE PROPERTY 1
DETAILS OF OTHE	R VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SKQ2855S Mazda
Vehicle Model	5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY HOCK CHYE
NRIC No	SXXXX231B

Contact Number	(Phone) +65-92973444
Address	-
Address complement	-
Postcode	:=
Insurance Company Name	n=
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	_

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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 insurers) 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
- (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.

MAILING: NO SINGAPORE	34 FAX: 64810887	ESCENT	3/21 15:50)	and	6/01/2021
Policyholder's Signatu Time	re / Date & Drive & Tin	er's Signature (If driver is		Date	Witnessed by F Personnel	Reporting Centre
Sketch Plan	BUKIT PAR	JAMIG ROA	o CLAMPO	87 7	3)	
		B	P	GBS	7440	4
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We declare the foregoing particulars are true in every respect.



CITI-TECH AIR-CON ENGINEERING
MAILING: NO 2 MORNINGTON CRESCENT
SINGAPORE 798636
TEL: 96341034 FAX: 64810887
REG. NO: 525009533

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 13 103 1 707) (DD/MM/YYYY), TIME: (11 .50) (HH:MM)
LOCATION: BUKN PARTONS RO (LOMPOST 73)
1. DETAILS OF VEHICLE ALL TOUCH.
a) VEHICLE NUMBER: 999 1744
b)INSURANCE COMPANY: CHILLE JOI PIALS
c)POLICY NUMBER: PMCVSUMOOO \$6 20 20 20
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
e) MAKE & MODEL: TOYOUR DYNIA
F)TYPE: (SALOON / COUPE / MPV /VAN / ORRY / MOTOPCYCLE / OTHERS)
9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
MIPURPOSE OF USING AT ACCIDENT TIME:
1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
WARCHE M)2. INSURED / POLICY HOLDER A) NAME: C/TI THAT ATROM
MALE / FEMALE)
c)ADDRESS:
CIADDRESS.
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
His of personge DRIVER DRIVER
(Including driver) a) NAME: (NAME : (NAME) FEMALE) 12 (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S/827024 B CONTACT: 975/592
CIADDRESS: SIC SI HOULEARY AVA 5 + 10-181
(530311)
*d) DATE OF BIRTH: (/ OS / 196 () (DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR), 9/02/1993
f)YEARS OF DRIVING EXPRERIENCE: 17/03/1992
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
b)ROAD SURFACE: (DRY) / WET / OTHERS
6. WAS ANYBODY INJURED (YES /NO)
7. a) REPORTED TO POLICE (YES (NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
the of passenger of VEHICLE NUMBER: SKO 12855 MODEL: MAZDA 5
(Inducting driver) D) DRIVER'S NAME: 174 MOL CTYLE
() NRIC/FIN/PASSPORT: / S009 23 18 CONTACT: 92873444
The of programmer
Induding dishers
() NRIC/FIN/PASSPORT:CONTACT:

Email = bennywang 7679 GMAIL. ann

VIDEO =



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

SN

AN0679A

Cov. Type:F

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, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00056202000

Engine No.: 1KD1979543

Cha. No.:JTFAT35Y20K201048

Index Mark and Registration

Number of Vehicle

GBB7744G

Name of Policy Holder

CITI-TECH AIR-CON ENGINEERING PTE. LTD.

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 3.

22/07/2020

4. Date of Expiry of Insurance

21/07/2021

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.

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.

HIRE PURCHASE CO.: ABWIN PTE LTD AS HP OWNER

* 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: ABWIN PTE LTD

Authorised Officer

Authorised Signatory