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Professed Wash / INC Assign Wash / GW: (and I proposed with the second		Tol: (Fax:	
TP Particulius: Veh No: SM	576254	, INC(,)/Non-INC() .	
Dwner / Driver: (Tel:		
	riod: ()	Cover Type: (
Confirmed by the	100 7 20 20 20 20 20 20 20 20 20 20 20 20 20	Date:	Time:		,
Insured/Driver Liability: (%) [Note-Est. Status (W	O): N: 0-20)%; P: 21-79%.	P: 80-100%	
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(Contaction of transport Allowance () / (Courtesy Car ()		•	
2) QC Check / Post Repair Inspection	.(-)				
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SN0921560007-02 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 06/05/2021 17:17 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 3 (07/05/2021 09:25 (SGT))

SINGAPORE ACCIDENT STATEMENT

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 willful 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.

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.
 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

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBK7443C

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No Alternative Phone No

SG LEASING PTE LTD

06/05/2021 17:17 (SGT)

04/05/2021 14:00 (SGT)

7 Kaki Bukit Rd 1, Singapore 415937

SGLEASING@OUTLOOK.COM

(Phone) +65-84211426

+65-84211426

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Toyota

Hiace

Employment

No - Claiming third party

Commercial vehicle

Manual

3000

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

No

DMCVSNW00115142000

DRIVER

Name of Driver

NRIC No

TOH CHEE TIONG

SXXXX885I



Date Of Birth
Occupation
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

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

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?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?

Yes Yes

04/06/1983

28/02/2014

7 YEARS AND 3 MONTHS

JIMMYTOHTCH21@GMAIL.COM

BLK 829 YISHUN STREET 81 #04-498

(Phone) +65-97797584

Outdoor

760829

No

Hirer No

Side Swipe

Clear

Dry

No

No

Yes

No

No

No

2

VIDEO WITH DRIVER

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category Name of Driver

Contact Number Address SMS7625Y

. . .

Private car

-

Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S665S0020G / GST Reg. No.: M400017735

RECORDS MANAGEMENT CENTRE

UEN: \$665\$50020G / GST Reg. No.: M400017/33

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADI	DENDUM			
ő.	0.	IMAKINGTHEAMENE	m n -i-tration No	: GBK7443C		
Original Repo	ort No :	1 1 1:00	Vehicle Registration No NRIC/FIN/Passport No lete as appropriate	3xxxx 8821		
Name (as shown	in NRIC): T	oh chee trong	NRIC/FIN/Passportivo			
(*Vehicle Dri	ver/Vehicle	Owner) (*) Please del	ete as appropriate	Singapore(
Address	:		Mobile No. :9779 :	1584		
Contact (Tel)	:		Mobile No.:			
Email Addre	ss :		Ĭ	II. no		
Date of Acci	dent : <u>Կ</u>	15/21	Time of Accident :	۹.00		
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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SN092 1560007 Name(as shownin NRIC): TOHCHEE TION ((*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate _Singapore(Address oun Ilun ((B)

Contact (Tel) :		Mobile No.:_ 89.011926
Email Address :	SGleasing@outlook.	(om
Date of Accident :	412121	Time of Accident :
	7 haki bahif roll	
Insurance Company:		
	10	
ADDITIONALINFORMA I have made a report on make the following ame	ATION / AMENDMENTS: the above mentioned accidendments:	dent and would like to include additional information or
driver lisence		
	\	
111		
<u></u>		
-		
Policyholder / Driver's Date:	Signature	Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Date:

SKETCH PLAN

IMPORTANT NOTICE

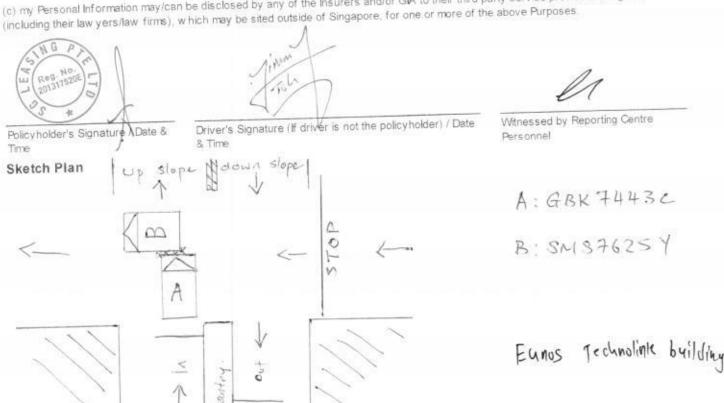
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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
- 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)

lunderstand, acknowledge, agree and consent that

- (a) My insurer, my w orkshop 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



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Declaration

We declare the foregoing particulars are true in every respect

SING Reg. No. 70 201317520E

Policyholder's Signature / Date & Time

Signature /# driver is not the policyho

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

M

Witnessed by Reporting Centre Personnel

GRKIH43C	MAKE & MODEL: Toyota Hiace. AUTO/MANUAR
	04/05/2021 CC: 3.0
TE OF ACCIDENT:	THI AC HRS
ME'OF ACCIDENT:	Euros Technolink building.
CATION OF ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
ACT PURPOSE USE DURING ACCIDENT:	SG Leasing PHE Ltal.
AME OF OWNER:	H/P: 84211426 OFFICE: HOME:
L NO:	
RIC:	1 Viala - Industrial St 1 #01-08 WIND SITESOTI)
DDRESS:	Saleasing @ outlook com
MAIL:	OD / THIRD PARSY / REPORTING ONLY
LAIM TYPE:	
LEET POLICY:	YES /®?
NSURANCE COMPANY:	China Taiping.
YPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO:	DMCVSNWOOLIST42000
NAME OF DRIVER:	AS ABOVE / IF NO: Toh Chee Trong
NRIC:	58.315885I ANY PASSENGER: NO
DATE OF BIRTH:	04/06/1983 LICENCE PASSED DATE: 28/02/2014
OCCUPATION:	ONTDOOR / INDOOR
GENDER:	MASE / FEMALE
CONTACT NO:	H/P: 974975840FFICE: HOME:
ADDRESS:	BIK 829 Yishan St 81 #04-498 S (460829).
	jimmy to htch 21@gmail.com.
EMAIL : DOES DRIVER OWNED ANY VEHICLE:	NO/ IF YES, REG NO: INSURER:
	Hirer:
RELATIONSHIP:	CLEAR / RAINING / OTHERS:
WEATHER CONDITION:	PRY / WET / OTHER:
ROAD SURFACE:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
ANY INJURIES:	Toh Chee Trong, 97797584.
NAME & CONTACT:	1071
NAME & CONTACT:	NO. / IF YES, WHERE?
POLICE REPORT:	NO / IF YES, WHO?
NOTICE OF INTENDED PROSECUTION GIVEN?	SM376254 ANY PASSENGERS: NO
VEHICLE B REG NO:	Doreen Tech Ewe ming CONTACT NO: 98570567
NAME OF DRIVER:	ANY PASSENGERS:
VEHICLE C REG NO:	ANY PASSENGERS:
VEHICLE D REG NO:	ANY PASSENGERS:
VEHICLE E REG NO:	ANY PASSENGERS:
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	WITNESS CONTACT:
ANY WITNESS? IF YES, NAME:	
WAS THERE ANY VIDEO CAPTURE?	VES / NO
WAS THERE ANY AUDIO RECORDED?	YES / NO
ACCIDENT SCENE PHOTOS TAKEN?	Front Portion.
ACCIDENT PORTION:	Front Fortion YES (NO)
ACCIDENT PORTION: Have you been approach by unknown person soliciti	NSI Autometive
WORKSHOP PARTICULAR:	68420051 / 67440510
CONTACT NO:	Lucard.
CONTACT PERSON:	67410510
FAX NO:	sales@n51.com.sg



Motor Commercial

MZ407/C

N

AN0663A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00115142000

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)

Engine No.: 1KDB047407

Cha. No.:JTFHT02P500250670

Index Mark and Registration.

GBK7443C

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

SG LEASING PTE, LTD

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

20/11/2020 (00:00:00)

Excess Sect I

S\$1,500.00

Excess Sect. II

\$\$1,500,00

4. Date of Expiry of Insurance

19/11/2021

EX ON WINDSCREEN

\$\$100.00

Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act. and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use "

(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.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED

* 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

Issued By:

201828546H SGML PTE L'NO

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory