

FILE: \_\_\_\_\_

VEH REG NO: SLG 41402**MOTOR ACCIDENT REPAIR BASIC INFORMATION**

DATE OF ACCIDENT	07 / 06 / 2021
TIME OF ACCIDENT (24HR FORMAT)	11:03 pm (In front of Ching's)
EXACT LOCATION OF ACCIDENT	Cross Junction of Victoria St & Bras Basah Rd

**OWN VEHICLE DETAILS**

NAME OF REGISTERED OWNER	FRESH CARS P/L
ID OF REGISTERED OWNER	2016085402
OFFICE NUMBER	9619 2819 CND Office No.
EMAIL ADDRESS	km@freshcars.sg

**VEHICLE PARTICULARS (OWN VEHICLE)**

VEHICLE REG NUMBER	SLG 41402				
VEHICLE MAKE / MODEL	T. PRIN HYBRID				
EXACT PURPOSE FOR WHICH VEHICLE WAS BEING USED AT THE TIME OF ACCIDENT	WORK PURPOSE				
ARE YOU CLAIMING UNDER YOUR OWN INS. POLICY	YES	<input checked="" type="radio"/> 3RD PARTY	REPORT ONLY		
VEHICLE CATEGORY	<input checked="" type="radio"/> PRIVATE CAR	<input type="radio"/> COMM VEH	<input type="radio"/> GOODS VEH	<input type="radio"/> MOTOR TRADE GOVERNMENT	<input type="radio"/> GOVERN VEH

**INSURANCE COMPANY (OWN VEHICLE)**

INSURANCE COMPANY	CHINA TAIPIING
TYPE OF COVERAGE	COMPREHENSIVE
FLEET POLICY	YES
POLICY NUMBER	DTHCSNA0000569200

**DRIVER PARTICULARS**

NAME OF DRIVER	LHU JIA JUN	
ID OF DRIVER	89222292P	
DATE OF BIRTH	7 / 1 / 1997	
RELATIONSHIP WITH OWNER / OCCUPATION	HIREE	<input checked="" type="radio"/> INDOOR <input type="radio"/> OUTDOOR
DRIVING PASS DATE	23 / 1 / 2016	
GENDER	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE	
MOBILE NUMBER	8383 2549	
OFFICE / HOME / OTHER NUMBER		
HOME ADDRESS	A17 Blk 274B Punggil Place #13-818 S7 822274	
EMAIL ADDRESS		
WAS THE DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY	YES	<input checked="" type="radio"/> NO
DOES THE DRIVER OWN ANY OTHER VEHICLE? IF YES, PLEASE INDICATE	YES	<input checked="" type="radio"/> NO
DRIVER'S OWN CAR VEHICLE NUMBER		

OWNER / DRIVER'S SIGNATURE: \_\_\_\_\_

DATE / TIME: \_\_\_\_\_

8/6/21 14:30 pm

**GENERAL INFORMATION OF THE ACCIDENT**

TYPE OF ACCIDENT	Hit Rear			
WEATHER CONDITIONS	<u>CLEAR</u>		RAINING	OTHERS
IF OTHERS, PLS STATE THE CONDITION				
ROAD SURFACE	WET		<u>DRY</u>	OTHERS
IF OTHERS, PLS STATE THE CONDITION				
WAS ANY FOREIGN VEHICLE INVOLVED IN THIS ACCIDENT		YES	<u>NO</u>	
IF YES, PLS STATE THE VEHICLE REG NUMBER				
WAS ANY BODY INJURED IN THE ACCIDENT		<u>YES</u>	NO	
WAS ANY OTHER MATERIAL OR PROPERTY DAMAGE? (INCLUDING WITNESS)		YES	<u>NO</u>	
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING ACCIDENT CLAIMS ASSISTANCE		YES	<u>NO</u>	
NUMBER OF PASSENGERS (INC DRIVER)	—		FEMALE: —	MALE: —
WAS THE ACCIDENT REPORTED TO THE POLICE?		YES	<u>NO</u>	
IF YES, PLS STATE WHICH STATION	—			
WAS NOTICE OF INTENDED PROSECUTION GIVEN?		YES	<u>NO</u>	
IF YES, AGAINST WHOM?				
ARE ACCIDENT PHOTOS AVAILABLE FOR ATTACHMENT?		<u>YES</u>	NO	
WAS THERE ANY VIDEO CAR CAMERA?		<u>YES</u>	NO	

**CIRCUMSTANCES OF ACCIDENT**
**REFER TO ATTACHMENT**
**THIRD PARTY VEHICLE DETAIL**

	1	2	3
VEHICLE REG NUMBER	SMH 6393E		
VEHICLE MAKE / MODEL / COLOUR	TOYOTA NOS		
DETAILS OF PROPERTY			
NAME OF DRIVER	TAN ZHAN HUI		
DRIVER NRIC / CO REG NUMBER			
CONTACT NUMBER	8550 1167		
NAME OF INSURANCE COMPANY			
NATURE OF DAMAGE			

**WITNESS PARTICULARS**

	1	2	3	4	5
DETAIL OF WITNESS - NAME					
DETAIL OF WITNESS - PHONE					
DETAIL OF WITNESS - EMAIL					
	VEH REG NUM	DETAILS OF	DRIVER NAME	CONTACT NUM	OTHER DETAILS
DAMAGES TO OTHER VEHICLES & PROPERTY					

**DETAILS OF INJURED PERSON**

	1	2	3	4	5
NAME OF INJURED	LIHUA JIN				
INJURY SUSTAINED					
INJURED PERSON IS ON WHICH VEHICLE NUMBER	SL671402				
WERE SEAT BELTS WORN?					
WAS INJURED CONVEYED TO HOSPITAL BY AMBULANCE	NO				

OWNER / DRIVER'S SIGNATURE:

DATE / TIME:

8/8/21 14:10 pm

## 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 **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 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.



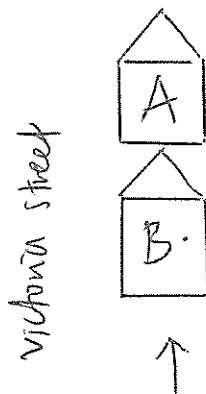
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

(In front of Chijmas)  
Cross Junction of Victoria St & Bras Basah Rd.



(A) : SLG 41402  
(B) : SMH 6393E

### Describe Circumstances of the Accident

I was stopping at the junction of Victoria St.

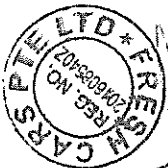
And the traffic light is red.

Suddenly vehicle B came from behind and hit onto the rear portion of my vehicle.

Whole accident was captured by my vehicle built-in video recorder.

### 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

Witnessed by Reporting Centre Personnel

Motor Hire Car

MZ406L/B

E SN

AN0586A

Cov. Type:C

**CERTIFICATE OF INSURANCE**  
 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1963  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

<b>CERTIFICATE No.</b>	<b>DMHCSNA00005692000</b>	<b>Engine No.:</b> 2ZRR951545	
		<b>Cha. No.:</b> JTDKB3FU203535330	
<b>1. Index Mark and Registration Number of Vehicle</b>	<b>SLG4140Z</b>	<b>AUTOSAFE</b>	
<b>2. Name of Policy Holder</b>	<b>FRESH CARS PTE LTD</b>		
<b>3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment</b>	<b>03/03/2021 (00:00:00)</b>	<b>Excess Sect. I.</b>	<b>\$S2,000.00</b>
		<b>Excess Sect. I (Outside Singapore)</b>	<b>\$S4,000.00</b>
		<b>Excess Sect. II</b>	<b>\$S1,500.00</b>
<b>4. Date of Expiry of Insurance</b>	<b>06/09/2021</b>	<b>Excess Sect. II (Outside Singapore).</b>	<b>\$S3,000.00</b>
		<b>EX ON WINDSCREEN .</b>	<b>\$S100.00</b>
<b>5. Persons or Classes of Persons entitled to drive*</b>			
<b>As per Named Driver(s) stated below.</b>			
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.			
<b>6. Limitations as to use.*</b>			
<b>(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.</b>			
<b>(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.</b>			
<b>The Policy does not cover</b>			
<b>(1) Use for racing, pace-making, reliability trial or speed-testing.</b>			
<b>(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</b>			
<b>HIRED PURCHASE CO. : DBS BANK LTD</b>			
* 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: Zhong YueQiang  
 Authorised Officer

  
 Authorised Signatory