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.

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 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 28/06/2021 14:25 (SGT) Date of Accident 25/06/2021 15:00 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SMH3236X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner HYMS Car Leasing Pte Ltd Company Reg No 201320561K Email Address hyms@live.com.sq Mobile Phone No (Phone) +65-81573786 Alternative Phone No (Office) +65-64515752

VEHICLE PARTICULARS

Manufacturer

Model Shuttle Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNA00004942001 Cover Note Number

DRIVER

Name of Driver Pattani Aboobackar Syed Ibrahim NRIC No. S7066132B

Date Of Birth 15/04/1970 Occupation Outdoor Date Of Driving Pass 28/12/2006 Driving experience 14 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-81573786 Alt. Phone Number Email Address hyms@live.com.sg Address Blk 436 Fajar Road #02-396 Address complement Postcode 670436 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name Grab Passenger Gender Female PASSENGER 2 Name Grab Passenger Gender Female 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 the sketch plan. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SMF6305X

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Wong Winnie @ Tan Winnie
NRIC No	S0245611G
Contact Number	(Phone) +65-87008061
Address	<u>-</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.
- 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>.
- 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.
- 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.
- By the lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Date & Time:

2 8 JUN 2021

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2 8 JUN 2021

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jenny Lim

GIARMC SketchPlanForm_V3

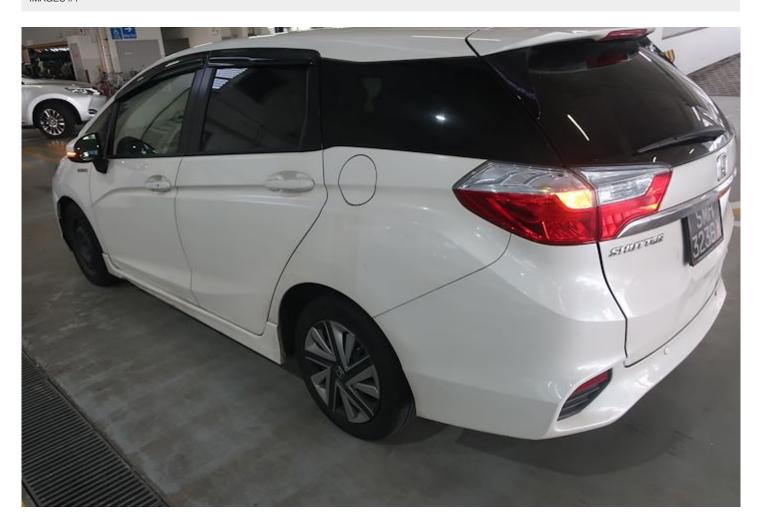
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GIARMC SketchPlanForm_V3















中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

R SN

AN0498A

Cov. Type:C

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rufes, 1960 Road Transport Act, 1997 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00004942001

HYMS CAR LEASING PTE LTD

Engine No.: LEB7102236 Cha. No.:GP72001611

Index Mark and Registration

SMH3236X

AUTOSAFE

Number of Vehicle

4. Date of Expiry of Insurance

2. Name of Policy Holder

Excess Sect I.

\$\$2,000.00

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

31/07/2020

Excess Sect. I (Outside Singapore)

\$\$4,000.00

30/07/2021

Excess Sect. II Excess Sect.If (Outside Singapore).

\$\$1,500.00 \$\$3,000,00

EX ON WINDSCREEN .

S\$100.00

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 taws 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

(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.

(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.

HIRE PURCHASE CO.: MAYBANK 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 (Melaysie), 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.

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) ♠ 3 Anson Road #16-00 Springleaf Tower Singapore 079909

@63896111

6222 1033

www.sg.cntaiping.com