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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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.

5. Any faise 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 05/08/2021 17:11 (SGT) Date of Accident 04/08/2021 18:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TOWARDS TUAS BEFORE KPE EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE2882H INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

ARS AUTOMOTIVE RECOVERY SINGAPORE Company Reg No 5XXXX773D Email Address huzhenyangjordan@gmail.com Mobile Phone No (Phone) +65-86189000 Alternative Phone No +65-90448999

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant 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

Transmission CC

Employment

No - Claiming third party Commercial vehicle Manual 2754

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

China Taiping Insurance (Singapore) Pte. Ltd. Comprehensive

DMCVSNW00083382003

DRIVER

Name of Driver NRIC No

HU ZHENYANG, JORDAN SXXXX587H



| Date Of Birth | 18/07/1990 |
|--|---------------------------------------|
| Occupation | Outdoor |
| Date Of Driving Pass | 04/01/2011 |
| Driving experience | 10 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90448999 |
| Alt. Phone Number | - |
| Email Address | huzhenyangjordan@gmail.com |
| Address | BLK 106 COMMONWEALTH CRESCENT #10-202 |
| Address complement | |
| Postcode | 140106 |
| 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 | • |
| modrance company of other vehicle owned by briver | · |
| | |
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident | Calliaina Ohamaa (anna i |
| Weather Conditions | Collision - Change/cross lane |
| Road Surface | Clear |
| | Dry |
| OTHER INFORMATION | |
| W | |
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) | 1 |
| soliciting/offering accident claims assistance? | No |
| g strong dosidon damid dosiotarios | 140 |
| DETAILS OF POLICE ACTION | |
| Was the accident reported to the police? | |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | No |
| n yes, against whom: | |
| CIRCUMSTANCES OF ACCIDENT | |
| | |
| PLEASE REFER TO SKETCH PLAN | |
| | |
| ATTACHMENT(S) | |
| Are against whether available for the large | |
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? Was there any audio recorded? | No |
| was there any audio recorded? | No |
| DETAILS OF OTHER | VEHICLE PROPERTY 1 |
| Vahida Dagietzetian Nun-t- | |
| Vehicle Registration Number Vehicle Manufacturer | SKE5555B |
| | - |
| Mark Mark | • |
| Valida O I | • |
| Vehicle Category | - District |
| Name of Driver | Private car |
| Contact Number | • |
| Address | • |
| Address complement | |
| The same of the sa | *: |

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

INJURED PERSONS DETAILS

INJURED 1

| Name of injured person Gender Phone No | HU ZHENYANG, JORDAN Male (Phone) +65-90448999 |
|---|---|
| Address | - |
| Address Complement | - |
| Post Code | 2 |
| Approximate Age Years Old | , - |
| Injuries Sustained | - |
| | SLIGHT INJURY |
| Injured person in which vehicle? | GBE2882H |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKEIGHTLAN

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), w hich may be sited outside of Singapore, for one or more of the above Purposes.

Apolder's Signature / Date &

Policyholder's Signature / Date & Time

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

BUFORK KPK EXT

& Time

LOWARDS

Sketch Plan

Witnessed by Reporting Centre

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Declaration

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

| Date of Accident | : 4(8)2021 Accident Time: 1830 (24-HR-FORMAT) |
|--|---|
| Accident Place | : ME (TURS) DE DR KPE |
| Vehicle Reg. No (Car plate No.) | : GRE 2882 H Vehicle Make/Model: Topl a HIAR |
| Insurance Company | : CHINA TAIPING Policy No. DMCVSNW 00083382003 |
| Name of Registered Owner | : Company/Individual ARS ANDMOTIVE REOM SUGEPL |
| ID of Registered Owner | : Co Reg No: 53253773 b Owner's NRIC No: |
| | : Co Contact No: 8618 900 Owner's Contact No: 1 |
| DRIVER'S Name | : Hu zhenyang, Jordan DRIVER'S NRIC No: 590255874 |
| DRIVER'S Date of Birth | : 18/1/1440 DRIVER'S License Pass Date 4/1/11 |
| Relationship bet. Owner & Driver | : Spouse \ Parents \Children\ Sibling \ Employee\ Others: |
| DRIVER'S Address | Pattob Commonwealth Crescus \$10-202 SCHOLOG) |
| DRIVER'S Contact No./ Alt No. | :1) 90448999 |
| DRIVER'S Occupation | : INDOOR \OUTDOOR (eg. working inside or outside of an ofc) |
| Email Address | Huzhen Yang Jordan @ gnail on |
| Weather & Road Surface | : CLEAR CORY \ RAINING & WET \AFTER RAIN & WET |
| Reporting Type | : Reporting Only \ Claim Offier Party \ Claim Own Insurance |
| Number of Passengers (including I Was the accident reported to the po Was there any video Captured by o Exact purpose for which vehicle w Any injuries, if yes(name of the | Oriver): Name & Gender; |
| THE PARTY OF THE P | r Party Driver's Particulars (if any) |
| Vehicle Reg No: Ske 5555 B | Vehicle Reg No: |
| Vehicle Make\Model: | |
| Name DRIVER: | |
| IC No. DRIVER: | |
| DRIVER'S Contact & add: | |



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Commercial

MZ300/C

CERTIFICATE OF INSURANCE

SN

wor vehicles (Third-Party Risks and Compensation) Act (Chapter 199) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0421A Cov. Type:C

CERTIFICATE No.

DMCVSNW00083382003

Engine No.: 1KD2738008

Cha. No.: KDH2010229720

Index Mark and Registration

GBF2882H

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

ARS AUTOMOTIVE RECOVERY SINGAPORE

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

29/09/2020

Excess Sect 1

\$\$350.00

EX ON WINDSCREEN .

\$\$100.00

Date of Expery of Insurance

28/09/2021

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 user.*

(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.: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTDAS 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 VITESSE SOLUTIONS

Authorised Officer

Authorised Signatory