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SN0821860001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 06/08/2021 16:47 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (06/08/2021 16:47 (SGT))



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.

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 06/08/2021 16:47 (SGT) Date of Accident 05/08/2021 11:28 (SGT) Exact Location of Accident Singapore Additional Location Information KEW AVE TOWARDS TANAH MERAH KECHIL RD SOUTH Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number CB8998Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner KCG TRANSPORTATION SERVICES Company Reg No 5XXXX144A **Email Address** KTMOTORWERK@HOTMAIL.COM Mobile Phone No (Phone) +65-91359259 Alternative Phone No (Office) +65-91359259

VEHICLE PARTICULARS

Manufacturer

Model

Hiace Variant Exact purpose for which vehicle was being used at time of Employment Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy No Policy Number DMB1SNW00008062005 Cover Note Number

DRIVER

Name of Driver MUHAWINAH NRIC No SXXXX746J

Date Of Birth	07/08/1976
Occupation	Outdoor
Date Of Driving Pass	14/03/2017
Driving experience	4 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91359259
Alt. Phone Number	•
Email Address	KTMOTORWERK@HOTMAIL.COM
Address	BLK 92 BEDOK NORTH AVE 4
Address complement	#02-1497
Postcode	460092
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	Employee
	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
and a second sec	•
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Tune of Assidant	
Type of Accident	Collision - Major/Minor Rd
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
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 CIRCUMSTANCES OF ACCIDENT	
The second with the second win the second with the second with the second with the second with	
ATTACHMENT(S)	
THE MILITINE	
Are agaident photos quellable for all all	100 miles
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SFH20D
Vehicle Manufacturer	Volkswagen
Vehicle Model	#
Vehicle Variant	5
Vehicle Colour	y .
Vehicle Category	Private car
Name of Driver	•.
Contact Number	*
Address complement	-
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 Formmust 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)

Lunderstand, 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

* G Files Sportage

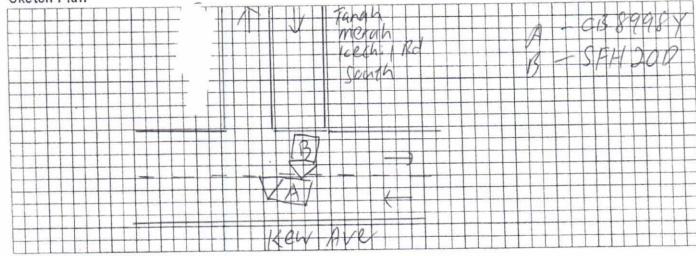
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

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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

ACCIDENT STATEMENT

ACCIE	DENT DATE: 05 08	2021 (DD/MM/M	YY), TIME:(// 28)(HH:MM)	
LOCA	MON: Kew Are	towards Tanah	Merch Kechil Rd Por	it
1.	DETAILS OF VEHICLE	CD 8990Y		
	a VEHICLE NUMBER	CB0/101		
	HUNGIRANCECOM	DANY. CHINA	(aiping	
	CIPOLICY NUMBER:	DWB12NM0000808	200,5	
	dipolicy Type: (CO	MPREHENSIVE)/ THIRD F	PARTY / THIRD PARTY FIRE &THEFT	
	e MAKE & MODEL:_	TOYOTA HIACE		
	f)TYPE:(SALOON / C	OUPE / MPV (VAD)/ LO	RRY / MOTORCYCLE / OTHERS)	
	g) VEHICLE CATEGO	RY: (PRIVATE / COMME	RCIALY MOTORCYCLE)	
	h) PURPOSE OF USING	G AT ACCIDENT TIME:_	work	
	I) ARE YOU CLAIMING	JUNDER YOUR OWN IN	SURANCE (YESTED)	
2		THIRD PARTY CLAIM	REPORTING ONLY	
2.	INSURED / POLICY H	TRANSPORTATION S	EPVICES (MALE / FEMALE)	
	HINDIC FINIPASSED	pt. 52023144A	CONTACT:	
	c)ADDRESS:	. 33000		
	CIADORESS.			
	* CONTINUE TO 3.d I	F DRIVER ALSO POLICY	HOLDER	
The of persongs	DDIVER			
(1 1 1: 1)	a) NAME: Muhaw	inah	(MALE / FEMALE)	
(Including driver)	COSSA CIVIO ACCOO	DT. C 76844461	(MALE / FEMALE) CONTACT: 91359259 BVE 4 402-1497	-
()	CIADDRESS: BCK	12 Bedok North	Ave 4 HO2-1497	P
		07/08/1976/1	20/1111/2222	8
W .00		DOOR (OUTDOOR)	50/MM/1111/	
	ELVEY DE DEINING	EXPRERIENCE: 141	53/2017	
4.	WAS DRIVER AN F	MPI OYEE OF THE INS	URED'S COMPANY? (YES) / NO)	
4,	IF NO RELATIONS	HIP OF THE DRIVER \	WITH INSURED:	_
5	GIWEATHER CONDIT	ION: (CLEAR) RAINING	G / OTHERS)
0.	b)ROAD SURFACE: (DRY / WET / OTHERS_		_)
	WAS ANYBODY INJU	RED (YES (NO)		
7.	a)REPORTED TO POL			
		E WHICH POLICE STAT		-
4 He of passenger	a) VEHICLE NUMBER	D. STH20D	MODEL: VOI KAWASON	
the of Jacobshiper	b) DRIVER'S NAME			_
Liveleiding driver	b) DRIVER'S NAME	PORT:	CONTACT:	
() ,	THIRD PARTY VEHICL	E		
			MODEL:	
Allo of bassonder	e) DRIVER'S NAME		-	_
(Induding driver	d) VEHICLE NUMBI e) DRIVER'S NAME f) NRIC/FIN/PASSI	PORT:	CONTACT:	-
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		Email = KTMOIST		
		fax =		
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Motor Bus

MZ601

AN0580A

Cov. Type:C

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.

DMB1SNW00008062005

Engine No.: 1KD2539779 Cha. No.:KDH2010172304

Index Mark and Registration

CB8998Y

AUTOSAFE

E3==E3=

Number of Vehicle

2. Name of Policy Holder

KCG TRANSPORTATION SERVICES

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

24/08/2020

Excess Sect I.

\$\$2,000.00

Excess Sect. II

\$\$750,00

4. Date of Expiry of Insurance

23/08/2021

EX ON WINDSCREEN.

S\$100.00

5. Persons or Classes of Persons entitled to drive

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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

6. Limitations as to use:*

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(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.: MV CREDIT 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:

ODE

Authorised Signatory

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

Q6389 6111

6222 1033

www.sg.cntaiping.com