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SN08218B0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 11/08/2021 15:04 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (11/08/2021 15:04 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

11/08/2021 15:04 (SGT) 09/08/2021 12:55 (SGT) Cavenagh Rd, Singapore SLIP ROAD TOWARDS BUKIT TIMAH ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBK3954X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No.

SG LEASING PTE LTD 2XXXXX520E sgleasing@outlook.com (Phone) +65-84211426 +65-88924018

VEHICLE PARTICULARS

Manufacturer Model 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

Toyota Hiace

Employment

No - Claiming third party Commercial vehicle Manual 2982

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. Comprehensive

DMCVSNW00062272000

DRIVER

Name of Driver NRIC No

ZAISHURIN BINTE TERUNA SXXXX893A



Date Of Birth	28/04/1990
Occupation	Outdoor
Date Of Driving Pass	01/11/2010
Driving experience	10 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88924018
Alt. Phone Number	-
Email Address	queenofheartz90@hotmail.com
Address	BLK 370 TAMPINES STREET 34 #04-07
Address complement	-
Postcode	520370
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
misdrance company of other vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	Ne
Number of vehicles involved in the accident	No 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)	1
Has the driver been approached by unknown person(s)	1
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 SKETCH PLAN	
TENDE HEI EN TO SKETCHTEAN	
ATTACHMENT(S)	
ATTACHMENT(S)	
Are posident what a good to the	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
The second of the second secon	
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SMN8230Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	4
Vehicle Colour	~
Vehicle Category Name of Driver	Private car
Contact No.	-
Contact Number	
Address	-
Address complement	-

Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
rte: err asseriger (including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Address Address Complement Post Code	5-88924018
Post Code	
-	
Approximate Age Years Old	
Injuries Sustained SLIGHT IN.	ILIDV
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	

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 companies.
- 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

Sketch Plan

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

Wessed by Reporting Centre ersonnel

(A) GBK 3954 X.

(B) 3MN 8230Y

Rulet Frank

gto (GBK 3954 X) along Cavenagh Road Sip road Entol Bukit Finah Road to give what to the traffle on the mass roa Suddenly, a act (Sent 2230x) from behind collidad onto the year portion of my vehtcle!	Describe Circumstances of the Accident
Timak Road to give way to the traffic on the main roa Suddenly, a cart (SMN 8230Y) from behind colleded onto the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Suddenly, a car (SMN 8230Y) from behend colleded onto the	gor 3/37 x) along cavenagh Road Sho made entre Dilat
Suddenly, a ast (SMN 8230Y) from behind colleded onto the	sman Kan to five way to the trattle
	Suddenly, a carl (SMN 8230Y) from bahand collected and Il

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

11/08/21

EHICLE NO: GBK 3954X	MAKE & MODEL: Toyota Grace. AUTO (MANUAL)			
ATE OF ACCIDENT:	09/08/2021. cc: 2982.			
IME OF ACCIDENT:	1255 HRS			
OCATION OF ACCIDENT:	Cavenagh Road step road Bulet Temph Road.			
XACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT PRIVATE USE / PRIVATE HIRE			
AME OF OWNER:	SG Leasing Pte Ltd.			
	H/P: 8421 1426 OFFICE: HOME:			
EL NO:	201317520E.			
	15 Yishun Industrial 31 1 #01-08, Win 5 (3) 768091			
DDRESS:	sgleazing@outlook.com			
MAIL:				
CLAIM TYPE:	OD YTHIRD PARTY PREPORTING ONLY			
LEET POLICY:	YES)/NO?			
NSURANCE COMPANY:	Chena (ai ping).			
YPE OF COVERAGE:	Comprehensive Third Party / Third Party Fire & Theft			
POLICY NO:	DMCVSNW00062272000.			
NAME OF DRIVER:	AS ABOVE / IF NO: Zaishurin Bente Teruna.			
NRIC:	8 9014893A. ANY PASSENGER: N-4			
DATE OF BIRTH:	28/04/ 1990 : LICENCE PASSED DATE: 01/11/2010 .			
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	MALE FEMALE			
CONTACT NO:	H/P: 8892 HO18 · OFFICE: HOME:			
ADDRESS:	8LK 370 Pampenes 3134 #04-07 (2) 520370			
EMAIL :	queen of heart 2 90 @ hotmast. com.			
DOES DRIVER OWNED ANY VEHICLE:	NOT IF YES, REG NO: INSURER:			
RELATIONSHIP:	Hires			
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:			
ROAD SURFACE:	DRY / WET / OTHER:			
	NO LIFYES WHO? Zaishurin Bente Terma (A/P. 88924018			
ANY INJURIES:	NO POLITICAL DESCRIPTION OF THE PROPERTY OF TH			
NAME & CONTACT:				
NAME & CONTACT:	No. () EVEC VIVISOES			
POLICE REPORT:	NO DE YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?				
VEHICLE B REG NO:				
NAME OF DRIVER:	CONTACT NO: ANY PASSENGERS:			
VEHICLE C REG NO:				
VEHICLE D REG NO:	ANY PASSENGERS:			
VEHICLE E REG NO:	ANY PASSENGERS:			
VEHICLE F REG NO:	ANY PASSENGERS:			
VEHICLE G REG NO:	ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	N.A. WITNESS CONTACT: N.A.			
WAS THERE ANY VIDEO CAPTURE?	YES (NO)			
WAS THERE ANY AUDIO RECORDED?	YES (NO)			
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO			
ACCIDENT PORTION:	Rear Porton . (s) / offering accident claims assistance? YES (NO)			
Have you been approach by unknown person soliciting	1 1 1 1 1			
WORKSHOP PARTICULAR:	N-51 Automotive Pte Lto.			
CONTACT NO: CONTACT PERSON:	Jaszp4 TAN .			
FAX NO:	67410510 (BIN -			
WORKSHOP EMAIL:	sales@n51.com.sg			





Motor Commercial

M2407/C

E SN

AN0653A

Cov Type C

CERTIFICATE OF INSURANCE

our Vehicles (Third-Party Risks and Compensation) Act (Chapter 1 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1967 (Malaysia) Road Transport Act, 1987 (Maleysia) Motor Vehicles (Third-Party Rieks) Rules, 1969 (Maleysia)

CERTIFICATE No.

DMCV\$NW00062272000

SG LEASING PTE LTD

Engine No. 1KD2081966

Cha No JTFJ102P900001385

1. Index Mark and Registration

GBK3954X

NURSEL OF VEHICLE

2 Name of Pokey Holder

Excess Sect 1

S\$1,500.00

Effective date of the Commencement of maurance for the purposes of the Regulations (00:00:00) (00:00:00)

EX ON WINDSCREEN

\$5100.00

4. Date of Expire of Immisterope

12/10/2021

Excess Sect 0 S\$1,500,00

Persons or Classes of Persons emitted to orse

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

venace is here. 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 is registered under the Road Traffic Act and its registration 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.

ti. Limitarione as to use "

(1) Use in connection with the Policyholder's business and Hirer's Business.
(2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's

(3) Use for social demestic or pleasure purpose.

The policy does not cover

(1) Use for racing, pace-making, reliability final or speed-testing.
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically procedled vehicle.
(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

UEN 20182850

HIRE PURCHASE CO. LAKE VIEW CREDIT PTE LTD.

* Limitations rendered inoperative by Section 8 of the Motor Venicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 25 of the Road Transport Act 1937 (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 Read Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

issued By.

Chus Sust Lay Sally Authorised Officer

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

📆 3 Anson Road #16-00 Springleaf Tower Singapore 079909

\$ 6389 6111

6222 1033

@www.sg.cntaiping.com