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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

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. 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 16/08/2021 11:43 (SGT) Date of Accident 13/08/2021 16:30 (SGT) Exact Location of Accident Upper Changi Rd N, Singapore Additional Location Information TOWARDS UPPER CHANGI ROAD EAST Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA8894P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SHENG EN TRANSPORT Company Reg No 5XXXX743M Email Address choolengl@gmail.com Mobile Phone No (Phone) +65-98588099 Alternative Phone No +65-97893676

VEHICLE PARTICULARS

Manufacturer

Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission

No - Claiming third party Commercial vehicle Manual 2754

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number DMB1SNW00013562000 Cover Note Number

DRIVER

CC

Name of Driver LIU CHOO LENG NRIC No SXXXX385G

Date Of Birth	26/01/1958
Occupation	Outdoor
Date Of Driving Pass	15/01/1979
Driving experience	42 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97893676
Alt. Phone Number	-
Email Address	choolengl@gmail.com
Address	BLK 37 LORONG 5 TOA PAYOH #07-357
Address complement	-
Postcode	310037
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	140
OF THE PARTY OF TH	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	200 013
Weather Conditions	Side Swipe
	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	1
Was any injured convoyed to begain by and day and	No
Was any injured conveyed to hospital by ambulance?	2
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
N. Co. Col.	
Name	LIM TIEW CHIN
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	
Was notice of intended Presenting	No
Was notice of intended Prosecution given?	No
If yes, against whom?	%
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH AND ATTACHMENT	
The state of the s	
ATTACHMENTO	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
	110
DETAILS OF OTHER	VEHICLE PROPERTY 1
WIDTH TO SEE	
Vehicle Registration Number	YN2158X
Vehicle Manufacturer	YN2158X
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	YN2158X
Vehicle Manufacturer Vehicle Model Vehicle Variant	YN2158X - -
Vehicle Manufacturer Vehicle Model Vehicle Variant	YN2158X - - -
Vehicle Manufacturer Vehicle Model	YN2158X Commercial vehicle

Name of Driver	-
Contact Number	-
Address	_
Address complement	Ī
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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)

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' 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 / D Time Sketch Plan Uppul	8 Tu	er's Signature (If drive		Personnel	16/08/2021 by Reporting Centre Ro £ 88 T
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We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Wildessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (PA8894P) WAS TRAVELLING ON THE STATED VENUE. WHILE I WAS MAKING A LEFT TURN IN MY LANE, VEHICLE B (YN2158X) ON MY RIGHT ALSO MAKING LEFT TURN BUT HE CUT INTO MY LANE AND COLLIDED ONTO MY VEHICLE RIGHT PORTION.

VEHILCE A: PA8894P

VEHICLE B: YN2158X

gur 16los/20 m

Date of Accident	: 13 8 1011 Accident Time: 16.30 hrs (24-HR-Format)			
Accident Place	: upper change Red North took upper change Red Forst			
Vehicle, No. (Car Plate No.)	: PA 8894P Make/Model: Toyota Hince			
Insurance Company	: China Triping Policy No: DMB13HW00013562000			
Owner or Company Name /IC No.	: Sheng En Transport (53278743M)			
Owner or Company Contact No.	9858 8099 Owner's Hp Company Tel			
DRIVER'S Name / IC No.	: Liv. Choo Leng (512943856)			
DRIVER'S Date Of Birth	: 26 1 1958 DRIVER'S License Pass Date 5 Jan 1979			
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:			
DRIVER'S Address	: blk 37 600m 5 Ton payor #07-357/5)310037			
DRIVER'S Contact No./ Alt No.	:1) 9789 3676 2)			
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)			
Email Address	: Chooleng La grain. com			
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET			
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance			
Number of Passengers (Including Driver): 62 Lim Tiew (hin (f)) Was the accident reported to the police? YES\NO Was there any video Captured by car camera: YES\NO Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose Any Injury (If YES, Pls state): N\				
Other Party Driver's Particular (if any)				
Vehicle. No: YN 2158 X	(B) Vehicle. No:			
Vehicle Make\Model:				
Name Driver:	Name Driver:			
IC No. Driver/Contact:				

* NEW - Passenger's name & gender:





Motor Bus

MZ601

SN

AN0580A

Cov. Type:F

CERTIFICATE OF INSURANCE

Nor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMB1SNW00013562000

Engine No.: 1KD1944066

Cha. No. JTFST22P500006938

1 Index Mark and Registration

Number of Vehicle

PA8894P

2. Name of Policy Holder

SHENG EN TRANSPORT

3 Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment (00:00:00:00)

04/12/2020

Excess Sect. II

\$\$750.00

4. Date of Expiry of Insurance

03/12/2021

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 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 Vehicle. Vehicle.

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.

* 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:

ODD Authorised

Authorised Signatory