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SN08218G000A / National Assessment Centre Services [159721] ENTRY DATE & TIME: 16/08/2021 18:59 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (16/08/2021 18:59 (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
- 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 18:59 (SGT) Date of Accident 11/08/2021 16:40 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TOWARDS TUAS (STEVEN ROAD) EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF4325G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner FLUX MOTOR RENTAL PTE LTD Company Reg No 2XXXXX858C Email Address yongleeong@gmail.com Mobile Phone No (Phone) +65-90093214 Alternative Phone No +65-97779647

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? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual CC

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNA00087012000 Cover Note Number

2754

DRIVER

Name of Driver **DERRICK TAY CHOON WEI** NRIC No TXXXX255Z

D. A.S. Of D. H.	
Date Of Birth	25/02/2000
Occupation Date Of Dat	Outdoor
Date Of Driving Pass	09/11/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97779647
Alt. Phone Number	•
Email Address	yongleeong@gmail.com
Address	BLK 995B BUANGKOK CRESCENT #13-947
Address complement	*
Postcode	532995
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	-
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?	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)	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?	Ma
Was notice of intended Prosecution given?	No
If yes, against whom?	No
ii yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
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	R VEHICLE PROPERTY 1
Vehicle Registration Number	SKU8874B
Vehicle Manufacturer	Infiniti
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	
Vehicle Category	- Private car
Name of Driver	SHAKTUI K YOGANATHAN
Contact Number	-
Address	_
Address complement	-
The state of the s	₩

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	DERRICK TAY CHOON WEI
Gender	Male
Phone No	(Phone) +65-97779647
Address	-
Address Complement	-
Post Code	
Approximate Age Years Old	5 .
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF4325G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
- 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.
- 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.

Policyholder's Signature / Date &

Time

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

& Time

Witnessed by Reporting Centre

Personnel

Sketch Plan

tound Tun

SKI

4325G

B

Describe Circumstances of the Accident
I am driving along PIE toward two
C Stevens Road exit). Suddenly Mortor Car B
(SKU8874B) not hard from my back of my
Van (GBF 43256).

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	: [[Aug202] Accident Time: [640 (24-HR-Format)
Accident Place	Pie towards tun (Strem Road)
Vehicle, No. (Car Plate No.)	GBF 4325 G Make Model: Hiace.
Insurace Company	Chiny Tapong Policy No: DMCVSHA 00087012000
Owner or Company Name, IC No.	: Flux Motor Rental Pte Ltd
Owner or Company Contact No.	:Owner's Hp 90093214 . Company Tel
DRIVER'S Name / IC No.	Derrick Tay Choon Wei T0006255
DRIVER'S Date Of Birth	25 Feb 2000 DRIVER'S License Pass Date 09/Nov 2018
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Hwer.
DRIVER'S Address	BIK 995B Buang Kok cresent # 13-947
DRIVER'S Contact No.: Alt No.	s(532995)
DRIVER'S Occupation	: INDOOR OUT DOOR (e.g. working inside or outside office)
Email Address	YOMETEEONE G) GMAIL. COM
Weather & Road Surface	: (LEAR & DRY) RAINING & WET LAFTER RAIN & WET
Reporting Type	: Reporting Only \ (laim Other Party) Claim Own Insurance
Number of Passengers (Including Di	river): Olxpax.
Was there any video Captured by ea Exact purpose for which vehicle was Any Injury (If YES, Pls state):	r camera: YES VIO s being used at the time of accident: Private use a Work purpose O(X)
	arty Driver's Particular (if any)
Vehicle, No.: SKU 8874	
Vehicle Alake Alodel: INFIN	Vehiele Make Model:
Name Driver: SHAKTUT	Vame Driver:
Name Driver: SPORK (0) 1 UDGAHATHA C No. Driver Contact:	IC No. Driver Contact:

* NEW - Passenger's name & gender:

. . .



Motor Commercial

MZ407/C

F SN

AN0650A

Cov. Type:C

CERTIFICATE No.

DMCVSNA00087012000

Engine No.: 1KD2637450

Cha. No.:KDH2015023724

Index Mark and Registration

GBF4325G

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

FLUX MOTOR RENTAL PTE LTD

CERTIFICATE OF INSURANCE

Motor 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)

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

15/09/2020

Excess Sect I.

\$\$2,000.00

Excess Sect. II

\$\$1,500.00

4. Date of Expiry of Insurance

26/08/2021

EX ON WINDSCREEN .

S\$100.00

Persons or Classes of Persons entitled to drive*

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

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. And provided further that the Motor Vehicle is registered 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.

6. Limitations as to use:*

Use for racing, pace-making, reliability trial or speed-testing.
 Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: THINK ONE CREDIT PTE LTD

* 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: Irene Hor **Authorised Officer**

Authorised Signatory