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.

 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 18/08/2021 17:39 (SGT) Date of Accident 18/08/2021 05:20 (SGT) Exact Location of Accident Near 705 Choa Chu Kang Street 53, Block 705, Singapore 680705 Additional Location Information TURNING INTO KJE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ6963F

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MONZONE AIR-CONDITIONING PTE LTD Company Reg No 200102928W **Email Address** monzone@singnet.com.sq Mobile Phone No (Phone) +65-63651315 Alternative Phone No +65-63651315

VEHICLE PARTICULARS

Manufacturer

Toyota Model Dyna 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? No - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNA00090332000 Cover Note Number

DRIVER

Name of Driver **GADDAM SAGAR** Passport No/FIN G6824004U

Date Of Birth 14/06/1989 Occupation Outdoor Date Of Driving Pass 08/02/2019 Driving experience 2 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-87742043 Alt. Phone Number Email Address monzone@singnet.com.sg Address BLK 678 WOODLANDS AVE 6 #10-726 Address complement Postcode 730678 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 18/8/2021 AT ABOUT 0520HRS.I WAS TRAVELLING ALONG CHOA CHU KANG DR. IT WAS RAINING AND ROAD SURFACE WAS WET, VEHICLE B WHO WAS TRAVELLING IN FRONT OF ME SUDDENLY BRAKE, I TRY TO AVOID THE COLLISION BUT INFVITABLE. 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 VEHICLE PROPERTY 1**

 Vehicle Registration Number
 SHD620U

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Taxi

 Name of Driver
 NG POH HUA

 NRIC No
 \$7504929C

Contact Number	(Phone) +65-83461721
Address	-
Address complement Postcode	-
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 Form must 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.
- 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.
- 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.
- By the lodgment 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)

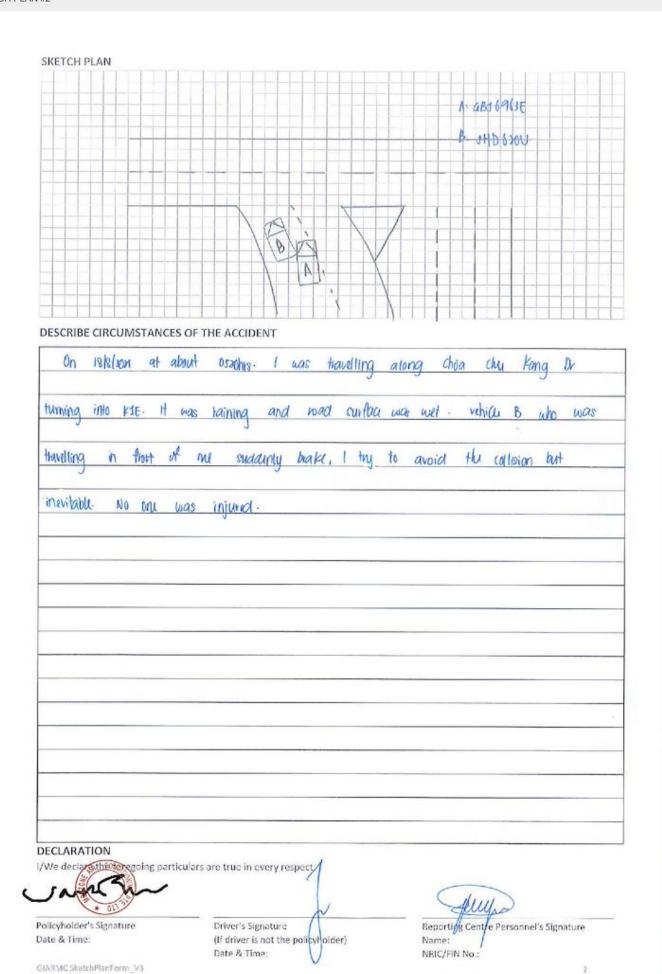
I understand, acknowledge, agree and consent that:

- (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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: / NRIC/FIN No.:

GIARMC SketchPlanForm_V3







中国太平保险(新加坡)有限公司

CHINATAPING INSURANCE (SINGAPORE) FTE LTD.

Motor Commercial

MZ/107/C

CERTIFICATE OF INSURANCE

ANOZOZA

nor Visitorine (I nint Por Visita und Cus persodiori Act (Chaptor (199) Marc Vicitata (Time-Pust) Risks and Compensation) Rules, 1900 Friest Turvoori Act, 1907 (Makeyala) Moret Vehiclas (Trint-Party Roks) Rules, 1909 (Makeyala)

Cov. Type:C

CERTIFICATE No.

DMCVSNA06990332000

Cha. No.J JFA135Y40K213842

1 Brillex Mark and Picglobal un-

GBJ6963F

Number of Vehicle

AUTOSER

MONZONE ARE CONDITIONING PTE LTD

Filterive date of the Commoncorses of 19909/2020 inservation for the payment of the Regulations, Ordinarion or Fractioned.

Excess All Crains EXION WINDSCREEN.

\$\$2,500,00 \$\$100.00

4. Date of Engry of Incoronce

28/09/2021

5. Persons or Classics, of Process in Albert to miles."

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

withde is bired. Provided that the person driving is permitted in accordance with the licensing or other taps or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Loving the Motor Vehicle or regulation in that behalf from driving the Motor Vehicle. And provided leither that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been conceiled at the time of the accident loss or damage.

R. Limitations as to use:

Use for rocking, pode-marking, reflectify that or speed-hasting.
 Use which drawing a traffer accept the towing (other than for roward) of any one disabled medianized propelled vehicle.
 Use for the carriage of passengers for him or roward by any parsons to whom the vehicle is Newl.

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED

**Limitations rendered inoperative by Section 8 of the Motor Volucius (Haro-Party Risks and Compensation) Act (Crapter 169) 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-Perty Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysla).

Ploase see reverse

HAY CHINA TAIPING INSURANCE (SHICAPORE) PTC. LTD.

Issued By: Chua Suar Lay Sally

Authorised Officer

Authorised Signatory

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

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

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