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SN08218O0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 24/08/2021 14:57 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (24/08/2021 14:57 (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.

- 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 24/08/2021 14:57 (SGT) Date of Accident 15/08/2021 15:00 (SGT) Exact Location of Accident Yishun Ring Rd, Singapore Additional Location Information TURNING RIGHT TOWARDS YISHUN AVENUE 3 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD3162B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SHENG YUAN WHOLESALE Company Reg No 5XXXX323A Email Address fishfarm68@gmail.com Mobile Phone No (Phone) +65-96632800 Alternative Phone No +65-96632800

VEHICLE PARTICULARS

Manufacturer

Model Citan Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual 1461

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00075292000 Cover Note Number

DRIVER

Name of Driver FAM KOK HUNG NRIC No SXXXX180H

Date Of Birth	23/10/1978
Occupation	Outdoor
Date Of Driving Pass	31/05/2014
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96632800
Alt. Phone Number	(Filone) +03-30032800
	f-1-f00@sil so
Email Address	fishfarm68@gmail.com
Address	BLK 295A COMPASSVALE CRESCENT #15-211
Address complement	The state of the s
Postcode	541295
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
	₩
Insurance Company of Other Vehicle Owned by Driver	E
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
Mode Curiaco	City
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?	No
Was notice of intended Prosecution given?	No
	NO
If 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
True triefe dry dadie recorded	110
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
DETAILS OF OTHE	ER VEHICLE PROPERTY I
Vehicle Registration Number	SMV3849D
Vehicle Manufacturer	•
Vehicle Model	₩
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address	-
Address complement	
CONTROL OF STATE OF S	

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	4

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	FAM KOK HUNG Male (Phone) +65-96632800
Address	-
Address Complement	-
Post Code	
Approximate Age Years Old	u a
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBD3162B
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 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)

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

(including their law yers/law firms),	which may be sited outside of Singapore, for one or more of the	e above Purposes.
SHENG YUAN WHOLE	SALE	/11
=	\\ \'	un 24/08/2021
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	YIZHUN AVE 3.	rathe deal
	4	

361	ribe Circumstances of the Accident
	ON THE SPATED DATE AND TIME, I WAS TURNING DEGLT. I CAME TO
1	STUP HS THEFTE WERE PEDESTRIANS CAPPENG.
	OUT OF NOWHERE, VEHICLE & HIT ONTO THE REPORTION OF MY
167	HICLE.
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Declaration

We declare the foregoing particulars are true in every respect.

an sylestron

SHENG YUAN WHOLESALE

1.

DATE OF ACCIDENT	MAKE 8: MODE		*C.C. . 4.
TIME OF ACCIDENT		AM / RG	1, 1,
LOCATION OF ACCIDENT	413HUN PING RDD YISHUN AUF 7.		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER		JAIU WHOLF MALE	
EMAIL FISHFARM 68@ Email. Com.	1000	Office.	MODULE
NRIC .	5775072710		MOBILE 9661 2800
CLAIM TYPE	53754727A		
FLEET POLICY:	, ich oktive oner		
INSURANCE CO.	YES /10 ?		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
	Comprehensive /	Third Party / Third Pa	arly Fire & Theft
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO	. FAM FOR HU	N6·
NRIC	57869180H.		
DATE OF BIRTH	23 / 10 / =	18.	
ANY PASSENGER	YES / NO :		
NAME OF PASSENGER			
GENDER OF PASSENGER	MALE / FEMALE.		
OCCUPATION	Outdoor / Indoor		r
DATE OF DRIVING PASS	31 / 05 / 1	4.	
GENDER	Male. / Fer	nale	
CONTACT NO.	Mobile: 11	Office:	Home.
MAIL.	t ₁		
DDRESS	2550 COMMUNE SUI	ale coment the	-211 2(541295).
OOES DRIVER OWN OTHER VEHICLES?	NO, / If yes : Reg No:	TO CIPISCI WI TITS	INSURER -
ELATIONSHIP	Employee / If No:		
VEATHER CONDITION	Clear / Raining	/ Other:	
OAD SURFACE	Dry / Wet / Other		
NY INJURIES		RIVER.	
ONTACT NO.			
OLICE REPORT	No / If yes : Where?		
OTICE OF INTENDED PROSECUTION GIVEN		MO/IF YES: WHO?	
EHICLE B NO.	Smv 3849 D.	Any Passenger : 4	INCUMPING DILIVER!
AME			
ONTACT NO.			
EHICLE C NO.		Any Passenger:	
EHICLE D NO.		Any Passenger:	
EHICLE E NO.		Any Passenger:	
EHICLE F NO. NY WITNESS		Any Passenger:	
ITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?		YES / KO	
WAS THERE ANY AUDIO RECORDED?		YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?		YES / NO	
**WORKSHOP:	REVOLU	ITZON AUTOMOTZ	WE
we you been approach by unknown person		1.0(1.01	



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

SN

AN0699A

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)

Cov. Type:C

CERTIFICATE No.

DMCVSNW00075292000

Engine No.: K9KB608D314189 Cha. No.:WDF4156052U144129

1. Index Mark and Registration

GBD3162B

Number of Vehicle

AUTOSAFE

2. Name of Policy Holder

SHENG YUAN WHOLESALE

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

13/10/2020

Excess Sect I.

\$\$450.00

EX ON WINDSCREEN .

\$\$100.00

4. Date of Expiry of Insurance

03/09/2021

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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:
- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic or pleasure purposes.

The Policy does not cover
(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: HITACHI CAPITAL ASIA PACIFIC 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: INSMART ENTERPRISE Authorised Officer

Authorised Signatory

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

O 6389 6111

6222 1033

www.sg.cntaiping.com