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.

- 4. The issue and acceptance of this is form by instrained 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 28/08/2021 11:43 (SGT) Date of Accident 27/08/2021 13:10 (SGT) Exact Location of Accident 204 Hougang Street 21, Singapore 530204 Additional Location Information **NEAR CAR PARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hino

Vehicle Registration Number YQ217G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MONZONE AIR CONDITIONING PTE LTD Company Reg No 20010928W Email Address monzone@singnet.com.sq Mobile Phone No (Phone) +65-63651315 Alternative Phone No +65-63651315

VEHICLE PARTICULARS

Manufacturer

Model Fg8jr1a 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 Manual CC 7685

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 YANG XUEDONG NRIC No. G2653943P

Date Of Birth 28/10/1985 Occupation Outdoor Date Of Driving Pass 08/07/2016 Driving experience 5 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-88090924 Alt. Phone Number Email Address monzone@singnet.com.sg Address 9G YUAN CHING RD LAKESIDE TOWER Address complement Postcode 618649 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? 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? No **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 27/8/2021 AT ABOUT 13010HRS. I WAS TRAVELLING NEAR 204 HOUGANG ST 21 CAR PARK, I ACCIDENTALLY COLLIDED ONTO VEHICLE WHILE REVERSING MY VEHICLE. 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 SMC2398U

 Vehicle Registration Number
 SMC2398U

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 CHUA WEE LAM

 NRIC No
 \$7435459I

 Contact Number
 (Phone) +65-96970059

Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
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.
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- 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:
 - (i) 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.

SKETCH PLAN A yadita B . 819C 2398U

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2at park 1	accidentally	collided	onto vehica	В	ahile	teretaing my	which.

DECLARATION

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:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

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中国太平保险(新加坡)有限公司

CHINA : AIF ING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ407X0

201

CERTIFICATE OF INSURANCE

An Weireles (1) An Ferry Britz and Congrow shor) An integer 12th United Vehicles (Think Party Britz, and Congress and Nation, 17th Board Bookpool Aut, 1987 (Med-Aryan Motor Vehicles (Think Party Melas) Notes, 1750 (Melays) at

AR0707A Cov. Type:C

CERTIFICA 15 No.

DMCVSNA00090332000

Engine No.: J06EWS10178 Cha. No. UHD 5G8/R EXXX14915

1. Hulex blank and freg stration

Y0217G

AUTOSAFE

Number of Venicks 2. Name of Policy Holdes

MONZONE AIR CONDITIONING PTE LTD.

Effective date of the Commonstrational of Insurance for the purposes of the Hingariticus, Challenger or Enablance or Enablance.

Excess All Claims EX ON WINDSCREEN .

3\$2,500.00 \$\$100.00

4. Date of Expery of friscioners

28/09/2021

Parsons or Clauses of Persons entitled to diver-

Any person of clause of tersons entered to driver.

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

Pleyfield that the person driving is permitted in accordance with the Senning or other taws or requisitions to drive the Motor Vehicle or has been so permitted and is not desputition by order of a Goard of Law or by reason of any anadromet or regulation in dust bettelf from driving the Motor Vehicle. And provided further that the Motor Vehicle is regulation in unique the Road Traffic Act and Se regulation under the Road Traffic Act has not been canonical at the time of the accident lass or damage. Inss or damage.

- G. Limitations as to use:
- Use for racing, pace-making, reliability trial or special leating.
 Use whilst drawing a trailor coppet the towing utilize them for reward; of any one disabled mechanically propelled vehicle.
 Use for the coolings of possengers for line or reward by any person to whom the vehicle is lined.

HIRE PURCHASE CO.: SING INVESTMENTS & FINANCE LTD

* Undatation stanforce (coperative by Section 8 of the Motor Vehicles (Third-Party Ricks 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 relations 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 TAIFING INSURANCE (SINSAPORE) PTE. L.H.

Issued By: Chua Suut 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

\$)63896111

@6222 1033

@www.sg.cntaiping.com



















