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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 Form by insurance companies is not an admission of policy habiting 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

08/09/2021 16:40 (SGT) 07/09/2021 22:00 (SGT) Sentosa, Singapore MAIN ROAD TOWARDS CITY Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGW3601S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No.

DYNAMIC CAR RENTAL 5XXXX467K jasonkcapl@gmail.com (Phone) +65-91384753 (Office) +65-67465405

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Toyota

Wish

Employment

No - Claiming third party Commercial vehicle Auto 1794

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. ThirdParty

DMHCSNA00006442000

DRIVER

Name of Driver NRIC No

HAIRUL HIDAYAT BIN ISA SXXXX597F

Date Of Birth	10/09/1982
Occupation	Indoor
Date Of Driving Pass	18/12/2003
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91384753
Alt. Phone Number	To the state of th
Email Address	jasonkcapl@gmail.com
Address	28 SIMEI STREET 1 #07-12
Address complement Postcode	-
	529948
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	Hirer
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Totals registration Number of Other Venicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	0.15
Weather Conditions	Collision - Change/cross lane
Road Surface	Clear
	Dry
OTHER INFORMATION	
THE THE PROPERTY OF THE PROPER	
Was any foreign webiate in the Line	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was any injured in the Accident? Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	90 20
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
	NO
PASSENGER 1	
Name	HAFIYAH
Gender	Female
	i eniale
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	164
Was the accident reported to the police? Was notice of intended Prosecution given?	No
If yes, against whom?	No
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CIRCUMSTANCES OF ACCIDENT	
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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	VEHICLE PROPERTY 1
DETAILS OF STILL	VEHIOLE I NOT ENTIT
Vehicle Registration Number	201/027711
Vehicle Manufacturer	SGY2655H
Vehicle Model	•
Vehicle Variant	*
Vehicle Colour	3 .
Vehicle Category	- Private car
To 100 100 100 100 100 100 100 100 100 10	Filvate Cal

Name of Driver	
Contact Number	
Address	3.
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
The second secon	-

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 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)

I understand, acknow ledge, 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 / Date &

Time

Sketch Plan

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

20wards

Witnessed by Reporting Personnel

SAW 36019

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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

Witnessed by Reporting Centre Personnel



Date of Acciden	t	: 07.09.202 Accident Time: 22:00pm (24-HR-Format)					
Accident Place		: Sentosa main road towards city					
Vehicle, No. (Ca	ar Plate No.)	: SGW 3601S Make/Model: Toyota Wish 1.84					
Insurace Compa		: China Taiping Policy No: DMHCSNA00006442000					
5-W-54	any Name /IC No.	: Dynamic Car Rental (52928467K)					
	any Contact No.	:Owner's Hp6746 5405 _Company Tel					
DRIVER'S Nar		: Hairul Hidayat Bin Isa (38229597F)					
DRIVER'S Dat		: 10.09.1982 DRIVER'S License Pass Date 18.12.2003					
	Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Hirer					
DRIVER'S Ad		: 28 Simei Street # 07-12 Singapore 529948					
DRIVER'S Co	ntact No./ Alt No.	:1) 9138 4753 2)					
DRIVER'S Oc	cupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)					
Email Address		: Jasonkcapl @gmail.com					
Weather & Ro	ad Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET					
Reporting Typ	e	: Reporting Only \ Claim Other Party \ Claim Own Insurance					
Number of Pas	ssengers (Including	Driver): 2 person (Driver , Passenger)					
Was there any	video Captured by	car camera: (ES) NO was being used at the time of accident: Private use \ Work purpose					
	Othe	r Party Driver's Particular (if any)					
Vehicle. No:	SGY 2655H	(vehicle B) Vehicle, No:					
Vehicle Make	Model:	Vehicle Make\Model:					
Name Driver		Name Driver:					
IC No. Drive	r/Contact:	IC No. Driver/Contact:					
	*						

* NEW - Passenger's name & gender:

Female: Hafiyah

AW

Dynamic Car Rental

1 KAKI BUKIT AVENUE 6, #01-46/48/50 AUTOBAY, SINGAPORE 417883.

TEL: (+65) 6741 7244, 6746 5405 FAX: (+65) 6745 8520, 6746 5786

Co. Reg. No. 52928467K

RENTAL TERMS AND CONDITIONS No. 21967

Hairul Hiday	yat Bin Isa		REG. No.	MAKE MODEL:				
ADDRESS 28 Smet			SAM 36018	DIES	EL PETROL F	E 1/4 1/2 3/4 F		
# 07 - 12	21661 1		KM IN			14:20 DM		
		to Normal Management	KM OUT		08.09.2021 @ DATE & TIME OUT 03.09.2021 @			
Singapo re	529948		KM		TIME USED	14 · 200m		
The second secon			DRIVEN					
NAMED DRIVER								
S 8229597 F	DATE OF EXPIRY	PLACE OF ISSUE		HOURS	@SS			
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	5	DAYS	PSS 180.00	\$ 900.00		
ADD NAMED DRIVER				WEEKS	@S\$			
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE	N.	IONTHS	@S\$			
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	BY INITIALLING, F AGREES TO PAY A FOR COLUSION DA	DD FEE	SUB-TOTAL			
IMPORTANT NOTES: This vehicle is licenced to carry 04 passe	envers only		WAIVER (C.D.W.)					
No refund will be given for vehicle return to refund will be given for period left in	rus early.				TOTAL RENTAL	\$ 900.00		
Hirer is liable to pay loss of earnings wh Hirer is liable to pay all parking fee and	nle damaged velsicle is under repair				DELIVERY FEE			
Vehicle return during office hour only. No service on Public Holiday and Sunda					COLLECTION FEE			
Geographical areas: Singapore & West Driver must be: a) 18 years old and allove b) Holding a valid relevant class of drive The vehicle is strictly to be driven by It The hirer is not allowed to sub-let the:	PER DAY PER WEEK		PER MONTH S					
ADDITIONAL CONDITIONS: COMPREHENSIVE COVERED EXCL Section Used in Spare Only SGD Section Used in Spare Only SGD Wisseren Excess in Spare SGD 100.	BY INITIALLING, RENTER AGREES TO PAY ADD FEE FOR PERSONAL ACCIDENT INSURANCE (P.A.L.)							
THIRD PARTY COVERED EXCESS: "Hirer must bear all costs to the durea "Section II - Used in S'pore Only: SGO	ges of the return vehicle		X					
*Hirer must bear all costs to the dama *Section II - Used Outside Sipore : 5G	iges of the return vehicle.		PER DAY PER	WEEK	PER MONTH \$			
YOUNG AND INEXPERIENCE DRIV		clow or passess	PREPAYMENT		TOTAL CHARGE			
COMPREHENSIVE COVERED EXC *Section 1 - Used in 5 pare Only SGI		e : 5GD 12,000.00	CHECK	CHECK				
*Section II - Used in S'pore Only : 5Gt *W/screen Excess in S'pore : SGD 100	D 6000.00 *Section II - Used Outside S'por		CASH					
THIRD PARTY COVERED EXCESS *Hirer must bear all costs to the dam.	ages of the return vehicle		RECEIPT NO.	RECEIPT NO.				
*Section II - Used in Sipore Only : SG *Hirer must bear all costs to the dam	ages of the return vehicle.		No. of the last of					
*Section II - Used Outside S'pore : Se Hirer is responsible for any costs to t			AMOUNT DUE / REFUND					
THIRD PARTY DAMAGE / NEURY CLASS			AMOUNT DUE / H	LI WING				
THAVE READ THE TERM OF THIS RENTAL AGRE	MS AND CONDITIONS ON E EMENT AND AGREE THER	OTH SIDES EOF.						
SIGNED BY THE PARTIE	DAY OF							
V	10		×	M	W.			
A management of the	YNAMIC CAR RENTA	L	FE	NTER'S	DRIVER'S SIGN	VATURE		

Motor Hire Car

MZ406L/B

AN0707A

Cov. Type:T

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)

CERTIFICATE No.

DMHCSNA00006442000

Engine No.: 1ZZ2933111

Index Mark and Registration

Cha. No.:ZNE100372047

Number of Vehicle

SGW3601S

2. Name of Policy Holder

DYNAMIC CAR RENTAL

Excess Sect. II

\$\$1,500,00

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

Excess Sect.II (Outside Singapore).

\$\$3,000.00

13/10/2021

Persons or Classes of Persons entitled to drive

As per Named Driver(s) stated below. 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.

Use for the carriage of passengers or goods in connection with the Policyholder's business.
 Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

(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:

Chua Suat 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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66222 1033

www.sg.cntaiping.com