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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 15/09/2021 16:07 (SGT) Date of Accident 15/09/2021 08:30 (SGT) Exact Location of Accident Jurong West Ave 1, Singapore Additional Location Information TOWARDS JURONG EAST AVENUE 1 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK1929H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner THEME TRENDY PTE LTD Company Reg No 2XXXXXX049D Email Address hancarrepairs@gmail.com Mobile Phone No (Phone) +65-92704382 Alternative Phone No +65-92704382

VEHICLE PARTICULARS

Manufacturer

Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual CC 2754

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy No Policy Number DMCVSNW00016332100 Cover Note Number

DRIVER

Name of Driver WONG AH CHAI NRIC No SXXXX582C

Data Of Birth	21/12/10/10		
Date Of Birth	31/12/1949		
Occupation	Outdoor		
Date Of Driving Pass	27/02/1973 48 YEARS AND 7 MONTHS Male (Phone) +65-92704382		
Driving experience			
Gender			
Mobile Number			
Alt. Phone Number	-		
Email Address	hancarrepairs@gmail.com BLK 454 JURONG WEST STREET 42 #03-108		
Address			
Address complement			
Postcode	640454		
Is the driver the policyholder?	No		
If No, Relationship of the Driver with the Insured	Employee		
Does Driver Own Other Vehicles?	No		
Vehicle Registration Number of Other Vehicle Owned by Driver	1.5		
Insurance Company of Other Vehicle Owned by Driver	-		
GENERAL INFORMATION OF THE ACCIDENT			
Type of Accident	Callinian - Major/Minor Pd		
Weather Conditions	Collision - Major/Minor Rd		
	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?	No		
Was any injured conveyed to hospital by ambulance?	-		
Was any other vehicle or property damaged?	Yes		
Number of Passengers (Including Driver)	1		
Has the driver been approached by unknown person(s)	L.		
soliciting/offering accident claims assistance?	No		
Soliciting/offering accident claims assistance:			
DETAILS OF POLICE ACTION			
Was the accident reported to the police?	No		
Was notice of intended Prosecution given?	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?	Yes		
Was there any audio recorded?	No		
DETAILS OF OTHE	ER VEHICLE PROPERTY 1		
Vahiela Pagistration Number	DC040EP		
Vehicle Registration Number			
Vehicle Manufacturer	Toyota		
Vehicle Model	¥		
Vehicle Variant	¥		
Vehicle Colour	*		
Vehicle Category Commercial vehicle			
Name of Driver	MOHAMED ZOHRI BIN NAWI		

SXXXX405B

NRIC No

Address

Contact Number

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.
- 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
- 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.

Singapore 569511 Hp: 9270 4382

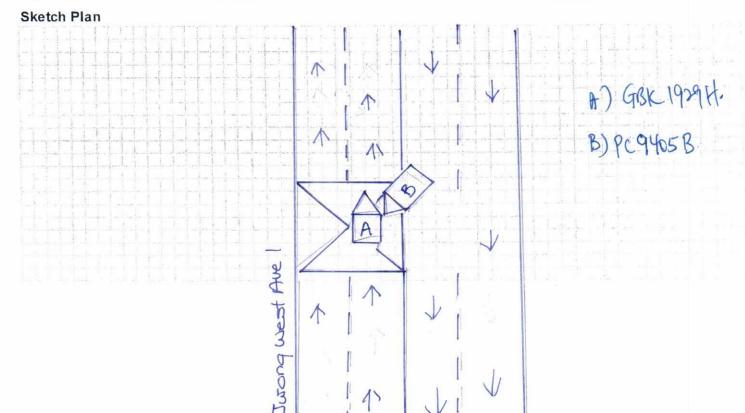
Singapore Hp: 9270 4382

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel



ibe Circu	mstances of the Accident
	,
	I was travelling on Jutong west Ave I toward
	·
	Justing East Avel, I was travelling on the inner lane
	1 11 7 'a - l-1'ald 1 4 D- 24 AF B
	& while I was going straight & the PC 9405 B
	drave out & hit onto my van.
NE WILLIAM ST.	

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#04-79 Singapore 569511

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

PERSONAL PARTICULARS

100 100 100 1	am
Date of Accident: 15/9/2021	Time of Accident: 8:30 (24Hrs)
Vehicle No: GBK 1929 H	Vehicle Make/Mor Tayota- Hicke.
Exact Location of Accident: Zwang	west Ave I toward Jurong East Ave I
Owner's Name/NRIC: Theme Trend	14 Pte 110 toc No 201027049 D
Driver's Name/NRIC: Wang Ah ch	ai ICNO: 52077582C
Driver's Contact: 9270 4382	Insurance Co & Policy No: China Taiping Ins. DMCVSNWOCO16:
Driver's Email Address: have	atrepairs agmail.com 2100
Relationship between Owner & Driver: S	spouse/Children/Friend/Parents/Others specify:
What do you wish to claim (Please circle 1) Own Insurance 2) Other Vehicle (The	one you want to claim against) 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehicle wa Private Use / Work Purpose	s being used at time of accident? (Please circle one only)
Weather Condition & Road Conditions? Clear & Dry / Raining & Wet / After-Rain	n & Wet / Drizzling & Wet
Occupation Indoor Outdoor	
Any Injuries? (MC of 3 Days or more, po	lice report is required)
Yes No If Yes, which police sta	ation?
The Other Party (Vehicle B) Details Driver's Name/IC: Mohamed Zohri B	Vehicle No: PC 9405 B Toyota.
Insurance Company:	Driver's Contact:
(If more than 2 vehicles involved, please	e indicate the other party vehicle numbers below)
Other Vehicle (Vehicle C) :	
Independent Witness (If Any):	Contact:
Preferred Workshop (If Any): * If no proper document are produced,	IDAC should not file the report
* Information will be discarded after or	ne week.

CERTIFICATE OF INSURANCE

otor 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)

MZ300/C

AN0435A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00016332100

Engine No.: 1GD8420484 Cha No. GDH2011024478

Index Mark and Registration

GBK1929H

AUTOSAFE

Number of Vehicle 2. Name of Policy Holder

THEME TRENDY PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment
 (00:00:00)

11/02/2021

Excess Sect 1.

\$\$350.00

EX ON WINDSCREEN .

\$\$100.00

4. Date of Expiry of Insurance

10/02/2022

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 Vehicle.

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.: UNITED OVERSEAS BANK LIMITED

* 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 (Mataysia), 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: YETTA INSURANCE AGENCY PTE LTD Authorised Officer

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

C 6389 6111

6222 1033

www.sg.cntaiping.com