

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 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. 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	27/09/2021 19:18 (SGT)
Date of Accident	24/09/2021 20:14 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR PANJANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM8284J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LAY AUTO LEASING PTE LTD
Company Reg No	2XXXXX521C
Email Address	JOEL@LAYAUTO.COM
Mobile Phone No	(Phone) +65-93874666
Alternative Phone No	(Office) +65-93874666

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00002632101
Cover Note Number	-

DRIVER

Name of Driver	TAN YIT MIN TONY
NRIC No	SXXXX807A

Date Of Birth	17/11/1962
Occupation	Outdoor
Date Of Driving Pass	30/12/1980
Driving experience	40 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90084792
Alt. Phone Number	-
Email Address	JOEL@LAYAUTO.COM
Address	BLK 448C BUKIT BATOK WEST AVE 9
Address complement	#15-46
Postcode	653448
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

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 CIRCUMSTANCES OF ACCIDENT

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	SFG3688M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:

- (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' 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.

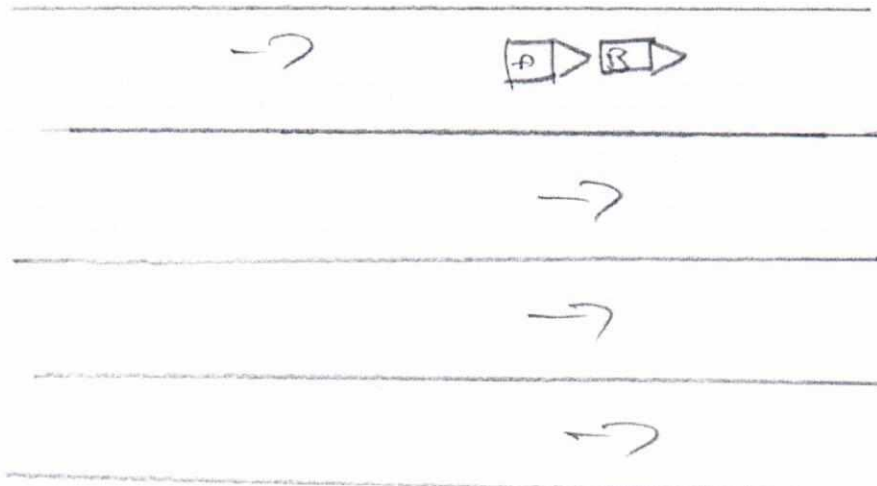


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A- RM8284J
B- JF63686M

Passir Panjang Road.

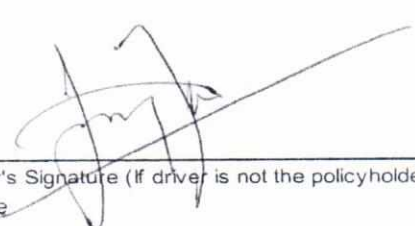
Describe Circumstances of the Accident

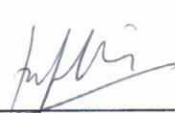
576 368PM jammed brake dangerously in front of
me I could not brake on time and hit his
vehicle

Declaration

We declare the foregoing particulars are true in every respect.

A circular stamp with the text "SINGAPORE LTD" and a signature over it.
Policyholder's Signature / Date &
Time

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

A stylized signature.
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE 24 9 21 TIME 20 14
 LOCATION Lane Pan'ang Rd.

1. DETAILS OF VEHICLE
 VEHICLE NUMBER CLM8284J
 POLICY COMPANY China Taiping
 POLICY NUMBER
 TYPE OF VEHICLE Motor Shuttle
 CATEGORY Private / Commercial / Motorcycle
 PRIMARY USE PTU usage
 HAVE YOU CLAIMING UNDER YOUR OWN POLICY (YES/NO)
 YES/NO STATE (THIRD PARTY CLAIM / REPORT)

2. INSURED / POLICY HOLDER
 NAME Lay Auto Leany & Co Ltd
 IDENTIFICATION PASSPORT 2013105216 CONTACT 93874666
 ADDRESS

3. CONTINUE TO 3 IF DRIVER ALSO POLICY HOLDER

DRIVER
 NAME Tan Yit Min Tony
 IDENTIFICATION PASSPORT S1569807A CONTACT 9008 47912
 ADDRESS 448C BUCH Butek West Ave 9 #15-46

DATE OF BIRTH 11 1980
 OCCUPATION 30/12/1980
 YEARS DRIVING EXPERIENCE
 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Minor
 WEATHER CONDITION Clear / Rainy / Others
 ROAD SURFACE Asphalt / Others
 WERE THERE ANY OTHER VEHICLES INVOLVED? YES/NO
 WERE THERE ANY OTHER PERSONS INVOLVED? YES/NO
 WERE THERE ANY OTHER POLICE INVOLVED? YES/NO
 YES/NO STATE WHICH POLICE STATION

8. THIRD PARTY VEHICLE
 VEHICLE NUMBER SF G3688 M
 DRIVER NAME
 IDENTIFICATION PASSPORT 8511 2549
 THIRD PARTY VEHICLE
 VEHICLE NUMBER
 DRIVER NAME
 IDENTIFICATION PASSPORT

passenger female.

Driver Only

jie@layauto.com

Motor Hire Car

MZ406L/B

R SN

AN0606A

Cov. Type C

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

DMHCSNA00002632101

Engine No.: L15B5000596

Cha. No.: GK81100526

1. Index Mark and Registration
Number of Vehicle

SLM8284J

AUTOSAFE

=====

2. Name of Policy Holder

LAY AUTO LEASING PTE LTD

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

16/03/2021
(00:00:00)

4. Date of Expiry of Insurance

15/03/2022

5. 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.

6. Limitations as to use.*

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

The Policy does not cover

- (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.

HIRE PURCHASE CO.: SING INVESTMENTS & FINANCE 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: Zhong YueQiang
Authorised Officer


Authorised Signatory