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# **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
- 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

#### INSURED/POLICYHOLDER

Is company? 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 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 Policy Number DMHCSNA00002632101 Cover Note Number

#### DRIVER

Name of Driver TAN YIT MIN TONY NRIC No SXXXX807A

| Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder?   | 17/11/1962 Outdoor 30/12/1980 40 YEARS AND 9 MONTHS Male (Phone) +65-90084792 - JOEL@LAYAUTO.COM BLK 448C BUKIT BATOK WEST AVE 9 #15-46 653448 |
|---|--|
| If No, Relationship of the Driver with the Insured  | No<br>Hirer  |
| Does Driver Own Other Vehicles?  Vehicle Registration Number of Other Vehicle Owned by Driver   | No   |
| Insurance Company of Other Vehicle Owned by Driver  | -  |
| GENERAL INFORMATION OF THE ACCIDENT   |  |
| Type of Accident Weather Conditions Road Surface  | Collision - Head to Rear<br>Clear<br>Dry   |
| OTHER INFORMATION   |  |
| Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  PASSENGER 1 | No 2 No - Yes 2 No   |
| Name<br>Gender  | UNKNOWN<br>Female  |
| DETAILS OF POLICE ACTION  |  |
| Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  | No<br>No<br>-  |
| CIRCUMSTANCES OF ACCIDENT   |  |
| PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT   |  |
| ATTACHMENT(S)   |  |
| Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?   | Yes<br>No<br>No  |
| DETAILS OF OTHER  | R VEHICLE PROPERTY 1   |
| Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category  | SFG3688M Private car   |

| Name of Driver                          | -   |
|---|-----|
| Contact Number                          | _   |
| Address                                 | _   |
| Address complement                      | _   |
| Postcode                                | 125 |
| nsurance Company Name                   |     |
| Nature Of Damage                        | -   |
| Details of property damaged in accident | -   |
| No. Of Passenger (Including Driver)     | -   |
| vo. Of r asseriger (including Driver)   | 1   |

#### 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, 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
- $(v) \ complying \ w \ ith \ applicable \ law \ \ in \ administering, \ processing, \ handling \ and/or \ dealing \ w \ ith \ my \ claims.$

(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 | Driver's Signature (If drive & Time  | er is not the policyholder) / Date | Witnessed by<br>Personnel   | Reporting Centre |
|--|--------------------------------------|------------------------------------|---|------------------|
| Sketch Plan                            |                                      |                                    |   | 0 0 400          |
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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

ACCIDENT STATEMENT 24 9 21. 100 MARS 20 14. 11-11-11 Paur Panjary Rd. 1 DETAILS OF VEHICLE CLM82047 China, Taiping. SHIP OF CAME OF A PRIVATE A COMP SHOW HE WE HOUSE AT AN I SHOW THE PHU Ways. AFE FOLK CLAIM NO INDER YOUR OWN HOPENCE (\$5000) 2. INSURED / POLICY HOLDER LOWNY ETE LED.

2013/105216 2013-105216 - I SUIT HE TO 3 & P DRIVER ALSO FOLIO FROLDER ST Normal ENAME TON You TONY 448 C BUCH Butok West ALS # 15-46 1 DALF CHERT HOLD ALL 1960 DOMMAN SAS CRIVER AN EMPLOYEE OF THE INSURED S COMPANY? (VES 10) SEND, DELATIONSHIP OF THE DRIVER WITH INSUPED: HIVE THE STREET STREET HEROPINO TO POLICE IVES A VEHICLE STEER STEER M. THIRD PARTY VEHICLE L- VERLINADEL Quer Only e DE ERIMANE joel@ layauto. Com.



# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Hire Car

MZ406L/B

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.: L15B5000598

index Mark and Registration

SLM8284J

Cha. No. GK81100526

Number of Vehicle

AUTOSAFE

Name of Policy Holder

LAY AUTO LEASING PTE LTD

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

16/03/2021

4 Date of Expiry of Insurance

15/03/2022

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

- 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

- Use for racing, pace-making, reliability trial or speed-testing.
   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.

Zhong YueQiang

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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www.sg.cntaiping.com