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7.



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> 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

DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBJ5606T	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	VAN-GO PTE LTD 2XXXXX823E garyong66@icloud.com (Phone) +65-97458239	
VEHICLE PARTICULARS		

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

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00121502000
Cover Note Number	
Cover Note Number	*

DRIVER

Name of Driver	ALFI MUSWAADI BIN APPATHI
NRIC No	SXXXX712D
	3////120

.Date Of Birth	25/08/1991
Occupation	Outdoor
Date Of Driving Pass	18/09/2013
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86142275
	(Filotie) +03-00142273
Alt. Phone Number	
Email Address	garyong66@icloud.com
Address	BLK 716 YISHUN STREET 71 #04-270
Address complement	•
Postcode	760716
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	110
Vehicle Registration Number of Other Vehicle Owned by Differ	2
Insurance Company of Other Vehicle Owned by Driver	v
misurance company of carer versions commences of	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	
Troduior Containers	Clear
Road Surface	Dry
OTHER INFORMATION	
184	N-
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
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)	
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?	140
ii yes, against whom:	•
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
FEEASE REFER TO SKETOTT EAR	
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 OTHE	ER VEHICLE PROPERTY 1
WILL BOLL BOLL BOLL	0.110.110.01
Vehicle Registration Number	SMC1492L
Vehicle Manufacturer	H.
Vehicle Model	-

Private car

Accident report SN0821AI0002

Vehicle Variant Vehicle Colour Vehicle Category

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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMY3631Z
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	=
Vehicle Colour	=
Vehicle Category	Private car
Name of Driver	-
Contact Number	120
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	X-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLV4129D
Vehicle Manufacturer	E
Vehicle Model	= 3
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 4

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMG7163B
Vehicle Manufacturer	H
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	5
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SLW5878M
Vehicle Manufacturer -



Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	<u> </u>
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)	1.5

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
- 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
- (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.

201825823E

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre

Personnel

PIE Towards Change (Hear by EXA KIO 9 5 MC DD : SLW 5878 M Describe Circumstances of the Accident On the stated date and time. I was travelling along the stated venue As I saw front vehicles jammed brake to stop, I guickly followed to brake I managed to stop in time but vehicle B could not stop in time to stop too. and collected onto the rear of my vehicle. The to the big impact, my vehicle propelled forward and collided onto the rear of vehicle C. After the cellular I abouted and realised that it was a chan collision of 6 vehicles including mine.

Declaration

We declare the foregoing particulars are true in every respect.

201825823E

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Ce

Personnel

Email: sm@idac.com.sg Tel no: 6555 6888 *If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week. Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 15/10/2021 (dd/mm/yy) Vehicle No. : GBJ 5606 T Vehicle Make & Model / Engine (cc): Toyota Exact location of Accident: PIE Towards Changi (Nearby CTE (Ang Mo Kio) Exit Policyholder's Name / IC No. : VAN-GO PTE LTD 201825823E Driver's Name / IC No.: Alfi Muswaadi Bin Appathi S9129712D (As Above) Company Contact No / Owner Contact No: 9745 8239 Driver's Contact No. : 8614 2275 Driver's Address: Blk 716 Yishun Street 71 #04-270 Singapore 760716 _____Insurance Company: China Taiping Owner Email address: garyong66@icloud.com Driver Email address : garyong66@icloud.com Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative (Employee) Hirer or Others specify: What do you wish to claim? (Please TICK one only) Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) Exact purpose for which the vehicle Occupation (nature of job) Indoor/ V Outdoor Was being used at time of accident? *No. of Passengers (Including Driver): Private use / Work purpose Gender: *Passanger Name: _ Gender: *Passanger Name: _ Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / V No Any Injuries: Yes / V No (If YES) Injured Person' Name: ___ Injured Person in Which Vehicle: Injuries Sustain: ___ Police Report filed: Yes / V No (If YES) Which Police Station: The Other Party(s) Details: ____ Vehicle No: SMC 1492 L (B) 1. Driver's Name / IC No: ___Insurance Company : Driver's Contact No: ___ Driver's Contact No: _____Insurance Company : Contact No: *Independent Witness (If Any): ____

* Vehicle D =7 SLV 4129 D

* Vehicle E -> SMG 7163 B

* Vehrale F -> SLW 5878 M



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Commercial

MZ407/C

SN N

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Resks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960– Road Transport Act, 1987 (Malaysia) Motor Vehicles (Trird-Party Roks) Rules, 1959 (Malaysia)

AN0420A Cov. Type C

CERTIFICATE No

DMCVSNA00121502000

Engine No.: 1GD8408799 Cha. No :GDH2012005777

Index Mark and Registration

GBJ5606T

AUTOSAFE -------

Number of Vehicle 2 Name of Policy Holder

VAN-GO PTE LTD

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

03/12/2020 (18.23:00)

Excess Sect I.

\$\$1,500.00

Excess Sect II

S\$1,500.00

4 Date of Expiry of Insurance

02/12/2021

EX ON WINDSCREEN . \$\$100.00

Persons or Classes of Persons entitled to drive"

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use "

(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. (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: SWEE SENG CREDIT PTE 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).

Issued By

Lim Lee Choo Authorised Officer For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signator

Please pod revers