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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 25/10/2021 17:07 (SGT) Date of Accident 22/10/2021 05:30 (SGT) **Exact Location of Accident** Lor 1 Geylang, Singapore Additional Location Information SLIP ROAD TOWARDS SIMS AVENUE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

1598

Vehicle Registration Number GBK9399J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner EUROSWIFT RETAIL CREATIONS PTE. LTD. Company Reg No 2XXXXX776M Email Address thomas@euroswift.com Mobile Phone No (Phone) +65-81619399 Alternative Phone No +65-81619399

VEHICLE PARTICULARS

Manufacturer

Model Nv200 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 - Reporting only Vehicle Category Commercial vehicle Transmission Manual

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy No Policy Number DMCVSNA00102552000 Cover Note Number

DRIVER

Name of Driver TAY HWEE HONG NRIC No SXXXX496H

Date Of Birth	17/04/1970
Occupation	Outdoor
Date Of Driving Pass	20/02/1995
Driving experience	26 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81619399
Alt. Phone Number	-
Email Address	thomas@euroswift.com
Address	69 PASIR RIS GROVE #04-16
Address complement	
Postcode	518219
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	140
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	Side Swipe
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)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
\\\\- \ \\- \ \- \ \\- \ \\\\\\\\\\\\\	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	<u> </u>
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Voo
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	R VEHICLE PROPERTY 1
	Section 2015 Annual Section 2015
Vehicle Registration Number	SNB5672B
Vehicle Manufacturer	
Vehicle Model	-:
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address	
Address complement	

Postcode	
Insurance Company Name	01
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	
The control of the co	

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

- (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 SIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, fr one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Annessed by Reporting Centre

Personnel

Sketch Plan

,	
//	
ANE	A: GBK9399J B: SNB56128
SIMS AVE	P. 240 381-0

I was travelling along slip road of Lorong I Geylang towards sims Ave. While I keep to my lane and turn, I suddenly felt a collision. When I look towards my left, I reavehicle B had a collision with my vehicle. When I got down my vehicle, I saw there was a SBS double decker bus stopped	atised
suddenly felt a collision. When I look towards my left, I receivele B had a collision with my rehicle. When I got down	alised
suddenly felt a collision. When I look towards my left, I receivele B had a collision with my rehicle. When I got down	alised
vehicle B had a cullision with my rehicle. When I got down	alised
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y story on stopped	
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along the bus lane with hazard light on along sims Ave about so	/
metres away after the turn.	
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance information provided must be as fruitful and accurate as possible.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the traffic police department for investigation.

10000000000000000000000000000000000000	ACCIDENT DETAILS	(DD/MM/YY
Date of accident	32 10 201	(HH:MM
Time of accident	Along stip road Lor 1 Geylang towards	sims Ave
Exact location of accident	Along slip road for I deglary town	

Vehicle registration number	GBK 93	,99J	
Vehicle make and model	Nissan	NV 200	CRV D Van B
Type of vehicle	Saloon D	MPV D	Motorcycle Others:
Vehicle category	Private 🗆	Comme	ercial a Motorcycle a
Purpose of using at said time			if no, please select:
Are you claiming under your own insurance company?	Yes □ Third part	No d	Reporting only p

	INSURANCE IN	ORMATION	
Insurance company	China Taiping		
Policy number		Third party fire & theft	TP only
Type of policy	Comprehensive	Timo party inco diexe	

A STATE OF THE STA			Creations	Pte Ltd	Male 🗆	Female c
Hanic	Euroswift	COOP!	22716M			
NRIC / Fin / Passport number		7000	correct			
Contact						
Address						

DRIVER	Tau Hwee Hong Male	Female 🗆
Name	100 HAVE HOLY	
NRIC / Fin / Passport number	870114964	
Contact	8161 9399 69 Pasir Ris Grove # 04-16 S(518 219)	
Address		
Email address	thomas @ euroswift.com	
Date of birth	H 104/1970	
Occupation	Indoor D Outdoor E	
Driving date pass	20/07/1995	Po

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes n No n
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes D No, d
Weather condition	Clear Raining Others:
Road surface	Dry Wet D
No of passenger	(Inclusive of driver
Paragon to include that the street	PASSENGER 1
Name	
Gender	Male D Female D
English Managarine 200	PASSENGER 2
Name	
Gender	Male Female
The state of the s	
And the second second second	PASSENGER 3
Name	
Gender	Male Female
Miles In Co. See See SAGNAS TO SEE	PASSENGER 4
Name	
Gender	Male D Female D
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NEXT STREET, WITH STREET, BACK	PASSENGER 5
Name	- PASSENGER 3
Gender	Male D Female D
Gender	- Male u Tenale u
PROPERTY OF THE PROPERTY OF TH	PASSENGER 6
Name /	FASSENGER 0
Gender	Male D Female D
Gender	Iviale a Peniale a
	OTHER INFORMATION
STATE OF THE STATE	OTHER INFORMATION
Was anybody injured? Was other vehicle damaged?	Yes D No D Yes D No D
was other vehicle damaged:	Ties to NO Li
A TOTAL CONTRACTOR AND A SECURE OF THE SECUR	DETAILS OF POLICE STATION ACTION
Panestada nalisa?	
Reported to police?	Yes No If yes, please state which police station.
Police station name	
Variable and the second	
	WITNESS 1
Name	
企业的企业 和基础的企业。	WITNESS 2
Name	

建设为全个共享集建设建设建设	THIRD PARTY VEHICLE 1
Vehicle registration number	9M SNB 5672B
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
CONTRACTOR OF THE PROPERTY OF	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
有关的证明的证明	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
建图图图 2000 图 2000 图	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
在一个人的主义的	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Commercial

MZ300/C

SN

CERTIFICATE OF INSURANCE Motor Vehicles (Third-Party Risks and Compensation) Act (Charter 189) Motor Vehicles (Third-Party Risks and Compensation) Roles, 1960 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Ruses, 1859 (Malaysia)

BR0067A

Cov Type C

CERTIFICATE No.

DMCVSNA00102552000

Engine No.: HR16154467D

Cha No. VM20138660

1 Index Mark and Registration

GBK9399J

AUTOSAFF

Number of Vehicle

Name of Policy Holder

EUROSWIFT RETAIL CREATIONS PTE LTD

Excess Sect I

\$\$450.00

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

EX ON WINDSCREEN

\$\$100.00

4 Date of Expiry of Insurance

29/10/2021

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.

(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 (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: Gan Li Jia Jesca

Authorised Officer

Authorised Signatory

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

Q6389 6111

06222 1033

www.sg.cntaiping.com