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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.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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 09/12/2021 16:05 (SGT) Date of Accident 25/10/2021 16:00 (SGT) Exact Location of Accident 440 Hougang Ave 10, Singapore Additional Location Information CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Reporting only

Commercial vehicle

Manual

2754

Vehicle Registration Number **GBC4300T**

INSURED/POLICYHOLDER

Is company? ABS LEASING SERVICES PTE LTD Name Of Registered Owner Company Reg No 2XXXXX528D **Email Address** john.pyj@hotmail.com (Phone) +65-92966056 Mobile Phone No Alternative Phone No +65-94571633

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?

Vehicle Category Transmission

CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Type of Coverage Comprehensive

Fleet Policy

DMCVSNW00051402102 Policy Number Cover Note Number

DRIVER

Name of Driver TOH JYH YANG (ZHUO ZHIYANG) NRIC No SXXXX484A

Date Of Birth 21/12/1983 Occupation Outdoor Date Of Driving Pass 11/01/2012 Driving experience 9 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-94571633 Alt. Phone Number **Email Address** john.pyj@hotmail.com BLK 521 HOUGANG AVENUE 6 #09-37 Address Address complement Postcode 530521 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 Side Swipe Type of Accident 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? Yes Was any other vehicle or property damaged? 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 No Was the accident reported to the police? No Was notice of intended Prosecution given? 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? No No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH6499U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	1-
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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 me 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)

Lunderstand, 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 ma, 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.



Policyholder's Signature / Date & Time Many

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

Witnessed by Reporting Centre

Personnel

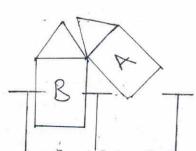
Sketch Plan

440 HOUGANG AVE 10

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A: GBC 4300T

B: SJH 6499 U



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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

MAJE & VOTEL TOYOTA WEHRLIE MO: GRC 4300T ALITO / COLUMNAL HIACE DATE OF ACCIDENT 25 / 10 / 2021 TIME OF ACCIDENT AMI / PAIL 1600HRS LOCATION OF ACCIDENT 440 HOUGANG AVE 10 CARPARK. EXACT PURPOSE USED AT TIME OF ACCIDENT I EMPLOYMENT / PRIVATE USE / PRIVATE HIRE NAME OF OWNER ABS LEASING SERVICE PTE LTD . MOBILE 9296 6056 EMIAIL. Office. JOHN. PYJ @HOTMAIL. COM MRIC CLAIM TYPE 00 / THURD PARTY REPORTING ONLY YES / NO. 2 FLEET POLICY. INISHRANCE CO. CHINA TAIPING. TYPE OF COVERAGE Comprehensive / Third Party / Third Farty Fire & Then POLICY NO. DMCVSNW 000 SI4 02102 AS ABOVE / IF NO. TOH JYH YANG NAME OF DRIVER S8340 48 4A. DATE OF BIRTH 21 /12 /1983. ANY PASSENGER YES / NOL NAME OF PASSENGER MALE / PENTALE GENDER OF PASSENGER Ontdoor / Indoor OCCUPATION DATE OF DENTHY PASS 11 1 01 / 2012 Diale [1. FINEIEK Pemale CONTACT NO. Mabile, 9457 1683 Office. Elcone, LALAIL 5 (530521) ADDRESS 521 HOUGANG AVE 6 #09-37 OF REPORT OF THE THE VOICE ? 10 / Frankrana indoped . Allow HIRER . or LATICH Sen? <u>"Tear" | Raining | Chines</u> A HAPHER CARDIFFEE Dry / Wel / Other. COAD SUPPACE ALTERNATURES Floi If yes , Triffic? CONTACT NO. Noli (Cyes , Where? POLICE PEPORT VO) IF YES, WHO? LIGHTCE OF IMMERIDED PROSECUTION GIVE VEITICLE BLIO. Any Passenger SJH 6499 U HAME COUTACTI IO. MENTICLE CLIO Any Passenger VEETICLE DITIO Arry Passenger VEHICLEEPO Arry Passenger: PEHICLEFIO Any Passenger. TITE WITHEST WITNESS CONTACT HO. AVAS THEREANY AIDEO CAPTURES YES /NO WAS THERE ANY AUDIO RECORDED? 755 / NO CEPE ACCIDENT PHOTOS TAPET? YES / NO * WORKSHOP: Flare you been approach by auknown person soliciting (s) / offering on ideal claims assistance? 788 / HO"



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

M7407/C

R SN

AN0597A

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.

DMCVSNW00051402102

Engine No.: 1KD2154977

Cha. No.:JTFHT02P600087382

1. Index Mark and Registration

GBC4300T

AUTOSAFE

Number of Vehicle 2. Name of Policy Holder

ABS LEASING SERVICES PTE LTD

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

14/06/2021 (00:00:00)

Excess Sect 1.

\$\$1,500.00

Excess Sect. II

\$\$1,500.00

4. Date of Expiry of Insurance

13/06/2022

EX ON WINDSCREEN .

S\$100.00

5. 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 in connection with the Policyholder's business and Hirer's Business.
- (2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's
- (3) Use for social, domestic or pleasure purpose.

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

HIRE PURCHASE CO.: ABWIN 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ABS INSURANCE AGENCY PTE LTD Authorised Officer

Authorised Signatory