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 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 the control of this report will fee fee be made qualified to the proposition by interested parties. 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	10/01/2022 15:49 (SGT)
Date of Accident	09/01/2022 13:53 (SGT)
Exact Location of Accident	Grange Rd, Singapore
Additional Location Information	ALONG GRANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number		GBJ4797G
-----------------------------	--	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HITACHI AQUA-TECH ENGEERING PTE LTD
Company Reg No	197701016M
Email Address	DONERVEN.WONG@HITACHI-AQT.COM
Mobile Phone No	(Phone) +65-91194940
Alternative Phone No	+65-92368609

VEHICLE PARTICULARS

Manufacturer

	Toyota
Model	Dyna
Variant	_ ,
	-
Exact purpose for which vehicle was being used at time of	
accident	Employment
And the state of t	Linploymont
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Reporting only
Vehicle Category	Goods vehicle
<u> </u>	
Transmission	Manual
CC	2982
	2302

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00041322101
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD HAIDAR BIN ZULKIFLI
NRIC No	S8740578H

Date Of Birth 12/12/1987 Occupation Outdoor Date Of Driving Pass 13/10/2008 Driving experience 13 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-91194940 Alt. Phone Number Email Address HAIDHAR_2515@HOTMAIL.COM Address **BLK 39 CHAI CHEE AVE #08-231** Address complement Postcode 461039 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name BAHAR Gender Male PASSENGER 2 Name **ASLAM** Gender Male 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 AS PER SKETCH PLAN ATTACHED. 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 SNB1965H Vehicle Manufacturer Mazda

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	TOH HOW KIAM SIMON
NRIC No	S1728954C
Contact Number	(Phone) +65-90038765
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, agree and consent that :

- (a) My insurer, my w orkshop 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
- (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' 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.



Sketch Plan

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

A = GBJ 47976 B. SNB 1965H

CARCA B

	on	Sun	les d	aleof	09-	1-20	22 (al e	bout	1	5 53
while	law	ve	4817 mg	Me	volate	200	GIB-	54297	(1 W	-1h	me
			Plinds								
			19651								
lam	ente	-1/2	unth	NÚ	linic	οJ	, pro-	du	ru.	(o	YY
N: -}	4l.c	side	· ~	n-l a	11.	Cour	. s	o a	Oler	.s han 12	D M chr
			ghodoli								
			- V								
							•				
	700										
	12.002										
					-					-	
		12.5									
				_							
trace probability											
1.50.075	11320 - 100	2000									
											100

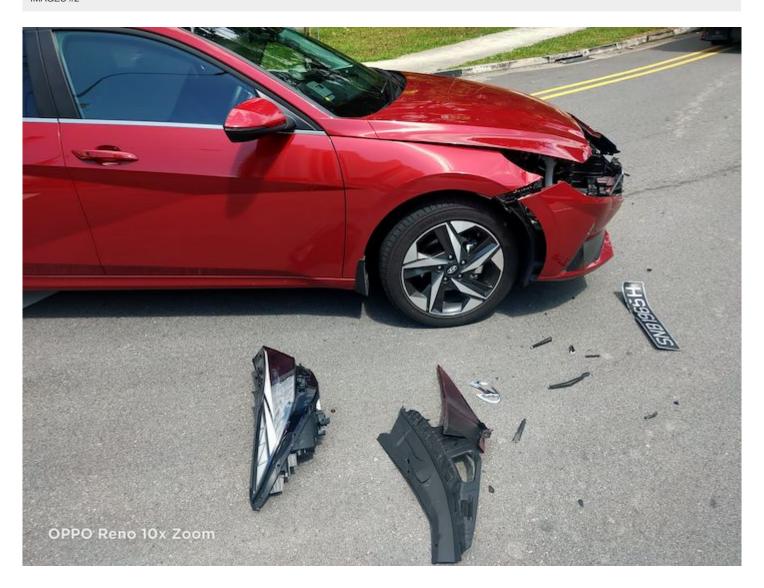
IWe declare the foregoing particulars are true in every respect.

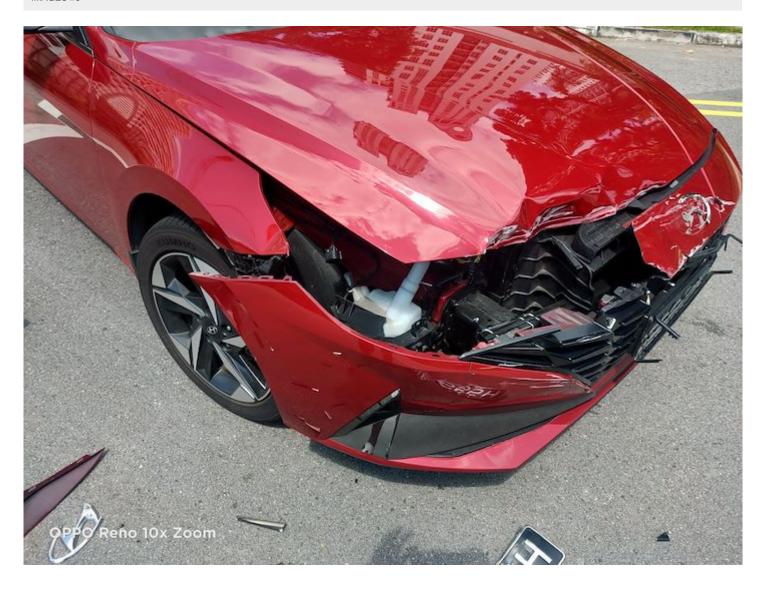
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





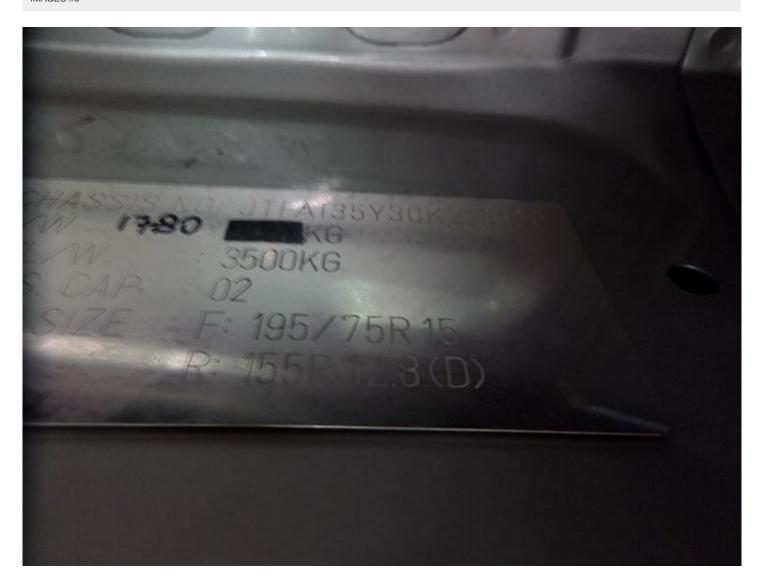
























中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE_LTD

Motor Commercial

MZ300/C

CERTIFICATE OF INSURANCE

R SN AN0444A

Mater Vehicles (Third-Parky Risks and Competitiveson) and Motor Vehicles (Third-Parky Risks and Compensation) Rules, 15 Motor Vehicles (Third-Parky Risks) Risks (Tollow) Motor Vehicles (Third-Parky Risks) Rules, 1999 (Malaysks)

Cov. Type:C

CERTIFICATE No.

DMCVSNW00041322101

Engine No.: 1KD2854011 Cha. No.:JTFAT35Y30K213130

1 Index Mark and Registration

GBJ4797G

AUTOSAFE

Number of Vehicle

2 Name of Policy Holder

HITACHI AQUA-TECH ENGINEERING PTE LTD

Effective date of the Commencement of 30/04/2021 Insurance for the purposes of the Regulations. (00:00:00) Ordinance or Enactment.

Excess Sect I. EX ON WINDSCREEN

\$\$500.00 S\$100.00

4 Date of Expiry of Insurance

29/04/2022

Persons or Classes of Persons encled to dove?
 Any portion 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 ensotment or regulation in that behalf from driving the Motor Vehicle.

- 6. Limitations as to use *
- Use in connection with the Pokeyholder's business.
 Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 Use for social, demestic 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 traiter except the towing of any one disabled mechanically properlied vehicle.

HIRE PURCHASE CO.: ABWIN PTE LTD AS HP OWNER

** Umitations rendered insperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysie), 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: META AGENCY PTE LTD

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

Q63896111

€6222 1033

@www.sg.cntaiping.com