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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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 Date of Accident Exact Location of Accident Additional Location Information

Country/State of Loss

11/02/2022 15:51 (SGT) 10/02/2022 19:15 (SGT) Singapore

UPPER PAYA LEBAR RD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBL5179X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address Mobile Phone No

Alternative Phone No

JINXIN ENGINEERING PTE LTD

2XXXXX207G

cs8558cs@gmail.com

(Phone) +65-90555931

+65-90555931

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Nissan

Cabstar

Employment

No - Claiming third party Commercial vehicle

Manual

1998

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

No

DMCVSNW00113962100

DRIVER

Name of Driver

Passport No/FIN

ISLAM MONIRUL GXXXX712W

Accident report SN09222B000A

Page 1 of 15

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?

If No, Relationship of the Driver with the Insured 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 Weather Conditions Road Surface

Side Swipe AFTER RAIN Wet

01/08/1978

06/10/2015

6 YEARS AND 4 MONTHS

BLK 534 BUKIT BATOK ST 23

(Phone) +65-90555931

cs8558cs@gmail.com

Outdoor

Male

#04-23

659550

Employee

No

No

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) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender KARUPASAMY

Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

No No

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG UPP PAYA LEBAR RD, SUDDENLY VEH B ON MY LEFT CAME OUT FROM THE SIDE LANE AND COLLIDED ONTO THE LEFT SIDE OF MY VEH.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?

Yes Yes

WITH WORKSHOP

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC5224H Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	
Contact Number	22
Address	₩ 2
Address complement	
Postcode	*
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	= *
No. Of Passenger (Including Driver)	

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.
- 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 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' lawyers/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.

SNIR JINVIN ON J

Policyholder's Signature / Date & Time

spi

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

yan 11/02/22

Witnessed by Reporting Centre

Sketch Plan

A = GBL51792 B = PC5224H

A CAYA

UPP PAYA CEBAR

WAS TRAVELLINE ALONG UPPER PAIN LEAR FORD EUDDERLY, THE VEHICLE ON MY LEFT ORME ONT FROM THE SIDE LANE AND COLLOED DATS THE LEFT SIDE OF MY VEHICLE.	Describe Circumstant	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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We declare the foregoing particulars are true in every respect,



oficyholder's Signature / Date &

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

Sym 1/02/22

Witnessed by Reporting Centre

Personnel

*If no proper documents are produced, IDAC	shall not file the report. Information will be discarded after one week.
Date of Accident: 10 / 02 /2022 (dd/mm/yy	Time of Accident: 19 : 15 (24-HR-FORMAT)
Vehicle No. : _G8L5I79x Vehicle Make	& Model / Engine (cc): NISSAN CABSTAR Private Hire: (Y / N)
Exact location of Accident: WPPER PAYA LEGA	E BOAD
Policyholder's Name / IC No. : UNKIN ENGINE	ERING PTE LTD ROC/UEN (Company)
Driver's Name / IC No. : ISLAM MONIRUL G	8178712W (As Above)
Driver's Contact No. : 9055 5931	Company Contact No / Owner Contact No:
Driver's Address: BUKIT BATOK + STREE	T 23 SINGAPORE 659550 # 28 04 -23
Owner Email address : CS 8558CS @GMAIL-C	Insurance Company ; CHINA TAIPING
Driver Email address :	
Relationship between Owner & Driver: (Plea Owner / Spouse / Children / Friend / Parents / S	se <u>CIRCLE</u> one only) ibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK	one only)
Own Insurance / Other Vehicle (The on	e you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	*No. of Passengers (Including Driver): 2
*Passenger Name: KARMPASAMY *Passenger Name:	Gender: Male / Female x() Gender: Male / Female x()
Weather condition & Road conditions? (On the	e day of accident)
Clear & Dry / Raining & Wet / A	After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Ca	mera? Yes / No Remarks:
Any Injuries: Yes / No (If YES) In	jured Person' Name:
Injuries Sustain:	fnjured Person in Which Vehicle:
Police Report filed: Yes / No (If Y	(ES) Which Police Station:
Th	e Other Party(s) Details:
I. Driver's Name / IC No:	Vehicle No: PC5224H
Driver's Contact No:	Insurance Company :
2. Driver's Name / IC No (If Any):	Vehicle No:
	Insurance Company :
	Contact No:
Preferred Workshop Name:	Contact No:

@:400

Motor Commercial

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)

MZ300/C

SN N

AN0671A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00113962100

Engine No.: QR20018239R Cha. No.:JN1SA2F24Z0000328

2 Name of Policy Holder

JN1SA2F24Z0000328

1. Index Mark and Registration Number of Vehicle GBL5179X

AUTOSAFE

JINXIN ENGINEERING PTE. LTD.

10/09/2021

Excess Sect I. EX ON WINDSCREEN . \$\$350.00 S\$100.00

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

4. Date of Expiry of Insurance

09/09/2022

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: KSL INSURANCE AGENCY PTE LTD 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

₱6222 1033

www.sg.cntaiping.com