# **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.

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   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 05/01/2022 12:25 (SGT) Date of Accident 04/01/2022 13:30 (SGT) Exact Location of Accident 80 Bras Basah Rd, Singapore 189560 Additional Location Information **ENTRANCE** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBI 190Y** 

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SKYLINK VEHICLE RENTAL PTE LTD Company Reg No 201710755G **Email Address** YVETTE@SKYLINK.COM.SG Mobile Phone No (Phone) +65-62665858 Alternative Phone No (Office) +65-62665858

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant **HIACE DX 2.8 AUTO** 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? 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 ThirdPartyFireTheft Fleet Policy Policy Number DMCVSNA00049482100 Cover Note Number

### DRIVER

Name of Driver ABDUL MUTTALIB BIN ANWARI NRIC No. S8335786Z

Date Of Birth 22/10/1983 Occupation Outdoor Date Of Driving Pass 18/03/2009 Driving experience 12 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-87506918 Alt. Phone Number Email Address YVETTE@SKYLINK.COM.SG Address 499C TAMPINES AVE 9 #11-260 Address complement Postcode 23499 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? 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? Nο PASSENGER 1 Name **PASSENGER** Gender Female 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 REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SH7488M Vehicle Manufacturer

Taxi

Vehicle Variant

Vehicle Category

Vehicle Model

Vehicle Colour

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)	_

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- By the lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

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

Date & Time:

Reporting Centre Person Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

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s Signature

Policyho

Date & Time

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## 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ407/C

SN ANO478A

CERTIFICATE OF INSURANCE Motor Vehicles (Third-Party Risks and Compensation) Art (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Root Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

Cov. Type:F

CERTIFICATE No.

DMCVSNA00048482100

Engine No.: 1GD8670126

1. Index Mark and Registration

GBL190Y

Che. No.:GDH2012016643

Number of Vehicle

SKYLINK VEHICLE RENTAL PTE LTD

2. Name of Policy Holder

23/04/2021

Excess Sect 1.

\$\$2,000.00

Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00)

Excess Sect. II EX ON WINDSCREEN . 9\$2,000.00 S\$100.00

22/04/2022

4. Date of Expiry of Insurance

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.

vanices as 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 eccident loss or damage.

- (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:

he policy dose not cover.

(1) Use for racing, pece-making, reliability trial or speed-teeting.

(2) Use for racing, pece-making, reliability trial or speed-teeting.

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

HIRE PURCHASE CO.: LAY AUTO PTE LTD

\* Limitalions 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: Llm Lee Choo Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

★3 Anson Road #16-00 Springleaf Tower Singapore 079909

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₱6222 1033

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