GIA 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 Actual 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	01/09/2022 16:04 (SGT)
Reported by	Driver
Date of Accident	31/08/2022 16:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	ALONG PIE TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX7363Y

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PDC GROUP PTE LTD
Company Reg No	201312448C
Email Address	KRISTYN.PDC@GMAIL.COM
Mobile Phone No	(Phone) +65-98009914
Alternative Phone No	(Office) +65-68738829

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	Goods vehicle
Transmission	Manual
CC	3153

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW000878332200

DRIVER

Name of Driver	ISLAM MD MAZHARUL
Passport No/FIN	G8153911T
Date Of Birth	01/03/1983
Occupation	Outdoor

Date Of Driving Pass	07/11/2019
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84383950
Alt. Phone Number	-
Email Address	KRISTYN.PDC@GMAIL.COM
Address	3, SOON LEE STREET #05-09
Address complement	-
Postcode	627606
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	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5355H
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi
Name of Driver	LIAW HAY LEONG
NRIC No	S7229207C

Contact Number .... -
Address .... -
Address complement .... -
Postcode .... -
Insurance Company Name .... -
Nature Of Damage .... -
Details of property damaged in accident .... -
No. Of Passenger (Including Driver) 4

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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, 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:

(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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
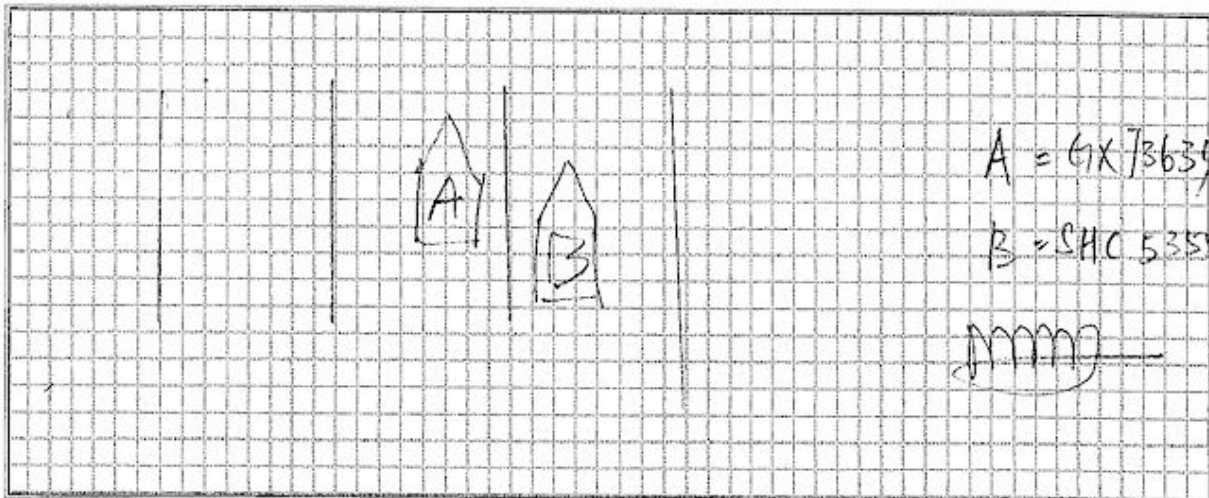
_____	mmp 01/09/2022	_____
Policyholder's Signature / Date & Time	Actual Driver's Signature (if driver is not the policyholder) / Date & Time 3:30 PM	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

A = GX 73634

B = SHC 535XH

vJun2022

Describe Circumstance of the Accident

31/08/2022 16:10 PM

I was driving along PIE towards

changi 1. and car B SHE5355H

side swipe.

No injury. ~~mmmm~~

Declaration

I/We declare the foregoing particulars are true in every respect.

~~mmmm~~ 01/09/2022

Policyholder's Signature / Date & Time

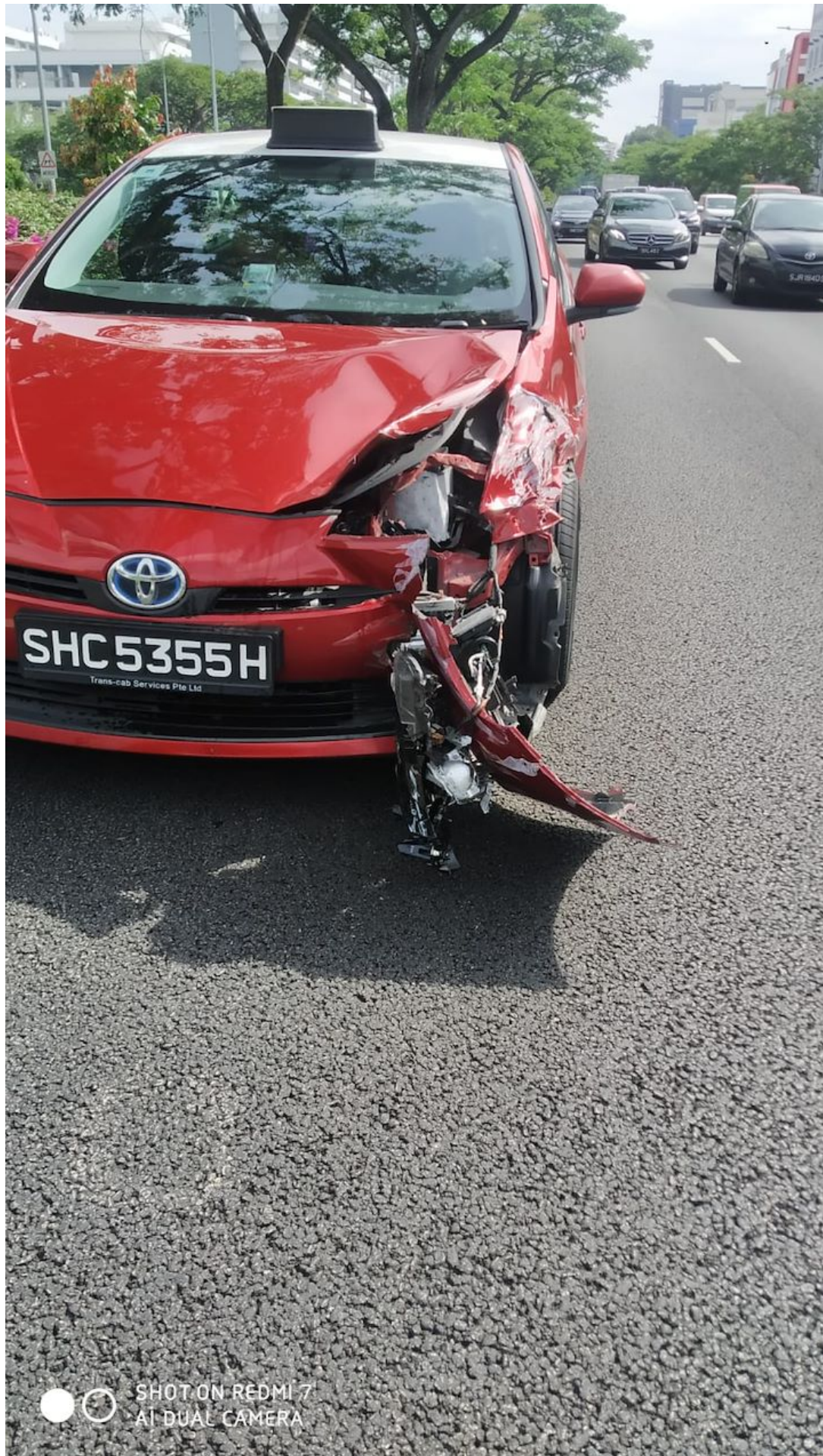Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
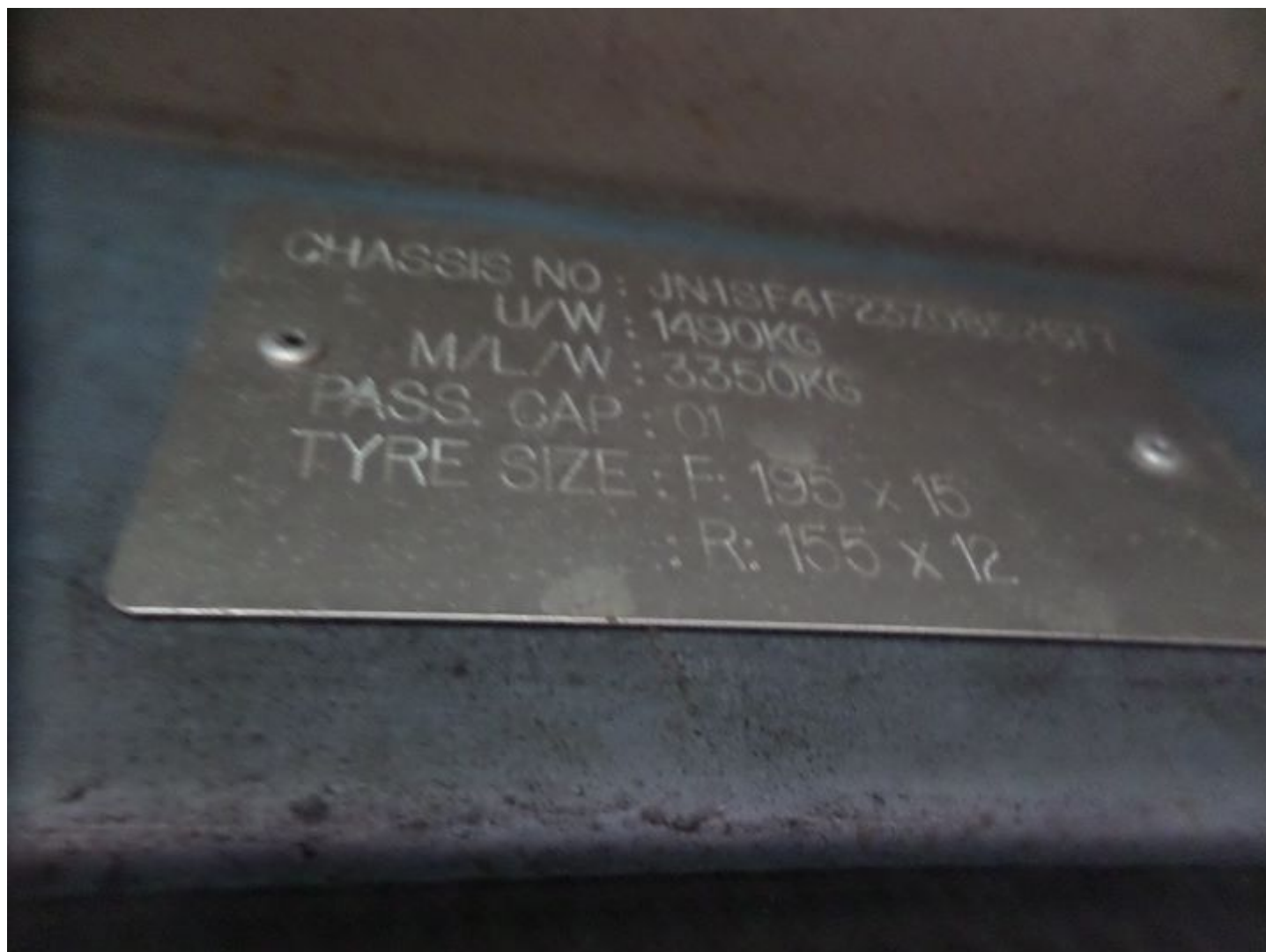
3:30 PM

vJun2022

2

中国太平
CHINA TAIPING

中国太平保险 (新加坡) 有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

N   SN

AN0478A

Cov. Type:F

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)

Engine No.: QD32192320

CERTIFICATE No.   DMCVSNW00087832200   Cha. No.:JN1SF4F23Z0852877

1. Index Mark and Registration   GX7363Y
    Number of Vehicle

2. Name of Policy Holder   PDC GROUP PTE LTD

3. Effective date of the Commencement of   01/08/2022
    Insurance for the purposes of the Regulations,   (00:00:00)
    Ordinance or Enactment

4. Date of Expiry of Insurance   31/07/2023

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.

6. Limitations as to use:*

    (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.

    * Limitations rendered inoperative by Section 9 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: INSURE HUB 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   ☎ 6389 6111   📠 6222 1033   🌐 www.sg.cntaiping.com