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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.

1. Prease report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

06/01/2023 16:58 (SGT) Driver 05/01/2023 15:50 (SGT) TPE, Singapore EXIT INTO SLIP ROAD TOWARDS LOYANG AVENUE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBK792R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

BEEBOX EXPRESS PTE LTD 2XXXXX800G thomas@beebox.com.sg (Phone) +65-91280029

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

Nhr87aue4aa Employment

Isuzu

No - Claiming third party

Commercial vehicle Manual 1898

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMCVSNW00140072202

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

KOH CHEK YEE SXXXX280Z 27/12/1970 Indoor

Date Of Driving Pass	26/07/1994
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91280029
Alt. Phone Number	•
Email Address	thomas@beebox.com.sg
Address	9 SENGKANG EAST AVENUE #09-27
Address complement	·
Postcode	544742
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	No
Does Driver Own Other Venicles?	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	Clear
Weather Conditions	
Road Surface	Dry
OTHER INFORMATION	
	N.º
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?	E
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	2 •
Original language used in the statement	G 🙈
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	
Was notice of intended Prosecution given?	No No
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?	
was there any video captured by our ourners.	
DETAILS OF OT	HER VEHICLE PROPERTY 1
Vehicle Registration Number	FBR2308G
Vehicle Manufacturer	a attaction of the
	-
Vehicle Model	1755 IN
Vernois Variant	
Vehicle Colour	Motorcycle
Vehicle Category	- Wotorcycle
Name of Driver	15 Table 15
Contact Number	

Contact Number

Address	-
Address complement	-
Postcode	#1
Insurance Company Name	Income Insurance Limited
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 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 forw arded 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 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' 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.

(2891943	<i>(</i> *)			1		× _/	ochollnoss
Policyholder's Signature / Date & Time		Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel						
Sketch Plan	TPE	EXIT	NUNO	Stip	ROBO	TOWARDS	la youly	AVRALUFZ
					(B3)			A = 486 7928
					At I	Bus		B = FBR 33080
					Bil			
					PH.			

Describe Circumstances of the Accident travelling was about 15 : 50 D.M. was road TPE sneak Suddenly vehicle traffi the 40 due between and vehicle the bus

Declaration

We 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

Date of Accident	: 03.01-33Accident Time: /3 = 20 PM (24-HR-Format)
Who reported the accident?	: Owner / Driver / Both
	TPE EXIT INTO SLIP ROAD TOWARDS LOYANG AVE
Vehicle No (Car Plate No)	: GBK 792R Make/Model: ISUZU NHR 87 AUE 4A
Insurance Company	: CHINA TAIPING Policy No: DMLVS NW00140071301
Fleet Policy	: YES/NO
Type of Coverage	: Comprehensive / Third Party / Third Party Fire & Theft
Name of Owner / IC No	: BEE BOX EXPRESS PTE LTD (201604800G)
Owner Contact No	: 4128 0029 Owner's Hp 62557500 Company Tel
Driver Name / IC No	: KOH CHEK YEE (57046280Z)
Driver's Date of Birth	: 27-13-1970 Driver's License Pass Date: 26 Jul 1994
Relationship of Driver	: Spouse / Parents / Children / Sibling / Employee / Other:
Driver's Address	: 9 Sengkang East Avenue # 09-27 S SH4 742
Driver's Contact No	:1) 91280029 2)
Driver's Occupation	: INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address	thomas @ bee box . com sg
Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type	: Reporting Only / Claim Third Party / Claim Own Insurance
Number of Passenger(include Driver)	: Driver
Was ther any video footage? Exact purpose used at time of acciden Any injury (If Yes, Pls State)	: YES / NO t : Private Use / Private Hire / Work Purpose : No
	Party Driver's Particular (if any) Name & Contact No:
VEHB: FOR 2308 G (NT	
VEH C:	
VEH D:	Name & Contact No:
VEH E :	

*NEW - Passenger's Name & Gender:



Motor Commercial

CERTIFICATE OF INSURANCE

MZ300/C SN

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0707B Cov. Type:C

Engine No.: RZ4E105C63

DMCVSNW00140072202

Cha. No.:JAANHR87EK7100276

1. Index Mark and Registration

GRK792R

Number of Vehicle

2. Name of Policy Holder

CERTIFICATE No.

BEEBOX EXPRESS PTE LTD

Excess Sect I

\$\$500.00

Effective date of the Commencement of 17/12/2022 Insurance for the purposes of the Regulations, (00:00:00)

17/12/2022

EX ON WINDSCREEN .

S\$100.00

Ordinance or Enactment Date of Expiry of Insurance

16/12/2023

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

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.

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

Please see reverse

Road Transport Act, 1987 (Malaysia).

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

KHC HOLDINGS PTE LTD Issued By:____ Authorised Officer

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