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 12/12/2022 16:31 (SGT) Reported by Date of Accident 10/12/2022 16:20 (SGT) Exact Location of Accident Serangoon Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS9843X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SWIFT GREEN LIMOUSINE Company Reg No 53248186X Email Address RUDYROWDENN@GMAIL.COM Mobile Phone No (Phone) +65-92203673

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 316i Exact purpose for which vehicle was being used at time of

accident Private hire

Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private hire Transmission Auto 1598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00012042202

DRIVER

Name of Driver SHAFRUDIN BIN ROWDEN NRIC No S0099573H Date Of Birth 11/03/1955 Occupation Outdoor

Date Of Driving Pass 20/06/1983 Driving experience 39 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-92203673 Alt. Phone Number Email Address RUDYROWDENN@GMAIL.COM Address 220 CHOA CHU KANG CENTRAL #02-272 Address complement Postcode 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 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name NIL Gender Female PASSENGER 2 Name NIL 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 REFER SKETCH. 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	SH9787L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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")
- 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:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, i regulators, law enforcement and government agencies as reasonably required for the purposes stated, or in
 - (ii) for complying with requirements under any regulations, laws or court orders.

HET WHEEN LIMOUSINE

Policyholder's Signatur

Date & Time:

Driver's Signature

(If driver is not the policyholder)

| ¡Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN Vehicle A. Sms9843X Serangoon Road Vehicles: SH9787L DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On 10/12/2022 at about 04:20pm, I made a right turn towards Serangoon Road. As I was travelling on my lane, suddenly I felt an impact on the right portion of my vehicle. Vehicle B had collided onto my vehicle & caused damage to it. DECLARATION

Policyholder's Signature

GIARMC Sketch Ran Form, V3

Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

E de tela d

Name: NRIC/FIN No.:



中国太平保险 (新加坡) 有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ407

R SN

CERTIFICATE OF INSURANCE

AN0394A

nor versicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:C

CERTIFICATE No.

DMHCSNW00012042202

Engine No.: A660J566N13B16A Cha. No.:WBA3A160X0NS36386

Index Mark and Registration

SMS9843X

AUTOSAFE

Number of Vehicle

SWIFT GREEN LIMOUSINE

2. Name of Policy Holder

Excess Sect 1.

\$\$1,250.00

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

29/07/2022 (00:00:00)

Excess Sect. I (Outside Singapore)

\$\$2,500.00

Excess Sect. II Excess Sect.II (Outside Singapore).

\$\$1,500.00 \$\$3,000.00

4. Date of Explry of Insurance

28/07/2023

EX ON WINDSCREEN .

\$\$100.00

5. Persons or Classes of Persons entitled to drive

Any employee or any person who is driving with 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:*
- Use for the carriage of passengers or goods in connection with the Polinyholder's business.
 Use for social domestic pleasure purposes.

The Policy does not cover
(1) Use for racing, pace-making, reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: HONG LEONG FINANCE LTD AS HP OWNER

* 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.

Authorised Signatory

Issued By: DENSONS

Aphorised Offiger

Q63896111

6222 1033

www.sg.cntaiping.com

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

Denso Insurance Agency Pts Ltd 6001 Beach Road #02-57 Golden Mile Tower Singapore 199589 Hp: 9382 5831 Fax: 8234 4598 Email: denso2288@gmail.com

















