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SUM William Son

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please 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

5. Information provided must be do utalish and contained and the 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	14/02/2023 17:44 (SGT)
Reported by	Driver
Date of Accident	11/02/2023 09:38 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	51 GRANGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	Vehicle Registration Number	***************************************	YM7122>	
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INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No	Yes WORLDWIDE MARINE ELECTRICAL PTE LTD 2XXXXX066G sales@vagrantsteel.com (Phone) +65-91898871
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi Fe83be6srdea
Model	reaspeasidea
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	Commercial vehicle
Transmission	Manual
CC	2977

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
	DMCVCNIM00021622201
Policy Number / Cover Note Number	DMCVSNW00021632201

DRIVER

No. of Dates	DAS SYAMOL
Name of Driver	
Passport No/FIN	GXXXX944K
Date Of Birth	08/09/1975
Occupation	Outdoor

03/01/2017 Date Of Driving Pass 6 YEARS AND 1 MONTH Driving experience (Phone) +65-81765013 Mobile Number Alt. Phone Number sales@vagrantsteel.com Email Address BLUE STARS DORMITORY, 3 KIAN TECK LANE Address Address complement 627844 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 Collision - Head to Rear Type of Accident DRIZZLING Weather Conditions Wet Road Surface 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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 PLEASE REFER TO THE ATTACHED STATEMENT 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 SMZ1897G Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category Name of Driver (Phone) +65-91117697 Contact Number

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

SKETCHPLAN

IMPORTANT NOTICE

- Pleas €report correctly the details of the accident to speed up the claims process.
- 2. This Firm must be completed by the Policynopper and/or the Actual 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 jalse reporting may be referred to the Traffic Police Department for investigation.
- This reson will be forwarded by the insurers to the SIA Records Management Centre established by the General Insurance Association of Singestors. SIA) for arouving and that oppies of this report will for a fee be made available upon application by interested parties.
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Byarrof 1312123

* Lat Late a Signature in other shares

51 Grunge Road

grund 14/02/2023

Sketch Plan

51 Grunge Road

A- MM-122X

B-SM/2 1897-G

I was twelling along Grange Road at the above started date and time. Vehicle B is strutorary on the 1st lane and I hit on his rear portion of the vehicle.

Declaration

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



Symmol 13/2/23

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

Vitnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE (1) 02 2023 (DD/MM/YYYY), TIME (09.38) (HH:MM)	
LOCATION: 51 Grange Road	
0.	
THE STATE OF THE S	
DIVEHICLE NUMBER: YM 7122X	
DINSURANCE COMPANY: China Taiping	
CHOUCY NUMBER: DMCVS N W ODD 2163 220 1	
DI OLICI TIPE (COMPREHENTIVE / THIPD BARRY VILLED BARRY)	
EMARE & MODEL: MITSUDISAI FE83 DECORDE COMPETER	
THE DALOON / COUPE / MPV /V AN / OPDY)	
1) ARE YOU CLAIMING UNDER YOUR OWN BYSURANCE (YESVIO)	
INC. PLEASE STATE (THIRD PARTY CLAIM & PERCETTION OF WAS	
- 1/N-VIRCED / P/VIRCED & PAGE	
A) HAME Worldwide Maine Electrical Pte Homale / FEMALE)	
DINRIC/FIN/RASSPORT: 2006/190669 CONTACT: 9/89 8871	
"CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
SZCOZES DICIVER	
() including distant) GINAME Das Syumo) (MALE) FEMALE) DINRIC/FIN/PASSPORT: G7864944K SONTAGE 8176 5013	
6) ADDRESS: Blue Sturs Domnitory, 3 kiconfect faire,)
3027044	
"d) DATE OF BIRTH: (08/09 / 1975) (DD/MM/YYYY)	
DIOCCUPATION: (INDOOR) OUTDOOR) DYEARS OF DRIVING EXPRERIENCE 03/01/2017	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY (YES NO)	
TO THE DRIVER WITH INSURED.	2
5. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS) . DW22(1M) DIROND SURFACE: (DRY (WED) DITHERS	
6. WAS ANYBODY INJURED (YES (NO.)	
7. a)REPORTED TO POLICE (YES (NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:	
140 of passager of VEHICLE NUMBER: SMZ 18979 MODEL:	
Including driver) b) DRIVER'S NAME	
CONTACT 9117697	
9. THIRD PARTY VEHICLE	
Lin of prosenger of DENCEPIENT MODEL:	
Including driver) & DRIVER'S NAME Including driver) & WRIC/FIN/PASSPORT.	
(CONTACT:	
Color on the late of the	
Sales vagnent stal com.	et.
email = dassyamol 1975@ icloud.com	
fax =	
NO NO	
Clark Mary	

Motor Commercial

CERTIFICATE OF INSURANCE

MZ300/C

E SN

AN0598A Cov. Type:F

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.: 4M42A46973 Cha. No.:FE83BEA10271

CERTIFICATE No.

DMCVSNW00021632201

Index Mark and Registration Number of Vehicle

YM7122X

2. Name of Policy Holder

WORLDWIDE MARINE ELECTRICAL PTE LTD

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

01/03/2022

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:*

 - Use in connection with the Policyholder's business.
 Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 Use for social, domestic or pleasure purposes.

(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 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: SECUTRUST INSURANCE AGENCY PTE Authorised Officer

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

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www.sg.cntaiping.com