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# **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 <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

Vehicle Registration Number

olicy 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	15/02/2023 08:39 (SGT)
Reported by	Driver
Date of Accident	14/02/2023 07:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TOWARDS AMK
Country/State of Loss	Singapore

### **DETAILS OF OWN VEHICLE**

**GBC9333R** 

INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	NETWORK EXPRESS COURIER SERVICES PTE LTD
Company Reg No	1XXXXX663M
Email Address	network@networkcourier.com.sg
Mobile Phone No	(Phone) +65-84200866
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	
Exact purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to	Employment
vour vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

### **INSURANCE COMPANY**

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00109002200

#### DRIVER

Date Of Driving Pass	27/02/1990
Driving experience	33 YEARS
Gender	Male
Mobile Number	(Phone) +65-84200866
Alt. Phone Number	
Email Address	network@networkcourier.com.sg APT BLK 204 MARSILING DRIVE
Address Address complement	# 03-208
Postcode	730204
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
OTHER INFORMATION	
Was any favoire valviale involved in the cooldest?	No
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	
in the state of th	No
Was the accident reported to the police? Was notice of intended Prosecution given?	No No
If yes, against whom?	-
ii 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
vvas tilele ally video captaioa by our cultionar	110
DETAILS OF OTHE	R VEHICLE PROPERTY 1
DETRIES OF STILL	
Vehicle Registration Number	GBJ7275B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	•
Vehicle Category	Commercial vehicle
Name of Driver	YEO TECK CHOON
NRIC No	SXXXX576C

Contact Number	(Phone) +65-84200866
Address	The state of the s
Address complement	:-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBC9559Y
Vehicle Manufacturer	-
Vehicle Model	•
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD FAIZAL BIN ZULKIFLI
NRIC No	SXXXX568Z
Contact Number	(Phone) +65-93258976
Address	-
Address complement	-
Postcode	-
Insurance Company Name	7 <b>-</b>
Nature Of Damage	-
Details of property damaged in accident	2
No. Of Passenger (Including Driver)	

### INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	ABDUL RAHMAN BIN MOHAMED ARIB
Gender	Male
Phone No	(Phone) +65-84200866
Address	APT BLK 204 MARSILING DRIVE
Address Complement	# 03-208
Post Code	730204
Approximate Age Years Old	3 <b>-</b>
Injuries Sustained	SHOULDER PAIN
Injured person in which vehicle?	GBC9333R
Were seat belts worn?	•
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

### IMPORTANT NOTICE

- Pleas €report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow
- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singatore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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
- 8. Consest under the Personal Data Protection Act (PDPA)

I understaind, 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
- (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 s/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

14/02/2023 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed b Reporting Centre Personnel (Name as in NRIC/ID card)

15/02/2023

Sketch Plan Towards Ank GBJ 7275B SLE Towards Ank

Describe Circumstance of the Accident	
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and was driving along	at the above started date and time
hamily. Vehicle & us	SLE Towards AMK. It was Raining
Dut opportuned Ballo	s inmont of me and suddenly vehicle B
raine and	at the above stated date and time SLE towards AMK. It was Raining 8 infront of me and suddenly vehicle B 1 I hit the rear left postion of vehicle B.
	1-10.
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eclaration	TO AND ADMINISTRATION OF THE PROPERTY OF THE P

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



Date & Time Actual Driver's Signature (if driver is not the policyholder) Vetasus 25, Recording Centre Personnel (Nat.) e as in NRICAD card

(Natine as in NRIC'ID dard)

## AGCIDENT'STATEMENT

	ACCIDENT DATE 14	102 20	023; IDD/WHim	IVVI TITLE I A	7 06 100
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	1. DETAILS OF VEH	licle			
	DIVEHICLE NUM	VIBER.	GBC 9333	R.D.	
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Motor Commercial

MZ301/C

SN

AN0707B

Cov. Type:C

CERTIFICATE OF INSURANCE

ator 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)

CERTIFICATE No.

DMCVSNA00109002200

Cha. No.:JTFHT02P600076270

Engine No.: 1KD2105737

1. Index Mark and Registration

GBC9333R

AUTOSAFE

Number of Vehicle

Name of Policy Holder

NETWORK EXPRESS COURIER SERVICES PTE LTD

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

05/09/2022 (00:00:00)

Excess Sect I.

\$\$1,000.00

EX ON WINDSCREEN

\$\$100.00

4. Date of Expiry of Insurance

04/09/2023

Persons or Classes of Persons entitled to drive\*

(1) Whilst the vehicle is being used in connection with the Policyholder's business. Any person provided he is in the Policyholder's employ and is driving on their order or with their permission

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes 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.

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.

\* 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: Chua Suat Lay Sally

**Authorised Officer** 

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

6222 1033 © 6389 6111

@www.sg.cntaiping.com