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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 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

5. Internation provides made to do a standard provided made to some provided made 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.

ACCIDENT	T STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	11/04/2023 16:26 (SGT) Actual Driver 10/04/2023 07:25 (SGT) Orchard Blvd, Singapore - Singapore
DETAILS OF	FOWN VEHICLE
Vehicle Registration Number	CB7840A
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes SMART TRANSPORT PTE LTD 2XXXXX327W tayky80@gmail.com (Phone) +65-90295016
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	Toyota Coaster - Employment No - Reporting only Commercial vehicle Manual 4009

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMB1SNW00019192201

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAY KOK YONG SXXXX232E 29/06/1980 Outdoor

Date Of Driving Pass 05/11/2005 17 YEARS AND 5 MONTHS Driving experience Gender Male (Phone) +65-90295016 Mobile Number Alt. Phone Number tayky80@gmail.com **Email Address** BLK 230 COMPASSVALE WALK #02-418 Address Address complement 540230 Postcode Is the driver the policyholder? No **Employee** If No. Relationship of the Driver with the Insured 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 Side Swipe Type of Accident Weather Conditions Clear Dry 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) 18 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 UNKNOWN Name Male Gender PASSENGER 2 UNKNOWN Name Male Gender PASSENGER 3 UNKNOWN Name Male Gender PASSENGER 4 UNKNOWN Name Female Gender PASSENGER 5 UNKNOWN Name Female Gender PASSENGER 6 UNKNOWN Name Female Gender PASSENGER 7 UNKNOWN Name Female Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GZ7923X Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle 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.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

Acertal organization

ORGANIZATION

WATER STRUCK

ACERTAL STRUCK

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Describe Circumstance of the Accident
ON THE STATED DATE AND TIME. I, VEHICLE A'
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THE RIGHT SIDE OF MY VEHICLE.

Declaration

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



4

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

cec 11/04/2023

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time



Date of Accident	: 10/04/2023 Accident Time: 0725 (24-IIR-FORMAT)		
Accident Place	ALONG OPHNED BOMEVARD		
Vehicle Reg. No (Car plate No.)	: (B78404 Vehicle Make/Model: TOYOTA COASTER		
Insurance Company	: CHINA TAIPING Policy No.		
Name of Registered Owner	: Company / Individual SMART TRANSPORT PIE LID		
ID of Registered Owner OWNER EMAIL ADDRESS:	: Co Reg No: 20/632327W Owner's NRIC No:		
TAYKY80 (algmail. com	_		
DRIVER'S Name	: TAY KOK YENG DRIVER'S NRIC No: S8018232E		
DRIVER'S Date of Birth	: 29/06/1980 DRIVER'S License Pass Date		
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: Owner		
DRIVER'S Address	: BUK 230 compassivale wark #02-418 5540230		
DRIVER'S Contact No./ Alt No.	:1) <u>90295016</u> 2)		
DRIVER'S Occupation	: INDOOR OUTDOOR (eg. working inside or outside of an ofc)		
Email Address	:_ TAYKY 80@ GMAIL.COM		
Weather & Road Surface	CLEAR & DRY RAINING & WET VAFTER RAIN & WET		
Reporting Type	Reporting Only Claim Other Party Claim Own Insurance 8 -MALE PASSENGERS		
Was the accident reported to the pol Was there any video Captured by ca Exact purpose for which vehicle was Any injuries, if yes(name of the in	r camera: YES \NO s being used at the time of accident: Private use \Work purpose njured person)		
Other	Party Driver's Particulars (if any)		
Vehicle Reg No: 6Z7923X	Vehicle Reg No:		
Vehicle Make\Model:	Vehicle Make\Model:		
Name DRIVER:	Name DRIVER:		
IC No. DRIVER:	IC No. DRIVER:		
DRIVER'S Contact & add:	DRIVER'S Contact & add:		
REPORT FORM EXPLAINED IN (ENGLIS)	FCHINESE / MALAY / TAMIL OTHERS:		
WHO REPORTED THE ACCIDENT : OWN			



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Bus

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)

MZ601

AN0144A

Cov. Type:C

CERTIFICATE No.

DMB1SNW00019192201

Engine No.: N04CUH20538

Cha. No.:JTGEP538306001577

Index Mark and Registration Number of Vehicle

CB7840A

AUTOSAFE ========

Name of Policy Holder

SMART TRANSPORT PTE LTD

28/12/2022

Excess Sect 1.

\$\$2,000,00

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

Excess Sect. II

\$\$3,000,00 S\$300.00

Date of Expiry of Insurance

27/12/2023

EX ON WINDSCREEN .

Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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:*

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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.: LIAN HONG PTE LTD

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

Issued By:

LIAN HONG PTE LTD Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

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