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TP Particulars: Vch No: SBS	3969L . IN	C( )/Non-INC( )	~~~~
Owner / Driver: (		Tel:	)
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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of willioning of material lacks may allow misconing of material lacks may allow more 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	04/05/2023 13:57 (SGT) Actual Driver 03/05/2023 10:45 (SGT) Singapore 199 EAST COAST ROAD Singapore
--	--

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SLS6143P
INSURED/POLICYHOLDER	

Yes 1AXIS PRESTIGE LEASING PTE LTD 2XXXXX962N charlotteventicle@gmail.com
(Phone) +65-96971707

#### VEHICLE PARTICULARS

Manufacturer

Model	Mazda
***************************************	2
Exact purpose for which vehicle was being used at time of	-
Are you claiming under your own insurance policy for repair to	Private use
your venicle?	No - Reporting only
Vehicle Category Transmission	Private car Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. DMHCSNA00017352200
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#### DRIVER

Name of Driver	CHOO JUN SI PATRINE
NRIC No Date Of Birth	SXXXX611J
0	14/08/1994
Occupation	Outdoor

Date Of Driving Pass Driving experience Gender Female Mobile Number Alt. Phone Number Alt. Phone Number Email Address Address Address Address Address Address Address Address Complement Female Postcode Street Post Post Post Post Post Post Post Pos	
Gender Mobile Number Alt. Phone Number Email Address Alt. Phone Number Email Address Address Address Address	
Mobile Number Alt. Phone Number Email Address BLK 309 YISHUN RING ROAD AVENUE 9 # 12-1238 * 760309 Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?  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 Weather Conditions Road Surface Dry  OTHER INFORMATION  Was any foreign vehicle involved in the accident? Was any foreign vehicle involved in the accident 2 Was any other vehicles involved in the accident 2 Was any other vehicle or property damaged? Was any other vehicle or property damaged? Yes Vas the driver been approached by unknown person(s) Soliciting/offering accident claims assistance? Translator's name Translator's plo	
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Was notice of intended Prospection sixon?	
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- yee, against whom:	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
are accident photoc queilable for the desired	
Are accident photos available for attachment?  Yes	
Vas there any video captured by Car Camera? Yes	
Reasons for not uploading a video of the accident WITH WORKSHOP	
DETAILS OF OTHER VEHICLE PROPERTY 1	
/ehicle Registration Number SBS3969L	
/ehicle Manufacturer	
ehicle Model	

Vehicle Variant	
Vehicle Colour	-
	-
Name of Driver	Bus
Contract No.	-
	(Phone) +65-63837953
Address	(* 110110) 100 00007900
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	_ <u>-</u>
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
The state of the s	_

#### SKETCH PLAN

#### IMPORT TNOTICE

- Pleas report correctly the details of the accident to speed up the claims process.
- 2. This ammust 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 withholding of material facts may allow insus 202 companies to repudiate policy liability.
- 4. The is seand acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any lise reporting may be referred to the Traffic Police Department for investigation.
- 6. This real will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Sing = Die (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lidgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- 8. Consertunder the Personal Data Protection Act (PDPA)

I understant, acknowledge, agree and consent that:

- (a) My Install, 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 collective by 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) administeing my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of tertain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
- (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 the it lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

olicyholder's Signature / Date & Time

UEN: 202121962N

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

Witnessed by Reporting Centre Personne (Name as in NEIC/ID card)

ketch Plan

Delibe Circumstance of the Accident
on the above started date and time, I was at
1991 East Coast Road and I was reversing my rehicle
to do a parullel purling at the purling lot along
1 100 Facilitation Day 1 The Land of the L
The state of the point in right into
- Side and hit the front night portion of my rehicle.

Declaration

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

UEN: 202121962N

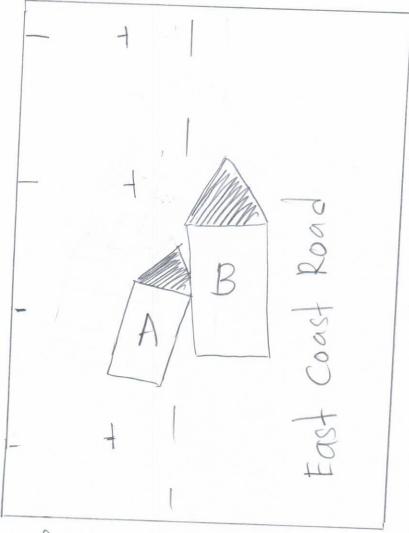
Policyholder's Signature / Date & Time

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

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

3 May 2

# 199 East Coast Road.



A- SLS 6143 P B- SBS 3969 L





## ACCIDENT STATEMENT

ALLIDENT DATE US OS 12023 IDD Minum
LOCATION: 199 GARLO TIME 10 :45 (HHEMM)
cost coast Road
1. DETAILS OF VEHICLE
DIVEHICLE NUMBER: SLS 6/43 P
. DIMOURANCE COMPANY. China
TI OUCI NIMPED.
SI COCT TIPE (COMPREHENTAL / TIPE
B)MAKE & MOREL: MOZON-2 PARTY / THIRD PARTY FIRE & THEFT
1117 E (SALDON) / SOUTH ( SILDER ) / MARTIE!
11/10C 11 111111111111111111111111111111
IF NO. PLEASE STATE [THIRD PARTY CLAIM REPORTING ONLY]
A) NAME: I AXIS Prestude probable 10
2. INSURED / POLICY HOLDER A) NAME: I AXIS PRESTUR JEASTY PLE HE IMALE / FEMALE  D) NRIC/FIN/RASSPORT: 202   249 62 M CONTACT:  C) ADDRESS:
C)ADDRESS: CONTACT:
CONTINUE TO 3.4 IF DRIVER ALSO POUCY HOLDER
L) side dia de a a a) NAME (NO) UN. SI DATANO
(A) I MALE WELLALD
I male purposer Blk 300 Vishun Road Play Rand tre 9 # 12-12
Torothan GIDATE OF BIRTH: (14,08,100)
HICE BIOCCUPATION INDOOR IS THE MODIMANTY
MAS DRIVER AN END OF THE PROPERTY OF THE PROPE
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED; PONTALL OF THE PONTAL
DIROAD SURFACE (RAINING / OTHERS
6. WATANYPORYING
B. THIRD PARTY VEHICLE
VEHICLE MILABERT
, J TICLY LIL O NAME OF THE PARTY OF THE PAR
(_) PARTY VEHICLE CONTACT: 6383.705
Lo e procede O) VEHICLE NUMBER.
n du dice divini
( ) HRIC/FIN/PASSPORT: CONTACT:
COMMUNICATION .
: cimail = chamofferations o grain-com
Rese =
IDE= - Yes, with when.



### 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Hire Car

MZ406L/B

CERTIFICATE OF INSURANCE

SN

tor 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)

AN0055A

Cov. Type:C

CERTIFICATE No.

DMHCSNA00017352200

Engine No.: P520434461

Cha. No.:MM6DL2SAAHW324681

Index Mark and Registration

SLS6143P

**AUTOSAFE** 

Number of Vehicle

=======

2. Name of Policy Holder

Date of Expiry of Insurance

1AXIS PRESTIGE LEASING PTE LTD

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

19/09/2022 (00:00:00)

18/09/2023

Excess Sect I.

S\$2,000.00

Excess Sect. I (Outside Singapore)

\$\$4,000.00

Excess Sect. II

\$\$1,500.00

Excess Sect.II (Outside Singapore).

\$\$3,000.00

EX ON WINDSCREEN .

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

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

Limitations as to use:\*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

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.: SKYWAY CREDIT & LEASING 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

**Authorised Signatory** 

Tan Jia Hwei **Authorised Officer**