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SN092358000K / National Assessment Centre Services [408933] ENTRY DATE & TIME: 08/05/2023 17:45 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (08/05/2023 17:45 (SGT))



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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

08/05/2023 17:45 (SGT) **Actual Driver** 06/05/2023 13:07 (SGT) Balestier Rd, Singapore (LAMP POST NUMBER: 23A) Singapore

DETAILS OF OWN VEHICLE

Yes

Vehicle Registration Number

GBB5794A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

ZENITH SERVICES PTE LTD 2XXXXX225H viviantay.zenith@gmail.com (Phone) +65-84480718

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 Dyna

Employment

No - Claiming third party Commercial vehicle Manual

2982

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMCVSNW00003852300

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

MAHMUD SAIKOT GXXXX348Q 18/09/1992 Outdoor

Date Of Driving Pass 25/05/2022 Driving experience 1 YEAR Gender Male Mobile Number (Phone) +65-84480718 Alt. Phone Number **Email Address** viviantay.zenith@gmail.com Address 37A HONGKONG STREET Address complement Postcode 059676 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 2 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) 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 Was the accident reported to the police? Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHMENT AND POLICE REPORT T/20230506/7051 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 SBS5081J Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour	
Vehicle Category	Bus
Name of Driver	
Contact Number	MAH
Address	-
Address complement	-
Postcode	-
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	3. 0.
No. Of Passanger (Including Driver)	-
140. Of Fasseriger (including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	MAHMUD SAIKOT Male
Phone No	(Phone) +65-84480718
Address	-
Address Complement	
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBB5794A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Authorised 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
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & 15.20

CAMME 08:05. R3/15:30

Driver's Signature (If driver is not the policyholder) / Date & Time

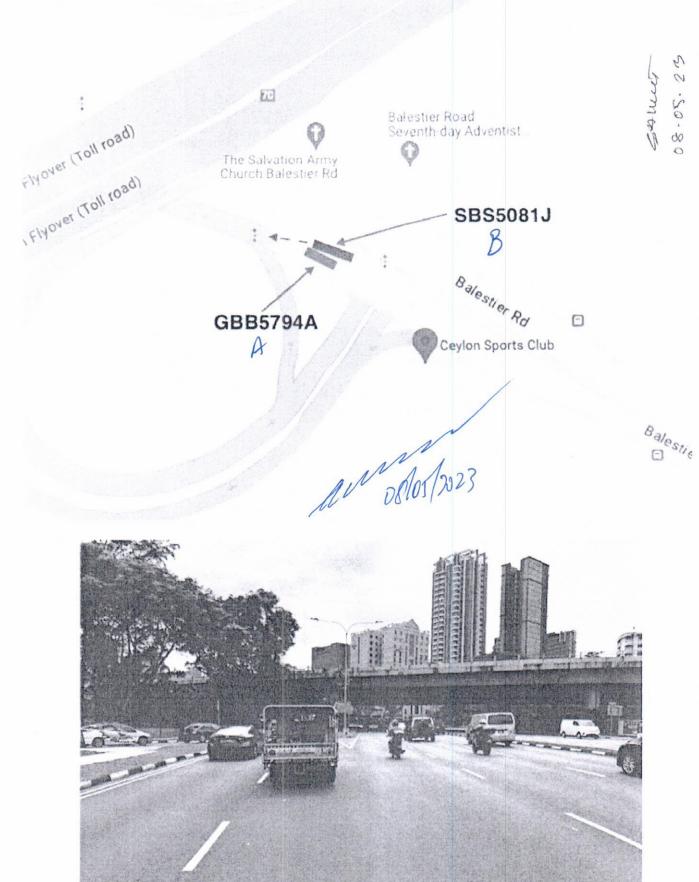
Witnessed by Reporting Centre

Personnel

Sketch Plan

refor to the attachment

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Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 15.30

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

Personnel

Witnessed by Reporting Centre



T/20230506/7051

1 of 3 Report No. T/20230506/7051

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2023 17:53		Vide Report No.:		Station Diary No.:			
Informant'	s Particu	ars			The state of the s		
Name of Informant: MAHMUD SAIKOT			Address: 94A RANGOON ROAD SINGAPORE 218379				
ID Type / ID No.: FIN NO / G2097348Q			Contact No.: Home/Office:	Mo	obile: 84480718		
Nationality: BANGLAD			Email: YESSUNNY01@GMAIL.0	СОМ			
Sex: Male	Age: 30	Date of Birth: 18/09/1992	Type of Informant: Driver				
Race: Indian		-	Language: English				
Occupation: Lorry driver		Driving Licence Information Class: 3		ate of Expiry: 24/05/2027			

General Inform	mation of the Accide	ent		
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2023 13:07	Type of Location: Bend
Location:				
BALESTIER I	ROAD			
Lamp Post Nu	umber: 23A			
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collis Between Mov		wipe - Same Direction		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBB5794A	Lorry	TOYOTA	Dyna	Grey	Seriously Damaged	0
SBS5081J	SBS Bus			Multi-Colored	Slightly Damaged	0

		ACCOUNTED LONG
Insurance No	Effective	Expiry Date
	Insurance No	Insurance No Effective





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20230506/7051

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBB5794A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNW000038 52300	17/01/2023	16/01/2024

Details of Perso				
Any Pedestrian Ir				
No. of Pedestrian	s Injured: NIL	Use of Pec	lestrian Cross	ing: NA
Driver				
Name	MAHMUD SAIKOT		ID No.	G2097348Q
Related Vehicle	GBB5794A (Lorry)		Contact No.	84480718
Hospital/Clinic	NIL.		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 24/05/2027
Date	NIL	Date	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	NIL	
Driver	Material Company of the Company of t			
Name	TAN FWU CHUAN		ID No.	G6875222T
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	L
No. of Days gran	ted Medical Leave NIL	Degree of	NIL	400-000 - 000 - 000 000 000 000 000 000

Brief Details.

i was driving along Balestier road towards moulmein road. The accident happened after i cross the traffic light infront Ceylon Sports Club.

SBS bus 125, vehicle no. SBS5081J overtook my vehicle from the right and cross into my lane, the bus hit my right front side of my vehicle which damaged the front right section of my vehicle. I have pictures to proof the accident.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

NP168

3 of 3 Report No. T/20230506/7051

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/05/2023 17:53
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

tasted Auto Pte Ltd

Date of Accident	: 06-05.23 Accident Time : 13: 07pm(24-HR-Format)
Who reported the accident?	: Owner / Driver / Both
Accident Place	: Balestier Road (lamp post Number: 23A
Vehicle No (Car Plate No)	: GBB 5794A Make/Model: Toyota Dyna
Insurance Company	: China Taiping Policy No: DMCVSNW 00003852300
Fleet Policy	: YES/NO
Type of Coverage	: Comprehensive / Third Party / Third Party Fire & Theft
Name of Owner / IC No	: Zenith Services Pte Ltd (200409225H)
Owner Contact No	: 9117 5567 Owner's HpCompany Tel
Driver Name / IC No	: Mahmud Saikot (G2097348Q)
Driver's Date of Birth	: 18.09. 1991 Driver's License Pass Date: 25.05. 20 22
Relationship of Driver	: Spouse / Parents / Children / Sibling Employee / Other:
Driver's Address	: 37A Hongkong street Singapore 059676
Driver's Contact No	:1) 8448 0718 2)
Driver's Occupation	: INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address	: Viviantay . zenith @ gmail . com
Weather & Road Surface	: CLEAR & DRY) / RAINING & WET / AFTER RAIN & WET
Reporting Type	: Reporting Only / Claim Third Party / Claim Own Insurance
Number of Passenger(include Driver)	: I person (driver)
Was ther any video footage? Exact purpose used at time of accident Any injury (If Yes, Pls State)	: YES / NO : Private Use / Private Hire / Work Purpose : Have (nyury
Other F	Party Driver's Particular (if any)
VEHB: SBS SUSIJ	Name & Contact No:
VEH C :	Name & Contact No:
VEH D :	Name & Contact No:
VEH E :	Name & Contact No:
*NEW - Passenger's Name & Gender	r:

08.05.23



中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1997 (Melaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ300/C

SN

AN0613A

Cov. Type:F

CERTIFICATE No.

DMCVSNW00003852300

Engine No.: 1KD1930852 Cha. No.:JTFNT24Y50K400091

Index Mark and Registration Number of Vehicle

GBB5794A

Name of Policy Holder

ZENITH SERVICES PTE. LTD.

Effective date of the Commencement of 17/01/2023 Insurance for the purposes of the Regulations, (00:00:00) Ordinance or Enactment

4. Date of Expiry of Insurance

16/01/2024

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.
 - (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.

The Policy does not cover (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.

Issued By: AUTO WORLD PTE LTD **Authorised Officer**

Authorised Signatory

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

Q63896111

6222 1033

www.sg.cntaiping.com