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.

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 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 15/05/2023 16:23 (SGT) Reported by **Actual Driver** Date of Accident 12/05/2023 17:00 (SGT) Exact Location of Accident Singapore Additional Location Information AYE TOWARDS CITY (BEFORE ALEXANDRA EXIT) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC5747R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner PERFECTGOH LIMO Company Reg No 53134498C Email Address simonlaw76@gmail.com Mobile Phone No (Phone) +65-83829927 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace 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 Auto CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNW00001062300

DRIVER

Name of Driver MOHAMMAD NAZRIN BIN TAJUDIN NRIC No S7907137D Date Of Birth 06/03/1979 Occupation Outdoor

Date Of Driving Pass 02/07/2012 Driving experience 10 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-98340440 Alt. Phone Number Email Address simonlaw76@gmail.com Address APT BLK 201B TAMPINES STREET 21 Address complement # 04-1083 Postcode 522201 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name SAEVAAL MEENAKSHI D/O SUBRAMANIAM Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο 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 SHC8347L

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
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

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- 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:

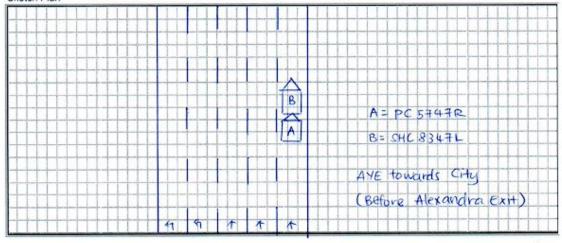
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (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 lawest frms), 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



1

scribe Circumstance of	he Accident
	/
	Refer to Attached
-	

Declaration

We declare the foregoing particulars are true in every respec

Policyholder's Signature / Date & Time

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

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

2

On 12.05.2023 at about 17:00 hours along AYE towards City (Before Alexandra Exit), I was travelling straight on lane at the above mentioned location and when the front vehicle (B) suddenly stopped, I could not stopped in time hence collided onto the front vehicle (B).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): PC 5747R

Vehicle (B): SHC 8347L















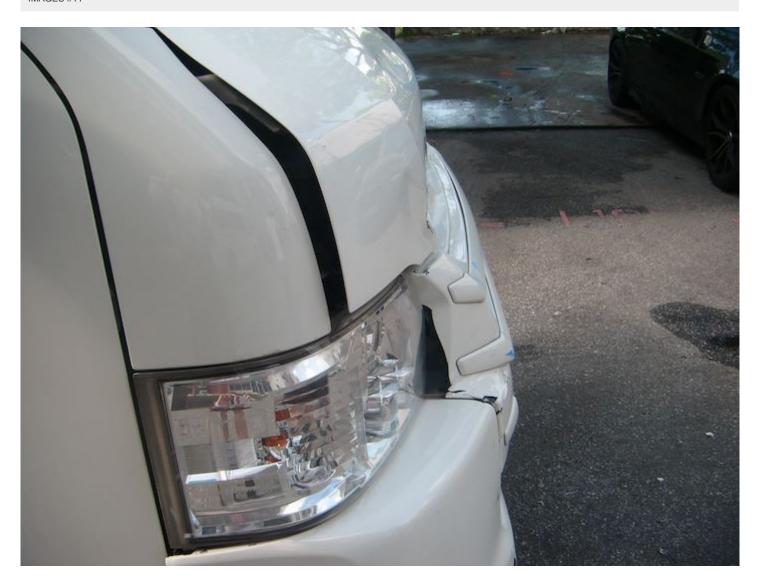
























Land Transport	Aut	horit	y
moha mmad	Nazin	Bin	Tajudin

Serial No. A08618

NRIC: 57907137D

TEMPORARY BUS DRIVER'S VOCATIONAL LICENCE (PRIVATE HIRE BUS/EXCURSION BUS/SCHOOL BUS)

 You have passed the vocational licence competency test and are now granted a Bus Driver's Vocational Licence (BDVL) which qualifies you to drive a private hire bus/excursion bus/school bus.

BDVL Commencement Date: 030473

- 2. This Temporary BDVI, must be displayed in your bus* at all times when you are driving.
- This Temporary BDVL will be valid from the BDVL Commencement Date. LTA will send the Vocational Licence card to you via registered mail, which will
 replace this Temporary BDVL. Please display your Vocational Licence card in your private hire bus/excursion bus/school bus.

*Bus type as specified in S/N 1.

Kwan Mei Fong Assistant Registrar of Vehicles Land Transport Authority of Singapore

This Temporary BOVL is handed to you by A an Suck of Color of July Driving (centre name).

(centre officer name).