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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

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

15/06/2023 15:21 (SGT)

Actual Driver

14/06/2023 09:16 (SGT)

AYE, Singapore

EXIT TO ALEXANDRA ROAD LEFT FILTER LANE

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBJ1521E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

KINGSTATE MARITIME AGENCY (S) PTE. LTD.

1XXXXX866D

agency@kingstate.com.sg

(Phone) +65-96168646

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Nissan Nv200

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

CC

Transmission

Employment

No - Claiming third party Commercial vehicle

Auto

1597

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMCVSNW00005012301

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

SHIN YANG JA SXXXX305J 02/09/1963 Indoor

Accident report SN08236E0005

Date Of Driving Pass 23/04/2013 Driving experience 10 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-93650963 Alt. Phone Number Email Address agency@kingstate.com.sg Address 15 MOUNT SINAI RISE #06-02 Address complement Postcode 276906 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured OWNER 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 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) 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 Was the accident reported to the police? No 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? Yes Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number **GBD7807E** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

Vehicle Category

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)	
3 (menaning Differ)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SHIN YANG JA Gender Female Phone No (Phone) +65-93650963 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT INJURY Injured person in which vehicle? GBJ1521E Were seat belts worn? 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 Actual Driver.
- 3. 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.
- 6. 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.
- 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)

I understand, acknowledge, agree and consent that:

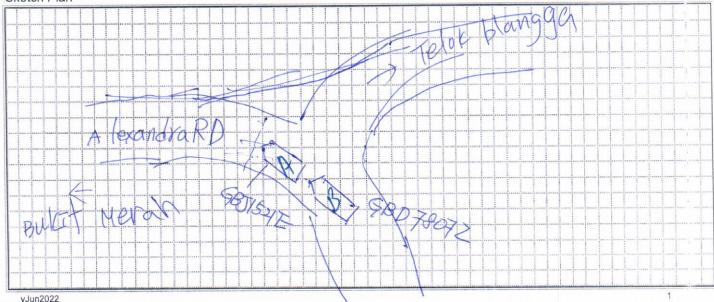
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan



Describe Circumstance of the Accident	
I DROVE OF GBJ 1521E ALONG THE AYE TO ALE TOWARD BUILT MERAH ON 14 JUNE 2023 AT I TOOK THE LEFT LANG FOR BURIT MERAN READ TOWN WHO DOWN IN FRONT OF STOP LANG.	0916 AM.
SUPPONLY REMAND VAN GRD 7877 HIT ! MY VAN REAR SIDE. GND.	85-HAND

Declaration

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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) / Date & Time (Name as in NRIC/ID card)

CO/S SYMP

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 14.06, 2023 09216	TIME OF ACCIDENT: 09716
VEHICLE NO: GBJ 1521 E	TRANSMISION: AUTO/MANUAL
MAKE & MODEL :	LOCATION: AYE (CITY) EXIT TO ALEXANDRAPO
Nissan NV200	FILTER LANE GOING LEFT
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT	CLAIM TYPE:
/ PRIVATE USE / PRIVATE HIRE	OD / THIRD PARTY / REPORTING ONLY
INCLIDANCE COMPANY.	POLICY NO: Auto and a land to the second
INSURANCE COMPANY: CHINA TAIPING	POLICY NO: VEMC VSNW 0000 501230
TYPE OF COVERAGE:	VEHICLE TYPE :
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	(SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
CONTREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	coore, many assumptions
NAME OF OWNER:	NRIC: 52692305J
Kingstate Marstineggens	
ADDRECC .	CONTACT NO: 9616 8646
120 Lower Delta Rd #13-to spore/68	
EMAIL ADDRESS: agency a Kongstate, Com. Sg	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC: 42692305 5 CONTACT NO: 9365 0863
Shan Yang Ja 52692305 J	
DRIVER OWNER RELATIONSHIOP: DWATER	PASSENGER: MALE() FEMALE()
DRIVER OWNER RELATIONSTITION . OWNER	
DATE OF BIRTH: 02/09 11963	DRIVING PASSING DATE: 231 04 12013
OCCUPATION : INDOOR / OUTDOOR	ADDRESS: 15 Mount Sinai Rise #06-02
	Sipore
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO/ IF YES WHERE ?
ANY INJURIES . NO, II TES .	_
WEATHER CONDITION: CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
WEATHER CONDITION : GEENLY IN MILITARY CONTINUES	
VEHICLE B REG NO : (AB) 80 =	VEHICLE C REG NO :
	DRIVER NAME :
DRIVER NAME :	
NRIC :	NRIC:
	CONTACT :
CONTACT :	
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME:
DRIVER NAME :	CONTACT:
NRIC:	CONTACT
CONTACT:	
	(F) (N)
WAS NOTICE OF PROSECUTION GIVEN? (YES) NO)	WERE SEAT BELTS WORN ? : YES / NO
IF YES, AGAINST WHOM :	WERE INJURY CONVEYED BY AMBULANCE : YES (NO

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)

MZ300/C

SN

AN0421A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00005012301

Engine No.; HR16135514D Cha. No.: VM20129355

Index Mark and Registration

Number of Vehicle

GBJ1521E

AUTOSAFE

2. Name of Policy Holder

KINGSTATE MARITIME AGENCY (S) PTE. LTD.

Effective date of the Commencement of

17/01/2023

Excess Sect I.

\$\$350.00

Insurance for the purposes of the Regulations. (00:00:00) Ordinance or Enactment

EX ON WINDSCREEN

\$\$100.00

Date of Expiry of Insurance

16/01/2024

5. 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

- 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.

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.

HIRE PURCHASE CO.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC 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: VITESSE SOLUTIONS Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 13 Anson Road #16-00 Springleaf Tower Singapore 079909

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@www.sg.cntaiping.com