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 Authorised 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 ability.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of 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.

Singapore(GIA) for archiving and that copies of this report will for a 7. By the lodgement of this report to the insurers, you hereby cons aforesaid.	a fee be made available upon application by interested part ent to the archiving of this report at the centre and to copies	s of the report being made available
apresau.	ACCIDENT STATEMENT	
Date Of Report	14/12/2017 13:15	
Date Of Accident	14/12/2017 08:00	
Exact Location Of Accident	ALONG PIE TOWARDS TUAS	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	XD3141B	
Insured/Policyholder		
Name Of Registered Owner	YONG LEI SERVICES PTE. LTD.	
Co Reg No	201109858C	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-NOPHONE	
Vehicle Particulars		
Manufacturer	ISUZU	
Model	CYZ52L	
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	ucu deav.
ICAL Division state author to be talen	TUIDD DADTV	

If No, Please state action to be taken

THIRD PARTY

NO

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

Policy Number

DMCVSN1732691700

Cover Note Number

Driver

THETCHINAMURTHY SENTHIL ARUN Name of Driver

G7593960X Passport No/FIN 09/07/1983 Date Of Birth OUTDOOR Occupation 05/10/2015 Date Of Driving Pass

Driving Experience 2 YEARS AND 2 MONTHS

MALE Gender

(LOCAL) +65-83867123 Mobile Number

Fax Number

Contact Number

EMail Address NOEMAIL Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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 this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

AS PER SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PA8928B

Vehicle Make/Model/Colour

Details Of Properties

WANG JIANYANG

Name of Driver NRIC/Passport Number

G5113261R

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

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- 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 ladgement 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)

l understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GLA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this from 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) possessed by my meurer (collectively trie "Personal and manager") and disclose and transfer such remains not all that who have insured vehicle(s) involved in this accident shall be who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' law yers/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;
- (b) 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) all insurer(s) who have insured vehicle(e) 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 Rensonal 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 alted outside of Singapore, for one or more of the above Purposes.



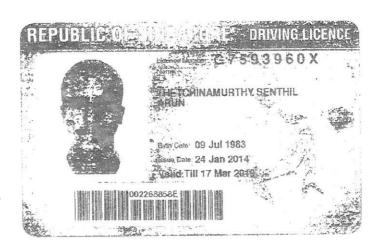
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Sketch Plan fCL.

PIE (TUAS)

4: XD3141B B: PA 8978 B.

DRIVER DRIVING LICENSE Pg. 1



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

(Class 3)

MOTORCA CLES NOT EXCEEDING 200 CC MOTOR CARS AND MOTOR TRACTORS THE WERSH OF WHICH UNLADEN DOES NOT EXCERD 2500 KILOGRAMS HEAD A MOTOR CARGADOR MOTOR TRACTORS THE WERSH OF WHICH UNLADEN EXCEED 2500 KILOGRAMS.

18 Mar 2009 18 Mar 2009

#5 (Jet 2015

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S / No.9000240682

NP 428A



14-12-17;11:24AM;



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

MZ300/CN SN ANO420A Cov.Type: F

1/ 1

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 (Malaysla)

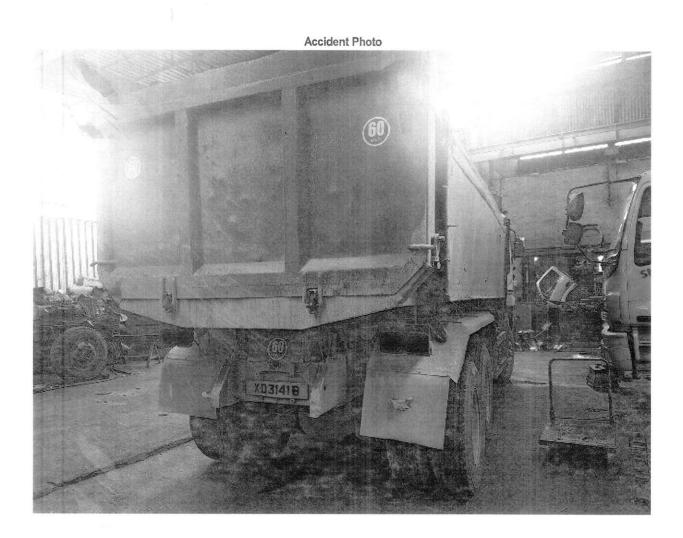
Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysla)

Chassis No: JALCYZ5ZL87000069 JICES PTE LTD EXCESS SECT. II
EXCESS SECT. II
EXCESS SECT. II
OR WITH THEIR PERMISSION. DANCE WITH THE LICENSING OR OTHER LAWS OR PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A ON IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.
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IABILITY TRIAL OR SPEED TESTING. ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.
ER as (Third-Perty Risks and Compensation) Act (Chapter 189) t to be Included under these headings.
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ficate relates is issued in accordance with the ion) Act (Chapter 189) and Part IV of the
For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.
For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.
(manang
Authorised Signatory
1 5 4









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Accident Photo



Accident Photo

CHASSIS NO : JALCYZ52L87000069

U/W :11300 KG

M/L/W : 28000KG

PASS CAP : 02

TYRE SIZE : F 295-80R-22-5(S)

R 295-80R-22-5(D)x2