

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 withholding 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.
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 Report	26/01/2018 09:52
Date Of Accident	25/01/2018 11:15
Exact Location Of Accident	KAMPONG BAHRU RD BEFORE HOSPITAL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7055G
Insured/Policyholder	
Name Of Registered Owner	HOE SENG (S.K) PTE LTD
Co Reg No	200822392R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67476384

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)

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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1526821702
Cover Note Number	

Driver

Name of Driver	WILSON S/O JOSEPH RAJOO
NRIC No	S1342776C
Date Of Birth	25/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	27/08/1998
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97787570
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 517C JURONG WEST ST 52 #04-565
Postcode	643517
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

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

ON 25/01/2018 AT AROUND 1115HRS, I WAS TRAVELLING ALONG KAMPONG BAHRU RD AND I WAS ON THE EXTREME RIGHT 1ST LANE. WHILE DRIVING NEAR THE U TURN, SUDDENLY VEHICLE B JAMMED BRAKE AND I APPLIED MY BRAKE BUT MY VEHICLE SKID FORWARDS AND ACCIDENTALLY COLLIDED ONTO HIS VEHICLE REAR PORTION.

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	SHC2822X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOH HOCK SENG
NRIC/Passport Number	S1319473D
Contact Number	96704933
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



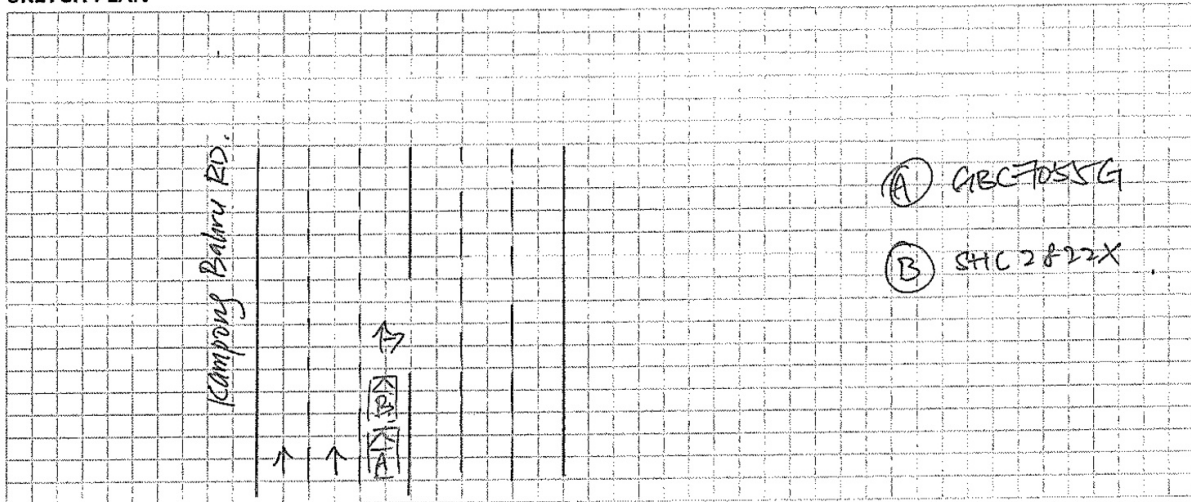
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I AM AWARED THAT MY INSURER MAY HAVE A **14 DAYS TIMEFRAME** FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Accident Grant form.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

☒ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other works hop
☐ For record purpose

Policy No. DMCKSN1526821702
 Insurer China Veh. No. ABC7055G

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co. Reg No. 200208384E

ORIGINAL

THE SCHEDULE

Agency	BR0051A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number DMCVSN1526821702
Account	BR0051A	Issued on	06/06/2017 in SINGAPORE	Replacing Policy no.	DMCVSN1526821601
Client	1002585	Acceptance Date	06/06/2017		

Period of Insurance from 17/07/2017 to 16/07/2018 , both dates inclusive

Insured's Name...	M/S HOE SENG (S.K.) PTE LTD
Address.	7 SOON LEE STREET
	#02-40/41
	ISPACE
	SINGAPORE 627608

Business/Occupn... CANVASS AND UNIFORM

Financial interest UNITED OVERSEAS BANK LIMITED AS HP OWNER

Premium	Base Annual Premium.....	\$2,395.00		
	Less 10% Loyalty Discount.....	\$239.50-		
	Less 30% AutoSafe Scheme.....	\$646.65-		
	No Claim Discount20.00%	\$301.77-		
	Windscreen @ \$1,000.....	\$50.00		
	Total Annual Premium	\$1,257.08	Premium Due	\$1,257.08
			Premium GST	\$88.00
			Total Due	\$1,345.08

Risk No. 001	MOTOR COMMERCIAL VEHICLE			
	YEAR OF REGISTRATION : 17.07.2013			
1. Registration	GBC7055G	Make/Model ..	TOYOTA DYNA 150 MANUAL	
Type of Cover	Comprehensive	No. of seats	2	Body Type VAN
Engine No. ..	1KD2309980	Capacity cc's	0	Yr of Manuf/Regn 2013/2013
Chassis No...	JTFAT35Y10K202434			
		Tonnage	1.69	Certificate Ref. MZ300/C
Sum Insured..	Market value at the time of loss			
Excess Sect I			\$500.00	
EX ON WINDSCREEN			\$100.00	

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 & W(\$1,000.-).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of \$2,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 66 years old and above (Age as at Date of Accident).

Once this \$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.

Continued on page 2

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1342776C**
 Name: **WILSON S/O JOSEPH RAJOO**
 Birth Date: **25 Apr 1959**
 Issue Date: **05 Feb 2003**

000178922G

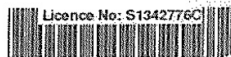
REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1342776C**

Name: **WILSON S/O JOSEPH RAJOO**

Race: **INDIAN**
 Date of Birth: **25-04-1959** Sex: **M**
 Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Aug 1998
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	05 Feb 2003



NP 428A

085977A

NRIC No: **S1342776C**

Blood Group: **A+** Date of issue: **29-03-1993**

APT BLK 517C JURONG WEST STREET 52 #04-565
 SINGAPORE 643517
 NRIC No: **S1342776C** Date: **23-10-2006 (R)** No: **5589431**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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