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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 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.
- 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.

atoresaid,	
	ACCIDENT STATEMENT
Date Of Report	10/02/2018 10:46
Date Of Accident	09/02/2018 11:55
Exact Location Of Accident	PIE(CHANGI)AFT BEDOK RESERVOIR RD EXIT ON LANE 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB2760S
Insured/Policyholder	
Name Of Registered Owner	M/S DAWIN HARDWARE TRADING PTE LTD
Co Reg No	200916091M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93978998
Alternative Phone No	OFFICE-64823866
Vehicle Particulars	
Manufacturer	тоуота
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN9035441708
Cover Note Number	
Driver	

Name of Driver CHAN HIAP SENG NRIC No S1384017B Date Of Birth 24/01/1959 Occupation OUTDOOR Date Of Driving Pass 15/10/1979

**Driving Experience** 38 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93978998

Fax Number

OFFICE-64823866 Contact Number

EMail Address NOEMAIL Address

BLK 418 ANG MO KIO AVE 10

#12-1061

Postcode

560418

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

CHAIN COLLISION

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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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

YP3057L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

GX4843Z

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

## 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
- 7. By the lodgment 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)
  - (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
- (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
- 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 Si gnatuse

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Report

Name

NRIC/FIN No .:

ETCH PLAN				
	DIECO	HANGI) AF	T BELOK	DESERVOIR K
				A: UBB271
				B: 48305
				- C: GX484
		100		
CRIBE CIRCUMSTANCES OF THE	ACCIDENT			
CHAIN COLLISION.				
			541.0 -W1 = 3-5-5 = 0	

DECLARATION

I/We declare the foregoing particulars are true in every rese

Policyholder's Signature

SMITH SECURE FOR VI

Date & Time:

(If driver is not the policyholder)

Date & Time:

lym 10/00/18

Reporter Centre Personnel's Signature

Name:

NRIC/FIN No.:

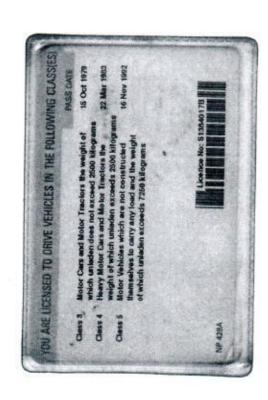


GBB2760S

Model: TOYOTA DYNA 150

100 M				
ATE OF ACCIDENT	9/2/2018			
IME OF ACCIDENT	1155 HRS AM / PM			
OCATION OF ACCIDENT	PIE (CHANGI) AFTER BEDOK RESERVOIR ROAD EXIT ON LANE 2			
xact Purpose use during accident				
IAME OF OWNER	DAWIN HARDWARE TRADING PTE LTD			
ELP NO	93978998, 64823866			
RIC	200916091M			
LAIM TYPE	OD / THIRD PARTY / Reporting Only THIRD PARTY			
NSURANCE CO.	CHINA TAIPING			
YPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft			
OLICY NO.				
IAME OF DRIVER	CHAN HIAP SENG As above / if No:			
IRIC	S1384017B Any passengers: 0			
TE OF BIRTH				
OCCUPATION	Outdoor / Indoor			
DATE OF DRIVING PASS	1 1			
SENDER	Male / Female			
CONTAC NO.	93978998, 64823866. Home:			
ADDRESS	BLK 5044 ANG MO KIO IND PARK 2 #01-585 S(569547)			
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No:			
RELATIONSHIP	Employee / If No.			
WEATHER CONDITION	Clear / Raining / Other: CLEAR			
ROAD SURFACE	Dry / Wet / Other: DRY			
ANY INJURIES	No / If yes : Who?			
CONTAC NO.				
POLICE REPORT	No / If yes : Where?			
VEHICLE B NO.	YB3057L YP305 7L Any Passenger:			
ME	1			
CONTAC NO.				
VEHICLE C NO.	GX4843Z Any Passenger:			
VEHICLE D NO.	Any Passenger :			
VEHICLE E NO.	Any Passenger:			
VEHICLE F NO.	Any Passenger:			
ANY WITNESS				
WITNESS CONTACT NO.				
PARTICULAR WORKSHOP	Ryder Auto Pte Ltd			
TELP NO	1 Kaki Bukit Ave 6, #01-56, Autobay@ Kaki Bukit,			
	Singapore 417883			
CONTACT PERSON	ryderautoworkshop@gmail.com			













# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg. No. 200208384E

MZ300/C R SN DR0328C

Cov. Type: C PLM 303680

ORIGINAL

MOTOR COMMERCIAL VEHICLE

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)

CERTIFICATE No.

DMCVSN9035441708

Engine No :1KD1888260 ChaNo: JTFAT35Y20K200241

1. Index Mark and Registration Number of Vehicle

GBB2760s

2. Name of Policy Holder

M/S DAWIN HARDWARE TRADING PTE LTD

AutoSafe

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

EX ON WINDSCREEN ...... S\$100.00

Date of Expiry of Insurance

23 November 2018

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:
  - (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 FURCHASE CO. : HONG LEONG FINANCE LTD AS HP OWNER

\* 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.

Authorised Signatory

Issued By:

Authorised Officer