## 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.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	14/02/2018 10:57	
Date Of Accident	13/02/2018 17:45	
Exact Location Of Accident	ALONG QUEEN STREET	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD4344L	
Insured/Policyholder		
Name Of Registered Owner	ZTP GINSENG BIRDNEST PTE LTD	
Co Reg No	199804873R	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-81700817	
Alternative Phone No	OFFICE-81700817	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	TOYOTA DYNA 150 MANUAL	
Exact Purpose for which vehicle was bei	ing used at	

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE

**Insurance Company** 

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number DMCVSN1672231701

Cover Note Number

**Driver** 

Name of Driver CHUA SZU WEI NRIC No S7514609D Date Of Birth 19/05/1975 Occupation **OUTDOOR Date Of Driving Pass** 05/02/2010

**Driving Experience** 8 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81700817

Fax Number

Contact Number

**EMail Address NOEMAIL** 

**SINGAPORE** 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 - CHANGE/CROSS LANE** 

NO

NO

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?

Was any other material or property damaged? YES

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

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?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO ATTACHED S & C REPORT

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SHC3327C

Vehicle Registration Number Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

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  interested parties.
- 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)
  - 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:
  - 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 Date & Time:

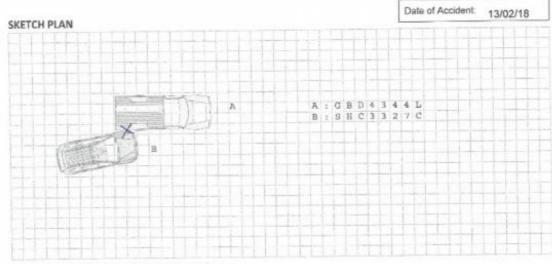
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# **Accident Sketch Plan**



SCRIBE CIRCUMSTANCES OF TH		EN STREET AND CAME TO A STOP BEC OF
The second secon		EN STREET. AND CAME TO A STOP BEC OF
		SHC3327C) WHICH WAS TURNING TO MY
LANE SUDDENLY HIT ME ON	MY RIGHT REAR . THE VEH	THEN CAME IN FRONT OF ME LOOKED AT
HIS VEH AND THEN DROVE	OFF.	
		Own Damage Claim
		☐ Third Party Claim ☐ OD/TP Claim at another workshop:
		Reporting Only
ECLARATION	A	ANDRAS
We declare the presents particulars	are true in every respect.	S Way
olicyholder's harastore	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

#### **CERT OF INS**



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 AN0612A Cov.Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

stor Vertices (Third-Party Roka and Compensation) Act (Chapter 199) Motor Velticlas (Third-Party Roka and Compensation) Rules, 1990 Road Transport Act, 1997 (Malaysia) Motor Verticles (Third-Party Riska) Rules, 1989 (Malaysia)

ORIGINAL

Engine No :1KD2445057 CERTIFICATE No. DMCVSN1672231701 ChaNo: JTFAT35Y60K203465 Index Mark and Registration GBD4344L AUTOSAFF Number of Vehicle 2. Name of Policy Holder M/S ZTP GINSENG BIRDNEST PTE LTD Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment EX ON WINDSCREEN ...... \$\$100.00 4. Date of Expiry of Insurance 26 October 2018 5. Primons or Classes of Parsons 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 pensitted 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.

\* 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

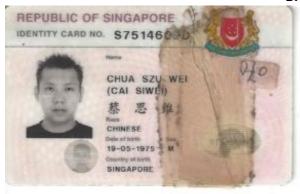
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

11111

Authorised Signatory

CHNG PEI WEN ADELINE Issued By: \_\_\_\_\_ Authorised Officer

## **DRIVER IC & DL FRONT**





## **DRIVER IC & DL BACK**







# **Accident Photo**









# **Accident Photo**



# **Accident Photo**



