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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	14/02/2018 10:42
Date Of Accident	13/02/2018 12:55
Exact Location Of Accident	JURONG GATEWAY ROAD SLIP ROAD TO TOH GUAN ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE3270S
Insured/Policyholder	
Name Of Registered Owner	HAW WAH TRADING CO PTE LTD
Co Reg No	201523751D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62820450
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO CARGO MAXI-1.6 MJ (A)
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	REPORTING ONLY
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	DMCVSN3085271701
Cover Note Number	
Driver	
Name of Driver	WONG CHIN YONG

Name of Driver WONG CHIN YONG

NRIC No S6849728J
Date Of Birth 29/12/1968
Occupation OUTDOOR
Date Of Driving Pass 04/09/1990

Driving Experience 27 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98379408

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 843 WOODLANDS STREET 82 #06-95

Postcode 730843

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 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

NO 1

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELING ALONG JURONG GATEWAY ROAD SLIP ROAD TO TOH GUAN ROAD, VEHICLE B (SKG 6127 L) IN FRONT OF ME HAVE NOT MOVED BUT I MOVED MY VAN SO COLLIDED ONTO VEHICLE B REAR.

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 SKG6127L

Vehicle Make/Model/Colour VOLKSWAGEN POLO / WHITE

Details Of Properties

Vehicle Category

Name of Driver

VEHICLE B

PRIVATE CAR

FIRMAN BIN SURI

NRIC/Passport Number S8731457Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 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. 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) 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
- 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.
- 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.

Date & Time:

Policyholder's Signature

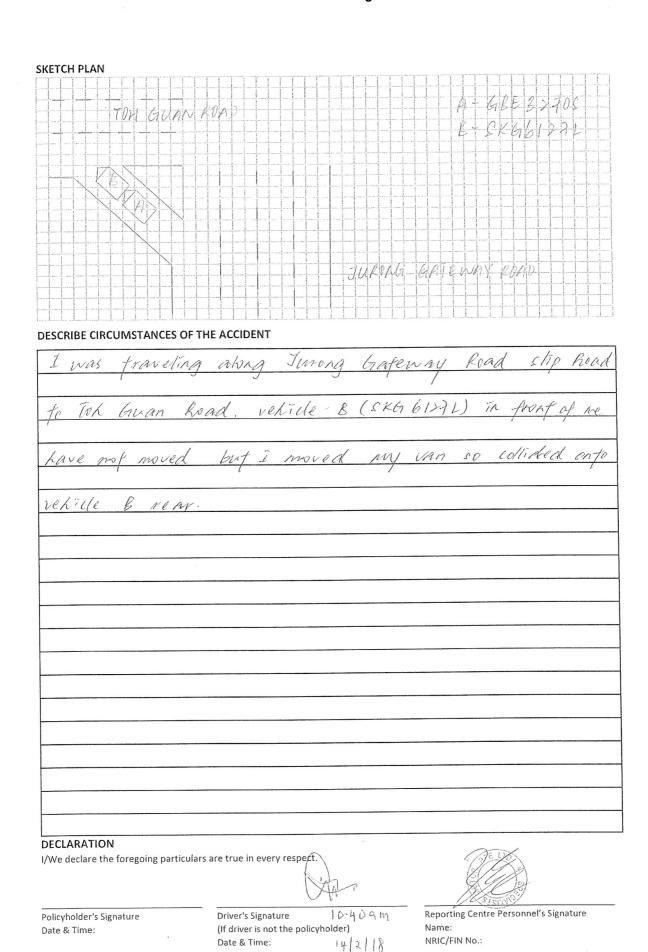
Driver's Signature (If driver is not the policyholder)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Date & Time:

Sketch Plan #2 Pg. 1



Page 4 of 13

Sketch Plan #3 Pg. 1



CERTIFICATE No.

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 AN0421A Cov.Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act, 1997 (Melaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

DMCVSN3085271701

ORIGINAL

Engine No :263A50007448660 ChaNo: ZFA26300006B01333

			·
1,	Index Mark and Registration Number of Vehicle	GBE3270S	AUTOSAFE
2.	Name of Policy Holder	HAW WAH TRADING CO	PTE LTD
3.	Effective date of the Commencement of Insurance for the purposes of the Regu Ordinance or Enactment		017 Excess Sect I
4,	Date of Expiry of insurance	28 October 2	2018
5.	Persons or Classee of Persons entitled	to drive*	
	Any person who is driving	on the Policyholder's	order or with their permission.
	regulations to drive the r	notor vehicle or has been	accordance with the licensing or other laws or en so permitted and is not disqualified by order of a gulation in that behalf from driving the Motor Vehicle.
6.	Limitations as to use:7	*	
	(1) Use in connection with	h the Policyholder's bu	siness.
		of passengers (other th	an for hire or reward) in connection with the
	(3) use for social, domes the policy does not cover	, , , ,	s.
			g, reliability trial or speed testing.
			ng of any one disabled mechanically propelled vehicle.
	HIRE PURCHASE CO.: MERCE * Limitations rendered inop and Section 95 of the Road	erative by Section 8 of the Mo	ICES SINGAPORE LTD tor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)), are not to be included under these headings.
	provisions of the Motor	Vehicles (Third-Party Risks	which this Certificate relates is issued in accordance with the and Compensation) Act (Chapter 189) and Part IV of the Road
	Transport Act, 1987 (Ma		
	Please see reverse		For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTI
			For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTI
			For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTI
oouec			For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Authorised Signatory

Sketch Plan #4 Pg. 1

