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	16/03/2018 10:09
Date Of Accident	15/03/2018 09:45
Exact Location Of Accident	PUNGGOL FIELD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE1627K
Insured/Policyholder	
Name Of Registered Owner	WNE INTEGRATED DESIGN PTE LTD
Co Reg No	201413320N
Email Address	INFO@WNE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65701479
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 WITH HOOD
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?	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	DMCVSN3074071700
Cover Note Number	
Driver	

Name of Driver KEGAN TAN YUAN XI

NRIC No S7211295D

Date Of Birth 27/03/1972

Occupation OUTDOOR

Date Of Driving Pass 02/12/1993

Driving Experience 24 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97381733

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 128A PUNGGOL FIELD WALK Address

#11-329

Postcode 821128

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

COLLISION - HEAD TO REAR Type Of Accident

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?

YES Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver) 1

Details of Police Action

NO 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

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHF786P

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

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:

- 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 "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.
- 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: 15 MAR 2013

C0=09Am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16 MAR 2013

10:09 Am

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Poh Kwee Choo S6840583A

Sketch Plan Pg. 2

SKETCH PLAN		
	Punggol FIELD	100
- SHF 786?		
_ GBE 1627K	1601	
, car-		180
	TANCES OF THE ACCIDENT	
Incident stopping at I accidently injured was	happound on 15 morch 2 ofther trafific light. In I knowled the back of the bather was shown.	front the vehicle A stogned vehicle A. No one was
_		
		A PORTON
DECLARATION I/We declare the forego	oing particulars are true in every respect.	
Policyholder Signatur Date & Times 17 Tul	Driver's Signature (If driver is not the policyholder) Date & Time: 1 6 MAR 2013	Reporting Centyle Personnel's Signature Name: Poh Kwee Choo NRIC/FIN No.: S6840583A

CERTIFICATE OF INSURANCE Pg. 1



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

N SN ANO39

MZ300/C

AN0397A COMPREHENSIVE AUTOSAFE

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)

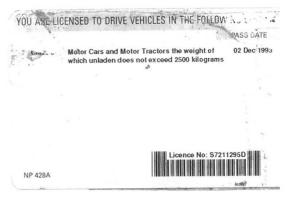
r	1110001 7011101	ob (Time Tally Thollo) Itales	1000 (Malaysia)	
CERTIFICATE No.		DMCVSN3074071700	Engine No : ZD30346586K Chassis No: JN1SC2F24Z0857241	
Index Mark and Registration Number of Vehicle		GBE1627K		
2. Name of Policy Holder		M/S WNE INTEGRATED	DESIGN PTE LTD	
Effective date of the Commerthe the purposes of the Regulation		21 SEPTEMBER 2017	EX SECT. I	
4. Date of Expiry of Insurance		20 SEPTEMBER 2018		
5. Persons or Classes of Perso.	ns entitled to drive *			
ANY PERSON WHO IS D	PRIVING ON THE POLICYHO	LDER'S ORDER OR WITH	H THEIR PERMISSION.	
REGULATIONS TO DRIV	E THE MOTOR VEHICLE OR	HAS BEEN SO PERMIT	WITH THE LICENSING OR OTHER LAWS OR TED AND IS NOT DISQUALIFIED BY ORDER OF F THAT BEHALF FROM DRIVING THE MOTOR VEHICE	ьЕ.
6. Limitations as to use: *				
(2) USE FOR THE CAR POLICYHOLDER'S		THER THAN FOR HIRE (OR REWARD) IN CONNECTION WITH THE	
	REWARD OR RACING, PAC		TY TRIAL OR SPEED TESTING. B DISABLED MECHANICALLY PROPELLED VEHICLE	١.
	HL BANK AS HP OWNER	8 of the Motor Vehicles (This	rd-Party Risks and Compensation) Act (Chapter 189)	
and Section 9	5 of the Road Transport Act, 19	87 (Malaysia), are not to be	included under these headings.	
(Third-Party Risks and G	rtify that the policy to which the Compensation) Act (Chapter 189) and Part IV of the Road Tr	ed in accordance with the provisions of the Motor Vehicles ansport Act, 1987 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	
Countersigned By: -	Authorised Officer		Authorised Signatory	

DRIVER'S NRIC & DRIVING LICENCE Pg. 1











Accident Photo



Accident Photo



CHASSIS NUMBER

