### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number **EMail Address** 

- 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.

	ACCIDENT STATEMENT
D 1 0(D	
Date Of Report	19/03/2018 09:32
Date Of Accident	17/03/2018 16:40
Exact Location Of Accident	HOUGANG AVENUE 9
Country/State of Loss	SINGAPORE
<u> </u>	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ7172X
Insured/Policyholder	
Name Of Registered Owner	ALL BEST AIR-CONDITIONING & ELECTRIC PTE LTD
Co Reg No	200104830C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90670600
Alternative Phone No	OFFICE-62596266
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	L300-2.5 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMPANY USE
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
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1333741704
Cover Note Number	
Driver	
Name of Driver	YONG WEI LIP
Passport No/FIN	G8247304T
Date Of Birth	07/09/1989
Occupation	OUTDOOR
Date Of Driving Pass	03/06/2010
Driving Experience	7 YEARS AND 9 MONTHS
<b>∵</b> 1	

(LOCAL) +65-91079376

WEILIP89@YAHOO.COM

Address C/O 13 LORONG 8 TOA PAYOH #01-12 BRADDELL TECH

Postcode 31926

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

-

NO

NO

2

NO

NO

**General Information of the Accident** 

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

**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?

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)

Passenger 1

NAME: : XIAO HUANG

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO SKETCH PLAN

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SHD1115E

1

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver TEO HWEE YOW

NRIC/Passport Number S1703748Z
Contact Number 97246446

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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#### Sketch Plan Pg. 1

### **SKETCH PLAN**

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- 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 interested parties.
- 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 the purpose of the pu
  - (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.

All Best Air-Conditioning & Electric Pto Ltc.

13 Lorong & Toa Payoh 991-12 Braddell Tech Singapore 319261

Tel Policyholder & Stant 825 660 &

GIARMO StatehPlanForm VE

1 9 MAR 2018

Driver's Signature

(If driver is not the policyholder)
Date & Time: 1 Q MAR 701

Mr. John

1 9 MAR 2018 NRIC/F

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Jenny Lim S6927273H

431 .....

		I I I I I I I I I I I I I I I I I I I
[7]	# KIBO C	A: SHD IIISE
		R-C-TITY
How	gong Ave 9 C	5.94774
109		
	SUB STOP	
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
		1-2-12-12-1
Chit March Jok	v at 4:40pm, 1	upp traveling along
Hougang AND 9	and it was raini	ing. I following behind ixi suddenly slow down alkes but due to wet move forward and hit
a taxi no: s	HD 1115E, the ta	ixi sudderly slow down
and I quickl	ly step on my bro	akes but due to wet
road surface	my van still i	nove forward and hirt
into the rear		
		-
	, ,	
		· · · · · · · · · · · · · · · · · · ·
DECLARATION	ano ano Amiro la circani acciona	
I/We declare the foregoing particula	ars are true in every respect.	$\bigcirc$
	ars are true in every respect.	(Mr

Date & Time:

GARGIC SI-129 MAR-2018

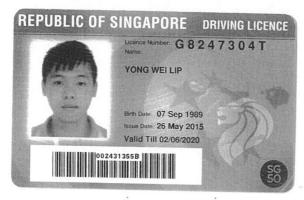
1 9 MAR 2018

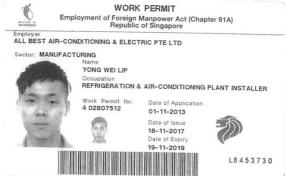
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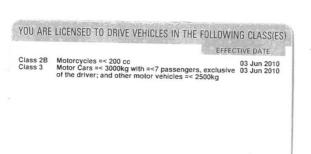
Jenny Lim S6927273H

NRIC/FIN No.:

## Driver's NRIC + Driving License Pg. 1









VISIT PASS

NP 428A

#### Certificate of Insurance Pg. 1



# 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 AN0450A

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)

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

Cov. Type: C M 268289 **ORIGINAL** 

C		RTIFICATE No.	Engine No: 4D56LC3148	
	CENTIFICATE NO.		DMCVSN1333741704	Chano: JMAJNP15V6A001462
	1.	Index Mark and Registration Number of Vehicle	GZ7172X	
	2.	Name of Policy Holder	M/S ALL BEST AIR-CONDITIONING & ELECTRIC PT	AutoSafe
	3.	Effective date of the Commencement Insurance for the purposes of the Re		s\$500.00

Ordinance or Enactment 4. Date of Expiry of Insurance

07 August 2018

5. 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.

- (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.

Issued By: ------**Authorised Officer** 

**Authorised Signatory** 

# **Accident Photo**





# **Accident Photo**



## **Accident Photo**

