

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 withholding 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.

ACCIDENT STATEMENT

| | |
|----------------------------|------------------|
| Date Of Report | 09/04/2018 11:10 |
| Date Of Accident | 07/04/2018 19:30 |
| Exact Location Of Accident | ORCHARD ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | GBB6919B |
| Insured/Policyholder | |
| Name Of Registered Owner | UNITED TRANSPORT SERVICES |
| Co Reg No | 53109084A |
| Email Address | SALES@UNITEDTRANSPORT.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-91474645 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | KIA |
| Model | 2900L-2.9 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? | 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 | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | DMCVSN17691311700 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LIM WEI YE SHAWN |
| NRIC No | S9802819F |
| Date Of Birth | 14/01/1998 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/04/2016 |
| Driving Experience | 1 YEAR AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86680411 |
| Fax Number | |
| Contact Number | |
| EEmail Address | WEIYE9887@GMAIL.COM |

| | |
|---|-------------------------------------|
| Address | BLK 142 JALAN BUKI8T MERAH #02-1202 |
| Postcode | 160142 |
| 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 | RAINING |
| Road Surface | WET |

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

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? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-----------------------------------|
| Vehicle Registration Number | SHC4723K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | WOON YONG CHIANG (YUN YONGQIANG) |
| NRIC/Passport Number | S8010562B |
| Contact Number | 90692398 |
| Address | BLK 386 YISHUN RING ROAD #07-1707 |
| Postcode | 760386 |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

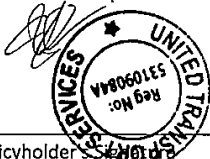
SKETCH PLAN

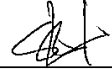
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

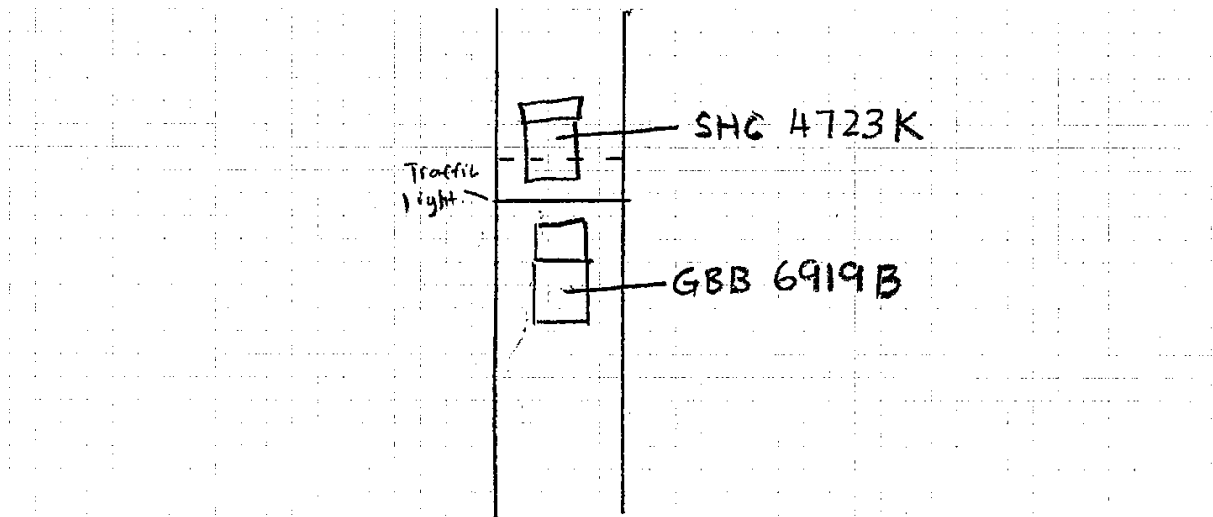
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (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.


Policyholder's Signature
Date & Time: - 9 APR 2018


Driver's Signature
(If driver is not the policyholder)
Date & Time: - 9 APR 2018


Reporting Centre Personnel's Signature
Name: Jenny Lim
NRIC/FIN No.: S6927273H

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Unable to stop in time at the cause of traffic light turning to amber, driver crosses the stop line, I thinking he will cross but he jammed brake after crossing the stop line causing me to not have enough time to brake causing a collision.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


 Policyholder Signature
 Date & Time: - 9 APR 2018

G/G/G/K Skript/Platz/Name: V3

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 09/04/19

11:04 Am .

Reporting Centre Personnel's Signature

Name: Jenny Lim
NRIC/FIN No.: S6927273H

Driver's NRIC + Driving License Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9802819F**



Name
LIM WEI YE SHAWN
林伟业

Race
CHINESE

Date of birth
14-01-1998


Sex
M

Country/Place of birth
SINGAPORE

S9802819F



5514091




NRIC No. **S98028**

CM14875

Date of issue
30-07-2015

Address
**APT BLK 142 JALAN BUKIT MERAH
#02-1202
SINGAPORE 160142**





中国太平
CHINA TAIPING

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

3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co Reg No. 200208384E

AL

THE SCHEDULE

AN0444A Class of Policy MOTOR COMMERCIAL VEHICLE Policy Number DMCVSN1769131700
AN0444A Issued on 07/12/2017 in SINGAPORE
3210057 Acceptance Date 07/12/2017

of Insurance from 09/12/2017 to 08/12/2018 , both dates inclusive

Insured's Name.... UNITED TRANSPORT SERVICES
Address. BLK 61C STRATHMORE AVENUE
#07-32
STRATHMORE GREEN
SINGAPORE 144061

Business/Occupn... TRANSPORT & LOGISTICS
Principal interest ABWIN PTE LTD AS HP OWNER

| | | | |
|--------------------------------|-------------|-------------|-------------|
| Base Annual Premium..... | S\$1,530.10 | | |
| No Claim Discount10.00% | S\$153.01- | | |
| Promotion Discount..... | S\$200.00- | | |
| Total Annual Premium | S\$1,177.09 | Premium Due | S\$1,177.09 |
| | | Premium GST | S\$82.40 |
| | | Total Due | S\$1,259.49 |

001 MOTOR COMMERCIAL VEHICLE
ORIGINAL REGISTRATION DATE: 09/12/2009
Registration GEB6919B Make/Model .. KIA K2900 2.9L M/T 2WD 2DR TURBO
Type of Cover Third Party, Fire & Theft No. of seats 2 Body Type VAN
Engine No. ... J39353442 Capacity cc's 0 Yr of Manuf/Regn 2009/2009
Chassis No... KNCSJX74LA7420234
Tonnage 1.42 Certificate Ref. MZ301/C

Insured. Market value at the time of loss
SUM (SHORT-PERIOD REFUND)

It is hereby declared and agreed that should this Policy be cancelled,
it shall be based on short-period basis as stated in the Policy Wording.

Terms and conditions remain unchanged.

Entitled Drivers for vehicle(s) with Certificate Ref. MZ301/C
Persons or Classes of Persons entitled to drive*

Whilst the vehicle is being used in connection with the Policyholder's business
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.
Whilst the vehicle is being used for social, domestic or pleasure purposes
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.
Entitled persons as to use*

Use in connection with the Policyholder's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the

Continued on page 2

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo

