

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 17/05/2018 14:57
Date Of Accident 16/05/2018 13:30
Exact Location Of Accident ALONG BUKIT BATOK WEST AVENUE 8
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA5859L

Insured/Policyholder

Name Of Registered Owner NG SAY CHOO
Co Reg No -
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-96139838
Alternative Phone No OFFICE-96139838

Vehicle Particulars

Manufacturer TOYOTA
Model HIACE
Exact Purpose for which vehicle was being used at time of accident WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken THIRD PARTY
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 DMB1SN1802111800
Cover Note Number

Driver

Name of Driver DAVID SIM HAI CHEOK
NRIC No S1421298A
Date Of Birth 19/09/1960
Occupation OUTDOOR
Date Of Driving Pass 02/11/1982
Driving Experience 35 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96139838
Fax Number
Contact Number OTHERS-96139838
NOEMAIL

Address BLK 208 BOON LAY PLACE
 #09-169
 Postcode 640208
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -
 -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
 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? 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) 2
 Passenger 1 NAME: : BUS ATTENDANT
 GENDER: : FEMALE

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

PLEASE 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 SLF3592P
 Vehicle Make/Model/Colour MERCEDES BENZ
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver MR.WONG
 NRIC/Passport Number
 Contact Number 98427683
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

SKETCH PLAN

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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:

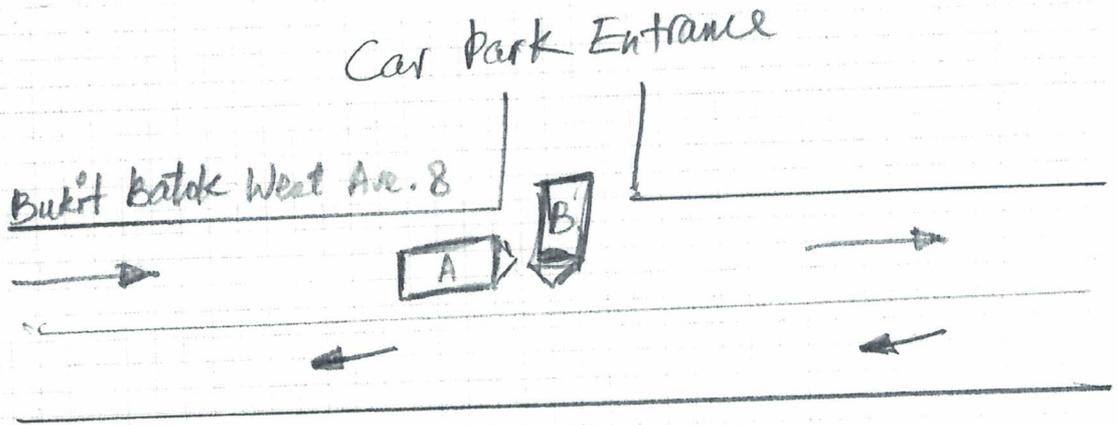
mmmm

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

an 17/05/2018

Reporting Centre Personnel's Signature
Name: *Resli Mardas*
NRIC/FIN No.:

SKETCH PLAN



B - SLF 3592P
 A - PA 5859L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Wed. 16 May 2018 I was driving Voc. Van PA 5859 L along Bt. Batok West Ave. 8 main road. Suddenly a dark grey Mercedes car driven by unknown Male Chinese man driving his Mercedes car without stopping to give way to main road vehicles. I did honk the driver but it was too near to avoid a collision, even though I has applied the Emergency Brake. I has a female auntie passenger inside my Vocational Van which is also the Bus Attendant. Due to the accident, the Voc. Van front left side, headlight, bumper, etc was damaged. That's all.

DECLARATION

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

Policyholder's Signature

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

17/05/2018
 Reporting Centre Personnel's Signature
 Name: *Koed W H H B*



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

MZ601/PN SN
AN0626A
Cov.Type: F

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)

CERTIFICATE No.	DMB1SN1802111800	Engine No :2KD1380381 Chassis No:KDH2220011174
1. Index Mark and Registration Number of Vehicle	PA5859L	
2. Name of Policy Holder	NG SAY CHOO	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	13 JANUARY 2018	EXCESS SECT. IIS\$1,500.00
4. Date of Expiry of Insurance	12 JANUARY 2019	
5. Persons or Classes of Persons entitled to drive *	<p>(A) THE POLICYHOLDER. (B) ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION OR ANY PERSON DRIVING WITH POLICYHOLDER'S PERMISSION.</p> <p>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.</p>	
6. Limitations as to use: *	<p>USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE. THE POLICY DOES NOT COVER (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING. (2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>	

HIRE PURCHASE CO. : CREDIT LINK PTE LTD AS HP OWNER
* 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.

Countersigned By:

Authorised Officer

Authorised Signatory