

## 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	29/06/2018 11:09
Date Of Accident	30/05/2018 15:30
Exact Location Of Accident	ALONG ANG MO KIO AVE 5 TWDS CTE NEAR BUS STOP B14
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5631B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S HOW SHUTTER AND ALUMINIUM WORKS PTE LTD
Co Reg No	201418521R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62838385

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEA01BR2SDEB (CBU)
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	GOODS VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1555351702
Cover Note Number	

### Driver

Name of Driver	CHEN LIN
Passport No/FIN	G2090177U
Date Of Birth	30/12/1993
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83439914
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 609 BEDOK RESERVOIR ROAD #10-678
Postcode	5470609
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : DESMOND TOH GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4849999 - <b>FAX NO:</b> 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER SKETCH PLAN AND POLICY REPORT ATTACHED.

#### 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	GT7227D
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	KANG CHEE WAI
NRIC/Passport Number	S7316888J
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :



**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.

  29.6.18 AM 9:55  
Policyholder's Signature  
Date & Time:

 29.6.18 AM 9:55  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

   
Reporting Centre Personnel's Signature  
Name: Sally  
NRIC/FIN No.: 5184Z

SKETCH PLAN

A 9BD5631R  
B 6T7227D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police Report No. T/20180530/2108  
dated 30/05/2018 C 16.45

DECLARATION

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

Policyholder's Signature:   
Date & Time: 29.6.18 AM 9:55

Driver's Signature:   
(If driver is not the policyholder)  
Date & Time: 29.6.18 AM 9:55

Reporting Centre Personnel's Signature:   
Name: Selva  
NRIC/FIN No.: 57842



**SINGAPORE  
POLICE FORCE**



T/20180530/2108

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

1 of 3

Report No. T/20180530/2108

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/05/2018 16:45		Vide Report No.:		Station Diary No.: 44
<b>Informant's Particulars</b>				
Name of Informant: CHEN LIN		Address:		
ID Type / ID No.: FIN NO / G2090177U		Contact No.: Home/Office:                      Mobile: 83439914		
Nationality: CHINESE		Email:		
Sex: Male	Age: 24	Date of Birth: 30/12/1993	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: MANUFACTURER		Driving Licence Information: Class: 3                      Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2018 15:30	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 5  Along Ang Mo Kio Avenue 5 towards CTE near Bus Stop B14				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD5631B	Lorry				Slightly Damaged	1
GT7227D	Van				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180530/2108

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20180530/2108

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHEN LIN		ID No. G2090177U
Related Vehicle	GBD5631B (Lorry)		Contact No. 83439914
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Kang Chee Wai		ID No. S7316888J
Related Vehicle	GT7227D (Van)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 30/05/2018 at about 1520hrs, I was driving my company lorry bearing GBD5631B with my colleague as the passenger along Ang Mo Kio Avenue 5 towards CTE. While driving near Bus Stop number B14, the Van bearing GT7227D in front of my vehicle suddenly applied his brakes and came to an abrupt stop. I applied my brakes, however was not able to stop in time and this caused my vehicle mirror in the front to hit the rear windshield of the front vehicle. We both came to a stop and access the damages, we made a check and no one was injured. There was slight damage to my front mirror and I observed that there was slight damages to his rear bumper, however I am unsure if its an old damage. We exchanged particulars to settle the matter privately. I was informed by the driver subsequently that he wishes to claim insurance regarding the damage to his vehicle. I am lodging this report for insurance purposes only.



**SINGAPORE  
POLICE FORCE**



T/20180530/2108

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

3 of 3

Report No. T/20180530/2108

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Staff Sgt MUHAMMAD YUNOS BIN ABDUL RAHMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/05/2018 16:45
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp  
NP168



## 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

AN0136A

Cov.Type: C

PLM 304406

ORIGINAL

## 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)

SPECIAL VEHICLE

CERTIFICATE No.

DMCVSN1555351702

Engine No :4P10B25647

ChaNo:FEA01BA00347

1. Index Mark and Registration

Number of Vehicle

GBD5631B

2. Name of Policy Holder

M/S HOW SHUTTER AND ALUMINIUM WORKS PTE LTD

AutoSafe

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

09 December 2017

Excess Sect I ..... S\$500.00

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

4. Date of Expiry of Insurance

08 December 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.

The Policy does not cover.

(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.

HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

\* 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).

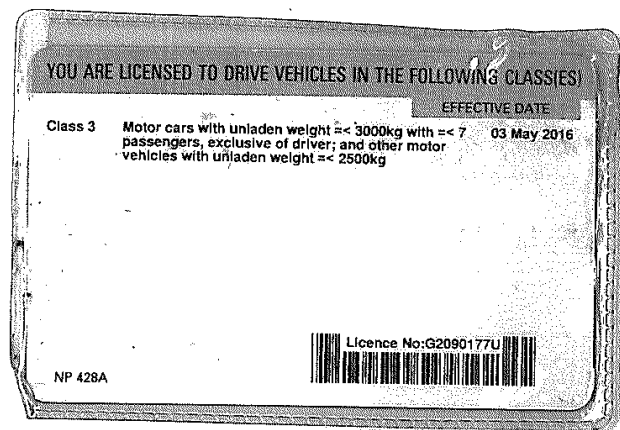
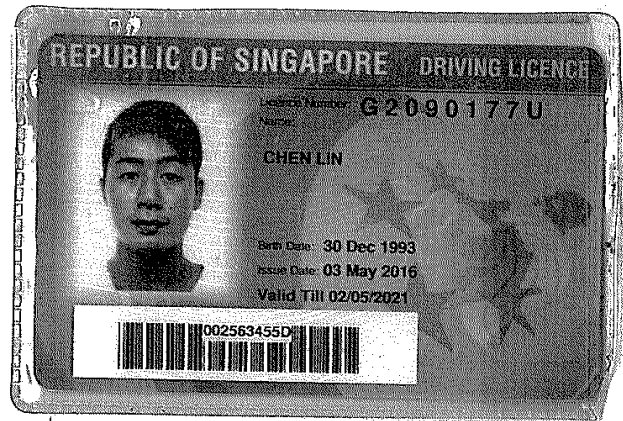
Please see reverse


For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:


Authorised Officer

Authorised Signatory





 **WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore


Employer  
**HOW SHUTTER AND ALUMINIUM WORKS PTE. LTD.**

 Name  
**CHEN LIN**

Work Permit No  
**0 75068220**


Sector  
**MANUFACTURING**

 **K0322789**

**VISIT PASS**  
Immigration Regulations 27-04-2016

Name  
**CHEN LIN**




FIN  
**G2090177U**

Date of Birth  
**30-12-1993**

Sex  
**M**


Nationality  
**CHINESE**



Download SGWorkPass  
App to check status

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



INSURED VEH



CHASSIS NO





INSURED VEH



INSURED VEH





INSURED VEH





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