

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	13/07/2018 11:03
Date Of Accident	07/07/2018 09:30
Exact Location Of Accident	MARINE CRESENT NEAR BLK 40 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2362H
Insured/Policyholder	
Name Of Registered Owner	M/S MIRACLE FURNITURE & DECORATION
Co Reg No	40582400M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97326357
Alternative Phone No	OFFICE-97326357

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
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	DMCVSN3044671703
Cover Note Number	

Driver

Name of Driver	KOH TIONG ANN
NRIC No	S1250112I
Date Of Birth	31/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	20/01/1989
Driving Experience	29 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97326357
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 283 TAMPINES STREET 22 #08-117
Postcode	520283
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	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

AS PER SKETCH PLAN 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	SKS2879M
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	0

SKETCH PLAN

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 liability**.
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. 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 :
 - (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.


 美滿達木器裝飾有限公司
 MINGALE FURNITURE & DECORATION
 Block 3010 Bedok North Street 5 #05-29
 Singapore 486132. (EastLink)
 Tel: 6443 9148 / 6442 3319 Fax: 6242 2415

Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/07/2018

[Signature]

10:25 am

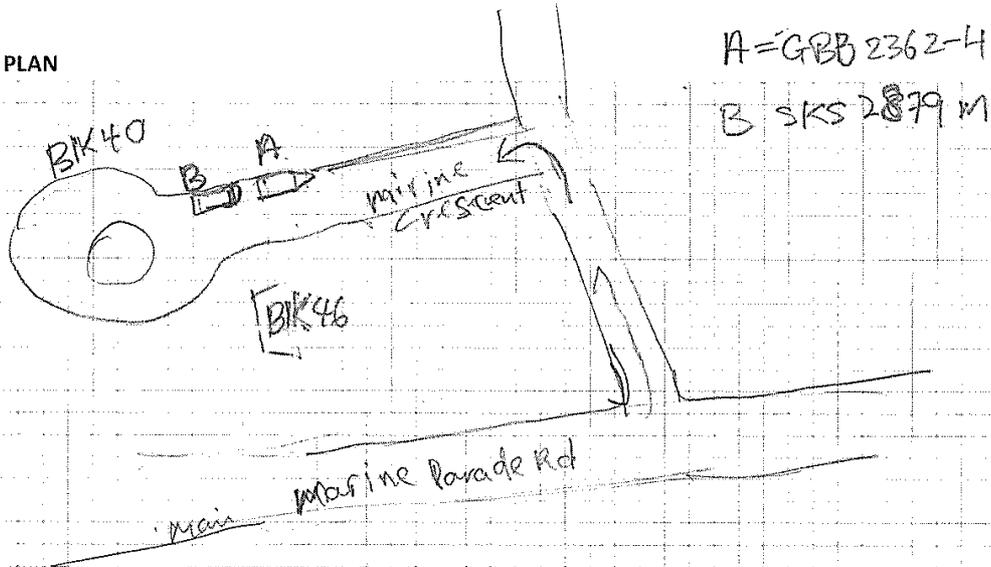


Reporting Centre Personnel's Signature
Name: Saly
NRIC/FIN No.:

[Signature]

51842

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07-07-2018 around 09:30 am I was going to park my lorry near BK 40, open car park at Marine Crescent and I did not know that when I reverse I got hit the vehicle behind. *[Signature]*

DECLARATION

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

Policyholder's Signature

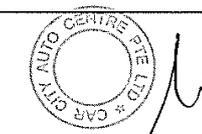
Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/07/2018

10:25 am



Reporting Centre Personnel's Signature

Name:

Sahy

NRIC/FIN No.:

5184Z



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

ORIGINAL

THE SCHEDULE

Agency	ANO421A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number DMCVSN3044671703
Account	ANO421A	Issued on 14/09/2017 in SINGAPORE	Replacing Policy no.	DMCVSN3044671602
Client	6010357	Acceptance Date	14/09/2017		

Period of Insurance from 23/09/2017 to 22/09/2018 , both dates inclusive

Insured's Name....	M/S MIRACLE FURNITURE & DECORATION
Address.	3018 BEDOK NORTH STREET 5 #06-29 EASTLINK SINGAPORE 486132

Business/Occupn... FURNITURE & DECORATION
Financial interest MAYBANK AS HP OWNER

Premium	Base Annual Premium.....	S\$1,953.45		
		Less 15% Loyalty Discount.....	S\$293.02-		
		Less 30% AutoSafe Scheme.....	S\$498.13-		
		No Claim Discount	S\$232.46-		
		Windscreen @ \$1,000.....	S\$50.00		
		Promotion Discount.....	S\$150.00-		
		Total Annual Premium	S\$829.84	Premium Due	S\$829.84
				Premium GST	S\$58.09
				Total Due	S\$887.93

Risk No. 001	MOTOR COMMERCIAL VEHICLE				
	ORIGINAL REGN DATE: 23.09.2008				
1. Registration	GBB2362H	Make/Model ..	NISSAN CABSTAR 3.0		
Type of Cover	Comprehensive✓	No. of seats	2	Body Type LORRY	
Engine No. ..	ZD30180510K	Capacity cc's	0	Yr of Manuf/Regn 2008/2008	
Chassis No...	JN1SC2F24Z0800393	Tonnage	1.59	Certificate Ref. MZ300/C	
Sum Insured..	Market value at the time of loss				
Excess Sect I	S\$500.00				
EX ON WINDSCREEN	S\$100.00				

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 & W(\$1,000.-).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

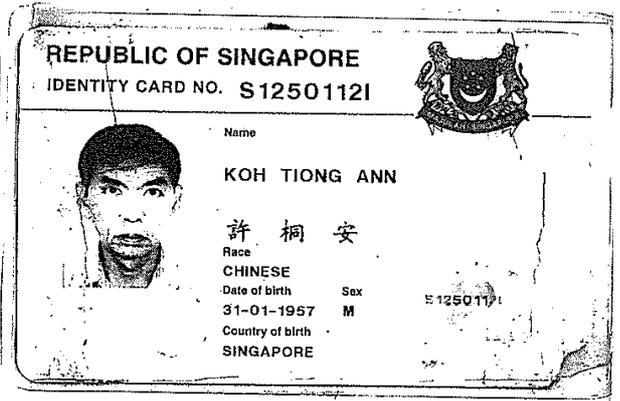
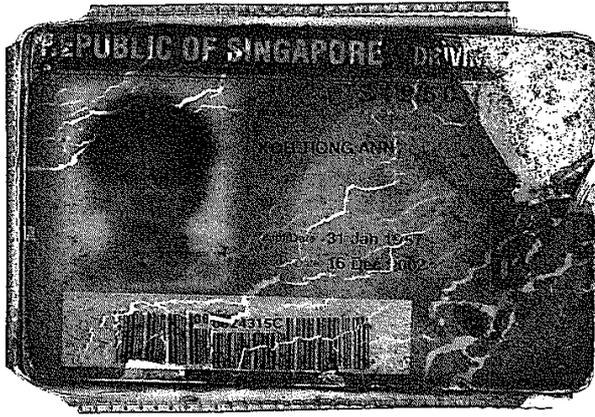
Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of S\$2,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 66 years old and above (Age as at Date of Accident).

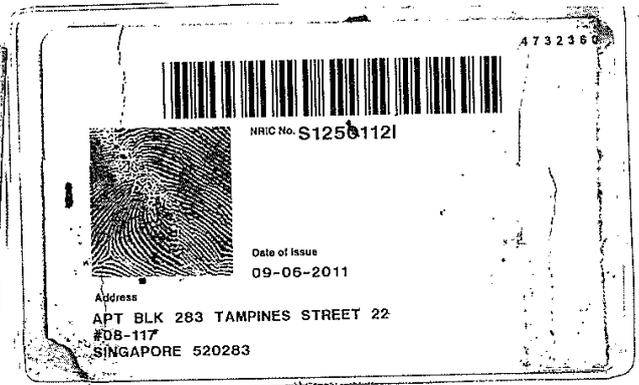
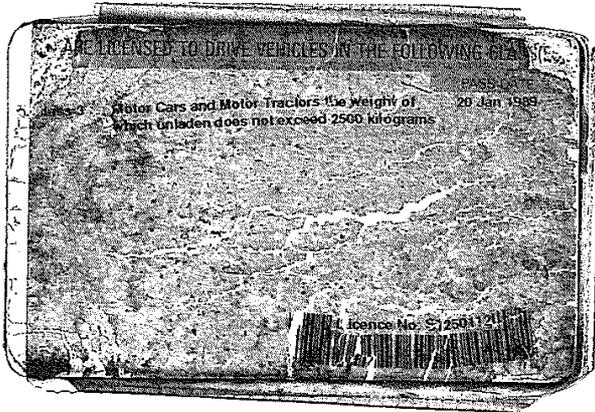
Once this S\$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.

Continued on page 2

DRIVER IC & DL Pg. 1



owner / Driver



INSURED VEH



INSUIRED CHASSIS NO

CHASSIS NO: JN1SC2F24Z0800393

U.L.W : 1780 KGS

M.L.W : 3400 KGS

P. CAP : F: 1 DRIVER, 2 OTHER
R: 00

TYRE SIZE : F: 175 x 80 PLY 15

R: 155 x 13 PLY 8 (D)

INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH

