

## 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	19/07/2018 17:28
Date Of Accident	06/07/2018 12:30
Exact Location Of Accident	ALONG PIE TOWARDS PUNGGOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD625C
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#### Insured/Policyholder

Name Of Registered Owner	KD ENGINEERING SERVICES PTE LTD
Co Reg No	201227571N
Email Address	SERENE@KDES.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62503890

#### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1627221802
Cover Note Number	

#### Driver

Name of Driver	CHAN LEONG HUAT
NRIC No	S2771504D
Date Of Birth	22/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	14/11/1992
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82895001
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 837 JURONG WEST ST 81 #11-81 SINGAPORE 640837
Postcode	
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

#### 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

PLEASE REFER TO SKETCH PLAN.

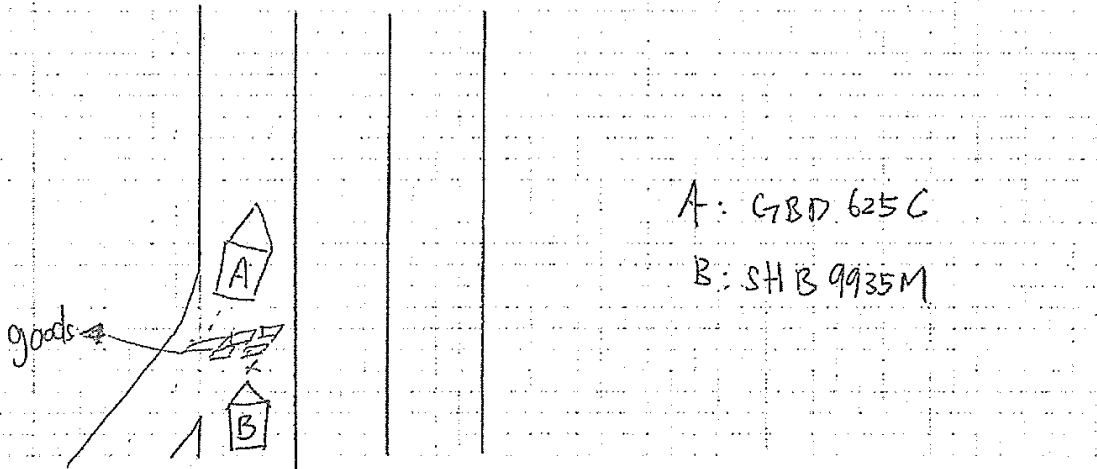
#### Attachment(s)

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	SHB9935M
Vehicle Make/Model/Colour	
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)	

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the mentioned date & time, I was travelling along PIE towards Punggal. When I was turning left from minor road to major Rd, the goods dropped down from my lorry's cargo deck. I went down to pick up these goods. Suddenly, a taxi driver came to me and told me that my goods have hit onto his vehicle front bumper portions.

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

**Name:**

NRIC/FIN No.:

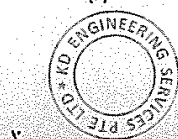
SKETCH PLAN

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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.



Policyholder's Signature  
Date & Time:

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

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

# CERTIFICATE OF INSURANCE Pg. 1



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

MZ300/CR SN  
AN0412A  
Cov.Type: C  
AUTOSAFE

## 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.	DMCVSN1627221802	Engine No :ZD30338199K Chassis No:JN1SC2F24Z0855735
1. Index Mark and Registration Number of Vehicle	GBD625C	
2. Name of Policy Holder	M/S KD ENGINEERING SERVICES PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30 MAY 2018	EXCESS SECT I .....S\$500.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	29 MAY 2019	
5. Persons or Classes of Persons entitled to drive *		
<p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR 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>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER.</p> <p>(1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>		
<p>HIRE PURCHASE CO. : MAYBANK AS HP OWNER</p> <p>* 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.</p>		

**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

DRIVER'S NRIC AND DRIVING LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Chan Leong Huat

License Number: S2771504D

Name: CHAN LEONG HUAT

Birth Date: 22 May 1967

Issue Date: 21 Jul 2017

Barcode: 002705737A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2771504D

Portrait photo of Chan Leong Huat

Name: CHAN LEONG HUAT

陳 梁 發

Race: CHINESE

Date of birth: 22-05-1967

Sex: M

Country/Place of birth: MALAYSIA

Small portrait photo

9355363

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	14 Nov 1992
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	14 Nov 1992

NP 428A

Barcode: Licence No: S2771504D

9355363

Barcode

NRIC No. S2771504D

Portrait photo of Chan Leong Huat

Nationality: MALAYSIAN

Date of issue: 04-09-2015

Address: APT BLK 837 JURONG WEST STREET 81 #11-81 SINGAPORE 640837



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](http://www.sg.cntaiping.com)  
Co. Reg No 200208384E

Our Reference: **SNM18D03453/C01/5**

Date : **13 JULY 2018**

via Ordinary & Registered Mail

 **KD ENGINEERING SERVICES PTE LTD**  
**7 SOON LEE STREET**  
**#03-31 I SPACE**  
**SINGAPORE 627608**

Dear Sir / Madam

**ACCIDENT INVOLVING GBD625C AND SHB9935M ON 06 JULY 2018**  
**ALONG PIE TOWARDS PUNGGOL**

We refer to the abovementioned accident.

Please be advised that the third party vehicle, **SHB9935M**, is filing a third party property claim against your vehicle.

We have appointed **LKK Auto Consultants Pte Ltd**, to administer the said claim on our behalf and they will soon contact you for more information about the accident. Kindly render your assistance and co-operation accordingly.

We understand that you or your driver has not filed an accident report within 24 hours as per Motor Claims Framework. We would urge you to comply with the condition to file your accident report with your vehicle (whether damaged or not) to us IMMEDIATELY through **LKK Auto Consultants Pte Ltd** or any of our **authorized workshops**. You may log onto our website [www.sg.cntaiping.com](http://www.sg.cntaiping.com) for location of the respective workshops.

We regret to advice that we and/or **LKK Auto Consultants Pte Ltd** will not be handling the third party claim and your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with the condition of reporting.

Yours truly,  
Claims Department

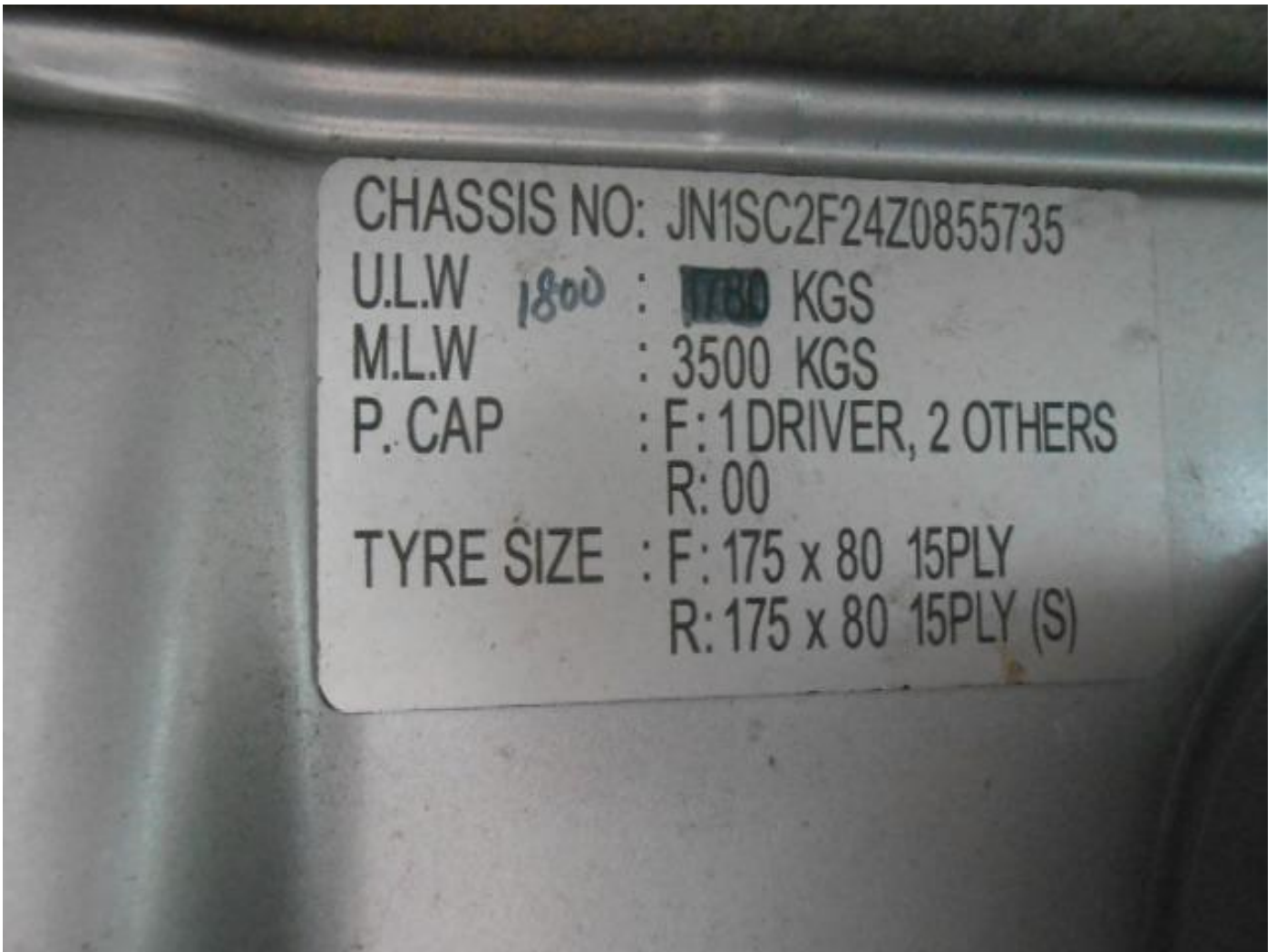
*(This is a computer generated letter and no signature is required.)*

CC : LKK Auto Consultants Pte Ltd

Attn : ASHER  
Ref : CC3/CT118012773/KEB3  
Contact No : 68416051  
via Email : [ASHER@LKKAUTO.COM](mailto:ASHER@LKKAUTO.COM)

CC : Agent - (AN0412A) - SAFE HARBOUR ENSURANCE

F02/LKKDSANR-2013





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

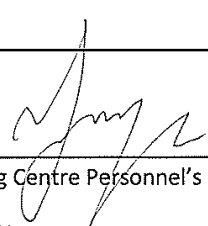
Original Report No : M55H18093458 Vehicle Registration No: G9BD6256  
Name (as shown in NRIC) : KD Engineering Service Pte Ltd NRIC/FIN/Passport No : 20227571N  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 06-07-18 Time of Accident : 12:36  
Place of Accident : Along PIE towards Ponggol  
Insurance Company: Ching Tsiping

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1) The email address should be Serene@kdes.com.sg.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: