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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	23/08/2018 16:44
Date Of Accident	17/08/2018 21:30
Exact Location Of Accident	ALONG WEST COAST PARK (CAR PARK A)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YN5140B
Insured/Policyholder	
Name Of Registered Owner	N & J SHIPYARD SERVICES
Co Reg No	52874347C
Email Address	NNJ47@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-97339073
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	COMPANY'S USAGE
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	DMCVSN3051461800
Cover Note Number	
Driver	
Name of Driver	LAKHDEEP SINGH
Decement No /CIN	0007070011

Name of Driver

Passport No/FIN

Date Of Birth

Occupation

Date Of Driving Pass

O5/07/2018

DATE OF DRIVING STATE AND A MO

Driving Experience 0 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-82842907

Fax Number
Contact Number

EMail Address NOEMAIL

Address N/A

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 Vegistration Number of Briver's Own

Insurance Company of Driver's Own Vehicle

-

NO

NO

YES

NO

NO

1

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?

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name NANYANG N.P.C

Police Station Address ROAD: 2 JURONG WEST AVE 5, POSTCODE: 649482, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-7929999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE ATTACHED 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGJ768H

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)

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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.
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- 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.

N & J SHIPYARD SERVICES

158 Race Course Road Singapore 218601 Tel: 6263 4937 / 9741 5522 Fax: 6291 2558

Policeholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan Pg. 1

CETCH PLAN	and the second control of the second control	
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Peter Policy Report	f No T/28-0821/	<u> </u>

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4 APRIL 1887 TENNE 1981 1981 1981 1981 1981 1981 1981 198		
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יא מוז זמ מו אויס		
CLARATION /e declare the faregoing particulars	are true in every respect	
		1×1
N & J SHIPYARD SERVICES		B. K.
158 Bacca Office Road Singapore 218601 401-899-4937 9741 5522 icyrolder's Signature 2558	Driver's Signature	Reporting Centre Personnel's Signature
e & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

CERTIFICATE OF INSURANCE Pg. 1



中国太平保险(新加坡)有限公司 CHINA TAIPING INSUPANCE (BINGAPONE) PTE, LTD.

ME300/C N SH AND655A COMPREHEMBIVE AUTOSAFE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Peity Risks and Compensation) Act (Chapter 169) Motor Vehicles (Third-Perty Risks and Compensation) Rules, 1990 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rüles, 1959 (Malaysia)

Engine No :4P10B17691 CERTIFICATE No. DMCVBN30514,61800. Chassis No: FEB21EA00371 Index Merk and Registration YN5140B Number of Vehicle M/S N & J SHIFYARD SERVICES 2. Name of Policy Holder 3. Effective date of the Commencement of insurance for 30 JULY 2019. (16:46 HOURE) the purposes of the Regulations, Ordinance or Enactment 01 OCTOBER 2019 4. Date of Exploy of Insurance Persons or Classes of Persons entitled to drive * ANY RERSON WHO IS DRIVING ON THE FOLICYHOLDER'S ORDER OR WITH THEIR PERMISSION. PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCOMPANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS TAKEN BO BERMETTED AND IS NOT DISQUALIFIED BY QROEN OF A COURT OF LAW OR BY REAGON OF ANY ENACTHENT OR REQUIRITION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE. 8. Limitations as to use: * (1) USE IN CONNECTION WITH THE POLICYHOLOGR'S EGOLUESS. (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER TRAN FOR HIRE OR REWARD) IN CONHECTION WITH THE POLICYHOLDER'S BUSINESS. (\$) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES. THE FOLICY DOES NOT COVER. (1) USE FOR BIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING. (2) USE WHILST DRAWING A THATLER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE. HIRE PURCHASE CO. ; ARMIN PTE LTD AS HP OFNER ... *Limitations randared inoperative by Section 8 of the Motor Validies (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 in featured in eccordance with the provisions of the Motor Vehicle's (Third-Party Risks and Companation) Act (Chapter 169) and Part IV of the Road Transport Act, 1987 (Malaysia), Please see reversa For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. ACER INSURANCE AGENCY #08-44 Primz Bizhub Singapore 737854. Tel: 6777.8323 Fax: 6776.8323 Countersigned By: Authorised Officer Authorised Slanstory

3 Anson Road #16-00 Springleef Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 2592 Website: www.sg.cntalping.com

POLICE REPORT Pg. 1





Police Station Of Origin:

Nanyang N.P.C

2 Jurong West Avenue 5 SINGAPORE

649482

Nationality:

INDIAN

Sex:

Male

Race:

Indian Occupation:

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

MARINE TRADES WORKER

T/20180821/2183

Date of Expiry:

Report No. T/2018082 172 183

1 of 3

Date/Time Report Made: Vide Report No.: Station Diary No : 21/08/2018 20:44 Informant's Particulars Name of Informant: Address: LAKHDEEP SINGH ID Type / ID No.: Contact No.: FIN NO / G2278729U Home/Office: Mobile: 82842907 Email: Type of Informant: Date of Birth: Age: 27 15/08/1991 Driver Institution / School Name: Language: Driving Licence Information:

				Anti_	
General Inforn	nation of the Accide	nt		16 16 16 16 16 16 16 16 16 16 16 16 16 1	
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/08/2018 21:30	Type of Location: Car Park	
Location: Along Road 1 WEST COAS				(, ·	
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis Moving Vehicl	ion: le Against - Parked Ve	ehicle		Anyone conveyed by ambulance: No	

Class:

Details of Ve	ehicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGJ768H					Slightly	0
					Damaged	
YN5140B					No	0
					Damage	

POLICE REPORT Pg. 1



T/20180821/2183

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 2 of 3 Report No. T/20180821/2183

Tel No: 180()-7929999

CONTINUATION OF REPORT

Brief Details.

4.16

On 17/8/18 at about 2130hrs, I was at West Coast Park Carpark A near Macdonald as I wanted to buy macdonald for dinner. I then found a lot and did a reverse parking. As I was reversing, I checked the side mirrors and was safe hence I continued reversing. I then felt a jerk and went down to make a check and realized I hit another vehicle bearing registration number SGJ768H which was stationary. I then changed to another lot to park and waited for 20 minutes however the driver did not show up. I then left the car park. On 21/08/18 at about 0900hrs, I told my boss and was asked to lodge a police report.

POLICE REPORT Pg. 1

CONTINUATION OF REPORT





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 3 of 3 Report No. T/20180821/2183

Tel No: 1800-7929999

Sketch Plan

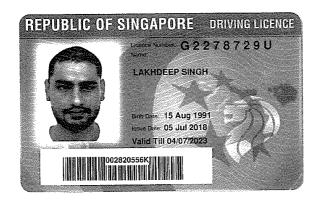
Informant is not able to provide sketch plan

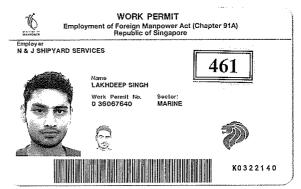
are 4. . .

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	Signature Of Informant
Sgt 2 WONG JUN WEI, DANIEL	J. S.
Signature Of Interpreter: Not applicable	Date/Time: 21/08/2018 20:44
Officer In Charge Of Case:	Classification Of Case:
SI ABDUL KAREEM BIN ABDUL HAGUE	
Contact No : 65476079	
Authentication Stamp	1
NP166	
Signature:	
Singapore Police Force	
And the second s	

DRIVER DETAIL Pg. 1





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

Class 3

NP 428A















