#### 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 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.	
	ACCIDENT STATEMENT
Date Of Report	12/09/2018 10:19
Date Of Accident	11/09/2018 14:00
Exact Location Of Accident	ALONG CTE TOWARDS JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF345A
Insured/Policyholder	
Name Of Registered Owner	A TEAM LANDSCAPE CONSTRUCTOR PTE LTD
Co Reg No	201101215Z
Email Address	A.TEAM.LANDSCAPE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-98175912
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 3.0 WITH HOOD
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	DMCVSN3015371802
Cover Note Number	
Driver	
Name of Driver	ARULANDU ALEXANDER

Passport No/FIN G8119825Q Date Of Birth 19/04/1980 Occupation **OUTDOOR** 21/03/2013 **Date Of Driving Pass** 

**Driving Experience** 5 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84354056

Fax Number **Contact Number** 

**EMail Address NOEMAIL** 

23 TU FU AVENUE Address

TEACHER'S HOUSING ESTATE

Postcode 787230

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** 

**COLLISION - HEAD TO REAR** Type Of Accident

NO

NO

NO

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLN7500L

Vehicle Registration Number 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**

#### **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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

12 SEP 2018

(0:19Am

Driver's Signature

(If driver is not the policyholder)
Date & Time: 12 SEP 2018

10:19 Am

Reporting Centre Personnel's Signature

Name: Poh Kwee Choo NRIC/FIN No.: \$6840583A

GIARIaC SketchPlanForm, V3

## Sketch Plan Pg. 2

1 7		
alan He	- Just A /	
SKETCH PLAN BUKET	GBF345A	
Merah		
Car SIA 7500		
Car SLA		
7500	12	
DECEDIDE CIDCULACEANICE		:
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
the incident	happened on 11/9/2018 at 2 pm.	
I was tra	valling along ETE towards Jalan Bukit	mensh.
the from	talling along ETE towards Jalan Bukit town SLN 7500L Stypped. I Sidn't not	ce da
the Const	true because The land at consider to	rehicles
The from	+ car because I was hoting of coming a f I slightly knocked on the back of 6	/ >/ > ====
ine impor	p _ sugrated in some we the fa	DIY (SIC
Ny wahid	a front portion slightly dented.	DIE /SIE
Ny wahid	a front portion slightly dented. was injury.	DI4 13W
Ny wahid	a front portion slightly dented.	D14 (3)
Ny wahid	a front portion slightly dented.	DIA (200
Ny wahid	a front portion slightly dented.	DIY (SIX
Ny which	a front portion slightly dented.	DIY (SIX
Ny which	a front portion slightly dented.	DIY (SIX
Ny which	a front portion slightly dented.	DIY (SIX
Ny wahid	a front portion slightly dented.	DIY (SIX
Ny wahid	a front portion slightly dented.	DIY (SIX
Ny which	a front portion slightly dented.	DIY (SIX
Ny which	a front portion slightly dented.	
Ny wahid	a front portion slightly dented.	
Ny wahid	a front portion slightly dented.	
Ny wahid	a front portion slightly dented.	
Ny wahid	a front portion slightly dented.	
Ny wahid	a front portion slightly dented.	
Ny wahid	a front portion slightly dented.	
No one	a front portion slightly dented.	
Ny which No one Declaration	a front portion slightly dented.	
Ny which No one Declaration	e front portion slightly clented.  was injury.	
Ny which No one Declaration	e front portion slightly clented.  was injury.	
Ny which No one Declaration	iculars are true in every respect.  Driver's Signature  Reporting Centre Personnel's Signature	
DECLARATION  I/We declare the pregoing part	e front portion slightly clentaid.  was injury.  iculars are true in every respect.  Alle	

#### **CERTIFICATE OF INSURANCE Pg. 1**



#### 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD. Co. Reg. No 200208384E

MOTOR COMMERCIAL VEHICLE

MZ300/C R SN AN0420A Cov.Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Parly Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Parly Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Parly Risks) Rules, 1959 (Malaysia)

**ORIGINAL** 

Engine No :1KD2551659 CERTIFICATE No. DMCVSN301537180Z ChaNo: KDY2318021359 Index Mark and Registration GBF345A AUTOSAFE Number of Vehicle

2. Name of Policy Holder A TEAM LANDSCAPE CONSTRUCTOR PTE LTD

 Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment 13 May 2018 Excess Sect I ...... \$\$500.00 EX ON WINDSCREEN ...... \$\$100.00

4. Date of Expiry of Insurance 12 May 2019

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.: MAYBANK 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).

NCY PT

Please see re)

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

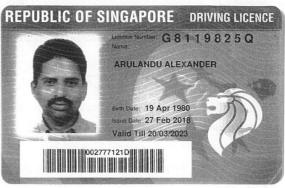
V/ SS3 Issued By: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

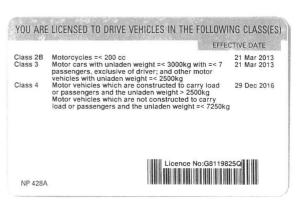
3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

### DRIVER'S WORK PERMIT + DRIVING LICENCE Pg. 1









# **Accident Photo**



# **Accident Photo**



# **Accident Photo**



### **CHASSIS NUMBER**

