

## 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	17/09/2018 11:22
Date Of Accident	15/09/2018 16:10
Exact Location Of Accident	MIDDLE ROAD TOWARDS BENCOOLEN STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3481J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S TRUE COLOURS INDUSTRIAL PTE LTD
Co Reg No	201600100Z
Email Address	SGCOLOURS@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96850996

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV3500
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	THIRD PARTY
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	
Cover Note Number	60012935

### Driver

Name of Driver	HUANG FEI
NRIC No	S2637222D
Date Of Birth	08/10/1964
Occupation	INDOOR
Date Of Driving Pass	12/05/1994
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96850996
Fax Number	
Contact Number	
Email Address	SGCOLOURS@GMAIL.COM

Address	31 LORONG 105 CHANGI #05-04
Postcode	426536
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	COLLISION - MAJOR/MINOR RD
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?	
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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9602Z
Vehicle Make/Model/Colour	CHEVROLET EPICA LT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG HIN WOO
NRIC/Passport Number	S1125028I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

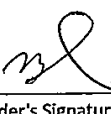
**SKETCH PLAN**


**IMPORTANT NOTICE**


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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.

  
Policyholder's Signature  
Date & Time: 17/09/18 11:14

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 17/09/18 11:14

  
Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN No.: S6840583A

### SKETCH PLAN

Handwritten notes on graph paper:

- Top right: A. GBH 3481 J  
B. SHB 9602 Z
- Left side: middle pos
- Bottom left: BUS
- Bottom center: Benutzen ST
- Diagram: A grid with arrows indicating directions. A dashed line separates the top and bottom sections. A box labeled "A" is positioned between the two sections.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 15/04/18 16:09hrs I was Driving along middle Road turning Left to Bencoolen St. Traffic was on my side was Green so I proceed to turn left suddenly I heard a loud Bang on my side of the vehicle a Red coloured taxi hit the side of my Vehicle. Please Refer to my Video as the process is Captured. Will Claim against thirdparty for the Damages.

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_

Date & Time: 11/09/18 11:14

**Driver's Signature**

(If driver is not the policyholder)

Date & Time: 17/09/18 11:44

Reporting Centre Personnel's Signature

Name: S6840583A

NRIC/FIN No.:



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

3 Anson Road #15-00 Springleaf Tower, Singapore 079909  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.sg.cntaiping.com  
Co. Reg. No. 200208384E

## MOTOR COVER NOTE

Cover Note No : 60012935

Agent Code : AN0633A

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers Bureau of Singapore dated 22 February 1975, or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurer's Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule is hereby HELD COVERED under the terms of the Company usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which cases the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

## SCHEDULE

INSURED	M/S TRUE COLOURS INDUSTRIAL PTE LTD
MAKE/MODEL OF VEHICLE	NISSAN NV350
*YEAR OF MANUFACTURE	2018
YEAR OF REGISTRATION	2018
ENGINE NO.	YD25018452B
CHASSIS NO.	JN1MC2E26Z0030179
ENGINE CAPACITY/TONNAGE	1.48
TYPE OF COVER	COMPREHENSIVE
SUM INSURED	MARKET VALUE
PERIOD OF INSURANCE	FROM: 25 APRIL 2018 TO: 24 APRIL 2019
EXCESS	S\$ 350.00
AUTOSAFE	YES
HIRE PURCHASE CO.	UNITED OVERSEAS BANK LIMITED

**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).

Not valid unless counter signed by Authorised Agent

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Agent Name & Date

Authorised Signatory

## PREMIUM PAYMENT WARRANTY

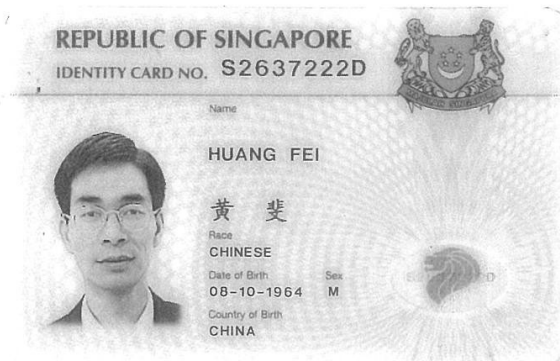
For Individual Customer:

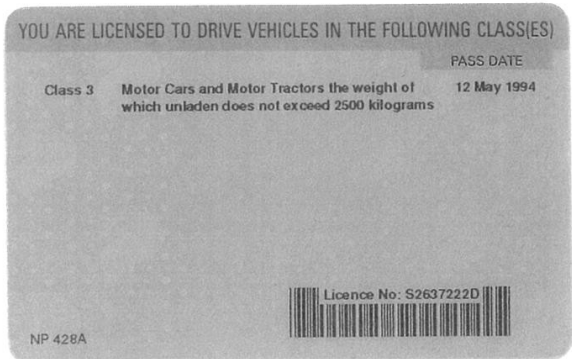
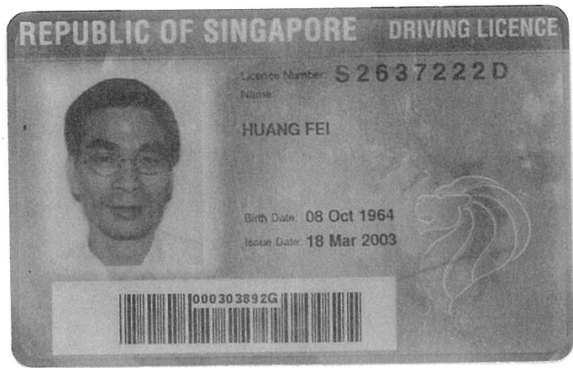
Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customer

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception.

**\*IMPORTANT NOTICE : THIS COVER NOTE IS VALID FOR 30 DAYS FROM 24-04-2018.**





Accident Photo





Accident Photo



Accident Photo



CHASSIS NUMBER

CHASSIS NO: JN1MC2E26Z0030179

U.L.W : 1780 KGS

M.L.W : 3300 KGS

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

TYRE SIZE : F: 195 x 15R 8PLY

R: 195 x 15R 8PLY(S)

Scene Photo



Third Party's Vocational Licence



**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: S66550020G / GST Reg. No.: M400017735

## ADDENDUM

Original Report No : MLHM18120179 Vehicle Registration No: GBH3481J

Name(as shown in NRIC) : HUANG FEI NRIC/FIN/Passport No : S2637222D

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : 31 LORONG 105 CHANGI #05-04 Singapore( 426536 )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 96850996

Email Address : SGCOLOURS@GMAIL.COM

Date of Accident : 15/09/2018 Time of Accident : 16:10 HRS

Place of Accident : MIDDLE ROAD TOWARDS BENCOOLEN STREET

Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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

I will like to include the video footage.

f Huang Fei  
Policyholder / Driver's Signature  
Date: 18/09/2018

Reporting Centre Personnel's Signature

Name: POH KWEE CHOO

NRIC/FIN No.: S6840583A

Date: 18/09/2018