## 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.					
	ACCIDENT STATEMENT				
Date Of Report	28/09/2018 14:17				
Date Of Accident	27/09/2018 14:45				
Exact Location Of Accident	CROSS JUNCTION OF RIVER VALLEY ROAD				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	GT3833E				
Insured/Policyholder					
Name Of Registered Owner	M/S YUAN TAI MEDICAL HALL				
Co Reg No	060699/00X				
Email Address	YIPSOKEMUI@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-98169211				
Alternative Phone No	OFFICE-67785260				
Vehicle Particulars					
Manufacturer	MERCEDES-BENZ				
Model	VITO 111L				
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	DMCVSN6019861812				
Cover Note Number					
Driver					
Name of Duivan	VID DAY FOLL				

 Name of Driver
 YIP PAK FOH

 NRIC No
 \$2049481F

 Date Of Birth
 01/01/1934

 Occupation
 INDOOR

 Date Of Driving Pass
 02/12/1957

Driving Experience 60 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98169211

Fax Number

Contact Number

EMail Address NOEMAIL

Address 122 FABER DRIVE

Postcode 129431

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 - CROSS JUNCTION

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? YE

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

Number of Passengers (Including Driver)

Passenger 1

YES NO

2

NAME: : TOH YOKE LENG

GENDER: : FEMALE

## **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?

NO

NO

## **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 SLP8250R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver TZIVELEKAS MAC THEMIS

NRIC/Passport Number G5244074U Contact Number 84687089

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### 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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- 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.

MAL

Policyholder's Signature Date & Time:

28 SEP 2018 (4:1765

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Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No. Poh Kwee Choo S6840583A

Page 3 of 10

# Sketch Plan Pg. 2

SKETCH PLAN	River Valley	Rd 1	Traffic	
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		O R		
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the other side				idy at
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happened. I	cheeted r	uy vehide	impact was	at the front
happened. I left Side fen	der on The	vehicle &	LP8250R	behind right
side near typ	e area scr	atched.	I think the	vehicle
SU BOSOR do				
The weather in	sas clear an	d dry and	sanny.	
No one was		3	,	
	<b>0</b>			
		···		
DECLARATION				
I/We declare the foregoing particulars are	e true in every respect.			
18/4			(	

2.8 SEP. 2018

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: Poh Kwee Choo NRIC/FIN No.: S6840583A

# **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

Co. Reg. No. 200208384E R SN
AN0185A
Cov. Type: F

Engine No :64698250118019

ChaNo: WDF63960323124590

PLM 310501

MZ300/C

**ORIGINAL** 

## 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.

DMCVSN6019861812

GT3833# (

Number of Vehicle

2. Name of Policy Holder

1. Index Mark and Registration

M/S YUAN TAI MEDICAL HALL

 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

11 April 2018

4. Date of Expiry of Insurance

10 April 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.

\* 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).

Please see reverse

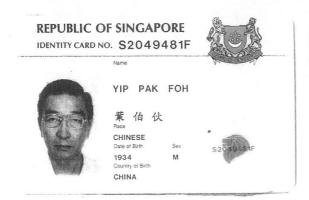
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

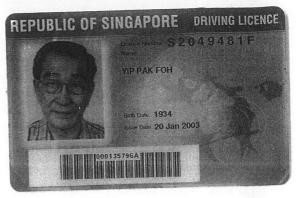
Issued By:

Authorised Officer

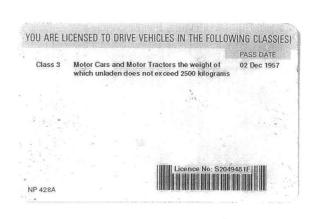
Authorised Signatory

# DRIVER'S NRIC & DRIVING LICENCE Pg. 1









# **Accident Photo**



# **Accident Photo**





## **CHASSIS NUMBER**

CHASSIS NO: WDF63960323124590
U.W. 1500 KG
M.L.W. 2940 KG
PASS. CAP: 02

TYRE SIZE: F:225/60/R16C
R:225/60/R16C(S)