

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 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	23/07/2015 17:09
Date Of Accident	22/07/2015 10:35
Exact Location Of Accident	KAKI BUKIT AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YK8688J
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Insured/Policyholder

Name Of Registered Owner	YANG YONG ANN PTE LTD
Co Reg No	199609027N
Email Address	YYG_SG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97632293
Alternative Phone No	OFFICE-97632293

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR71LU5GT

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 GOODS VEHICLE

Insurance Company

Name of Insurance Company	TENET SOMPO INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D15MTPCVE001203
Cover Note Number	19/07/2015 - 18/07/2016

Driver

Name of Driver	WANG ZHENGKAI
Work Permit No	O 57229950
Date Of Birth	25/01/1982
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2012
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96172659
Fax Number	
Contact Number	
Email Address	YYG_SG@HOTMAIL.COM

Address

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 UNKNOWN - COLLISION HEAD TO SIDE (TP HIT INSURED)

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

Was there any video captured by Car Camera? NO

Number of Passengers (Including Driver) 2

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

ON 22/07/2015 AT ABOUT 1035HRS. I WAS TRAVELLING ALONG KAKI BUKIT AVE 3. I WAS ON FIRST LANE TOWARD SECOND LANE. ITS WAS ALMOST COMPLETED TO ENTER THE SECOND LANE. OUT OF SUDDEN I HEARD BANG SOUND. I STOPPED MY VEHICLE (YK8688J) AND I NOTICE VEHICLE B (YK324L) HIT INTO LEFT SIDE OF MY VEHICLE. NO ONE INJURED.

Are accident photos available for attachment? YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YK324L

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number 92953047

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

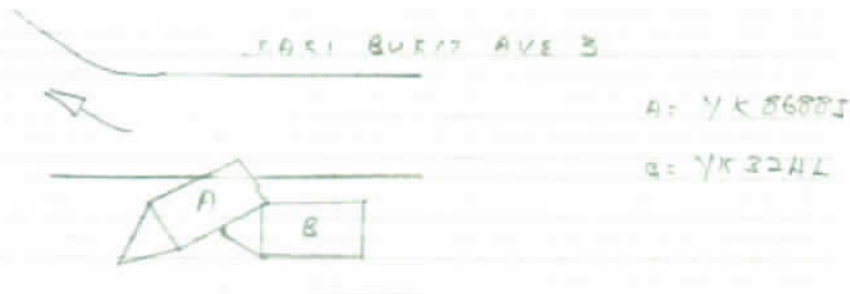
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 22/7/2015 AT ABOUT 1035HRS I WAS TRAVELLING
ALONG KAKI BURIT AVE 3. I WAS ON FIRST LANE TOWARD
SECOND LANE ITS ALMOST COMPLETED TO THE SECOND
LANE SUDDENLY I HEARD BANG SOUND. I STOPED MY
VEHICLE (YK 8688J) AND I NOTICED VEHICLE B (YK 324L)
HIT INTO MY VEHICLE ON LH SIDE OF MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

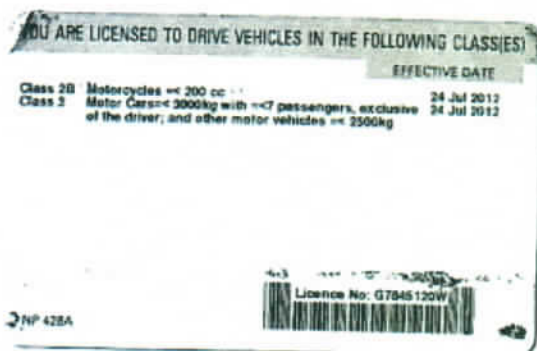
Policyholder's Signature / Date &
Time

WANG ZHENG KAI
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel



PERMIT & DRIVING LICENCE



CERTIFIED OF INSURANCE



Tenet Sampo Insurance Pte. Ltd.

30 Raffles Place, #05-01/04, Singapore Land Tower, Singapore 048623. Tel: 6221 2211 - Fax: 6221 3022
193516 www.tenetsampo.com.sg - Co. Reg. No: 1986054002 - GST Reg. No: U200802185

Certificate of Insurance

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES,1960
ROAD TRANSPORT ACT,1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES,1959 (MALAYSIA)**

Cart No./Policy No. : D15MTPCVE001203
1. Registration No. : YK888BJ
2. Insured Name : YANG YONG ANN PTE LTD
3. Commencement Date : 19 JULY 2015 00:00
4. Expiry Date : 18 JULY 2016 23:59
5. Coverage : Market value at time of loss - Third Party, Fire & Theft
6. Excess : NIL

7. Persons or Classes of Persons entitled to drive*

b) Any person who is driving on the insured'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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use*

1) Use in connection with the insured'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, pacemaking, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (85) 8461 6555

Visit www.tenetsampo.com.sg for list of Accident Reporting Centers.

HP : ABWIN PTE. LTD.



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)

Tenet Sampo Insurance Pte. Ltd.

Stallap

Date/Time of Issue : 03 JULY 2015 16:27

*Liability rendered inoperative by section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189 and section 85 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the Insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189).
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy.

Intermediary Code & Name : 11513400 & SIMPLY INSURANCE AGENCY ☐ Code: 200 _DQDPH1444/NVBM2A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

