### 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	02/10/2018 09:12
Date Of Accident	02/10/2018 08:10
Exact Location Of Accident	T-JUNCTION OF BRIGHT HILL DRIVE AND SIN MING AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB9308U
Insured/Policyholder	
Name Of Registered Owner	M/S BACK TO FLOWERS
Co Reg No	53171853X
Email Address	YEWYONGSIM@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97991136
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	CADDY
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	DMCVSN1025581808
Cover Note Number	
Driver	
Name of Driver	SIM YEW YONG

Name of Driver

SIM YEW YONG

NRIC No

S1398511A

Date Of Birth

15/10/1959

Occupation

INDOOR

Date Of Driving Pass

03/04/1979

Driving Experience 39 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97991136

Fax Number

Contact Number

EMail Address YEWYONGSIM@GMAIL.COM

Address BLK 278 BISHAN STREET 24

#18-66

Postcode 570278

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - COMPANY DIRECTOR

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

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**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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : SIM YUNYING

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

NO

2

### **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 SDQ8063D

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)

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### SKETCH PLAN

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### **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
- 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.
- 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.
- 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:

> -2 00T 2010 29512Am

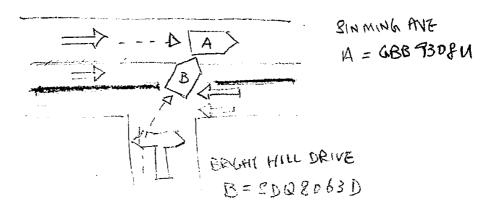
Driver's Signature (If driver is not the policyholder)

Date & Time: 2 007 2018

07:17 A

Reporting Centre Personnel's Signature Poh Kwee Choo Name:

NRIC/FIN No.: S6840583A SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	In all the same are the	
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B	sright this drive.	
R	bright Hill drive.	Ļ
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	recently Halfman Der 5064 2016 3 12 hi	
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DECLARATION

Policykolder's Signature

-2 OCT 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: ~ 2 00.7 2018

Reporting Centre Personnel's Signature

NRIC/FIN No.: Poh Kwee Choo 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

MZ300/C R SN AN0421A Cov.Type: C

MOTOR COMMERCIAL VEHICLE

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)

**ORIGINAL** 

CE	RTIFICATE No.	DMCVSN1025581808	Engine No :BLSA87080 ChaNo:WV1ZZZ2KZAX018574
1.	Index Mark and Registration Number of Vehicle	GBB9308U	AUTOSAFE
2.	Name of Policy Holder	M/S BACK TO FLOWERS	
3.	Effective date of the Commencement of Insurance for the purposes of the Regulatio Ordinance or Enactment	31 August 2018	Excess Sect I
4.	Date of Expiry of Insurance	30 August 2019	
5.	Persons or Classes of Persons entitled to d	rive*	
	Any person who is driving on	the Policyholder's orde	r or with their permission.
	Provided that the person driv	ving is permitted in acco	ordance with the licensing or other laws or
6	regulations to drive the Moto Court of Law or by reason of	or Vehicle or has been so	ordance with the licensing or other laws or o permitted and is not disqualified by order of a tion in that behalf from driving the Motor Vehicle.
Б.	regulations to drive the Moto	or Vehicle or has been so	<del>-</del>
6.	regulations to drive the Moto Court of Law or by reason of  .imitations as to use:  (1) Use in connection with th (2) Use for the carriage of policyholder's business. (3) Use for social, domestic	or Vehicle or has been so any enactment or regular ne Policyholder's busines passengers (other than fo	o permitted and is not disqualified by order of a tion in that behalf from driving the Motor Vehicle.
6.	regulations to drive the Moto Court of Law or by reason of  imitations as to use:*  (1) Use in connection with the country of the carriage of process policyholder's business.  (3) Use for social, domestic the Policy does not cover.  (1) Use for hire or reward or	or Vehicle or has been so any enactment or regular me Policyholder's busines massengers (other than fo or pleasure purposes.	o permitted and is not disqualified by order of a tion in that behalf from driving the Motor Vehicle.

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

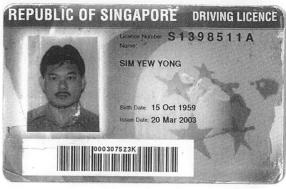
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

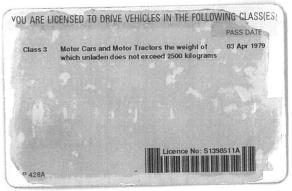
3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

### DRIVER'S NRIC + DRIVING LICENCE Pg. 1









# **Accident Photo**



# **Accident Photo**





## **CHASSIS NUMBER**



# Scene Photo

