MCCA18131489 / Car City Auto Centre Pte Ltd - HQ ENTRY DATE & TIME: 10/10/2018 13:32 SUBMITTED BY: Neo Gim Li

#### 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 liability.
- 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

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	10/10/2018 13:32	
Date Of Accident	08/10/2018 13:40	
Exact Location Of Accident	BLK 65 UPPER CHANGI ROAD OPEN CARPARK	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GV39R	
Insured/Policyholder		
Name Of Registered Owner	M/S SPAN AQUARIUM PTE LTD	
Co Reg No	200714377R	
Email Address	DAVID_PUAH@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-98332234	
Alternative Phone No	OFFICE-98332234	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	HIACE-3.0 (A)	
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	THIRD PARTY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	NO	
Policy Number	DMCVSN8004451810	
Cover Note Number		
Driver		
Name of Driver	PUAH CHIN KOON	
NRIC No	S0564486J	
D-t- Of Birth	00/04/4040	

NRIC No S0564486J

Date Of Birth 09/04/1948

Occupation OUTDOOR

Date Of Driving Pass 01/11/1968

Driving Experience 49 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98332234

Fax Number

Contact Number

EMail Address CK@PMBATH.COM

Address 189, MEYER ROAD

Postcode 437972

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

-

NO

1

**General Information of the Accident** 

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

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)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

AS PER SKETCH PLAN ATTACHED.

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLV9311K

Vehicle Make/Model/Colour RED COLOUR

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver MRS ROS

NRIC/Passport Number

Contact Number 92963106

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

D-------

Passenger 1 NAME:

GENDER: :

#### **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:

- 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)
  - (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.

pan Aquarium Pte Ltd 7 Kaki Bukit Road 1 #B1-08 Eunos Technolink Singapore 415937 tel 6348 5930 fax 6742 6385 support@aqua.span.com.sg ኧ

Policyholder's Signature

Driver's Signature

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

Name:

Lalu

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Date & Time:

## Sketch Plan #2 Pg. 1

SKETCH PLAN BIK New	Upper Changi Re	10 d
	I IA	A GUB9R B SLV9311K
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	
英10月8日1.4	Una A GA E RIK	che Noullandhan
取用一辆车等的公司。 成分后右边,当日 24405年70 今别10-10-2018 我在停车位	车SLV9311次要混入 古代在等部的区小 分子经步发、等了两不 本做一分级告一	信息位、高速到代Van 安放学、Mrs、Rosi选择 ままな接至し申うる、PT山 した
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Peclaration  Jeclaration  Jeclaration  The declar the layer one particulars in the layer of the	are true in every respect.	O O N AUSO
Policyholder signaturan.com.sg Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Saluj NRIC/FIN No.: 51842

#### **INSURED CI 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 DR0510A

Cov. Type: F

PLM 310949

**ORIGINAL** 

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)

CERTIFICATE No.

DMCVSN8004451810

ChaNo: JTFHT02P000002651

1. Index Mark and Registration

Number of Vehicle

2. Name of Policy Holder

SPAN AQUARIUM PTE LTD

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

16 March 2018

4. Date of Expiry of Insurance

15 March 2019

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. : HONG LEONG FINANCE LTD 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Authorised Officer

Authorised Signatory

#### DRIVER IC Pg. 1







PUAH CHIN KOON

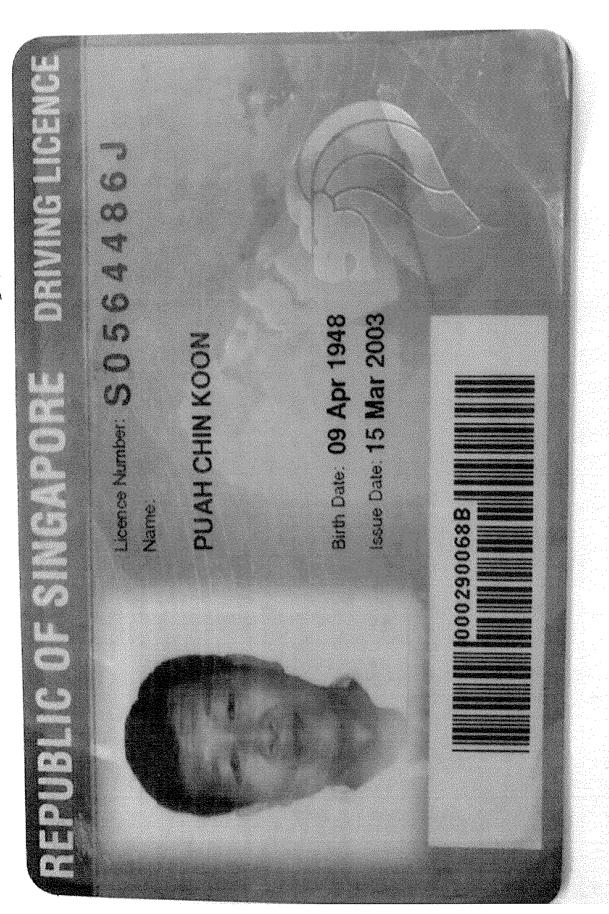
潘 振 光 CHINESE

CHINESE
Date of Birth
09-04-1948
Country of Birth
SINGAPORE

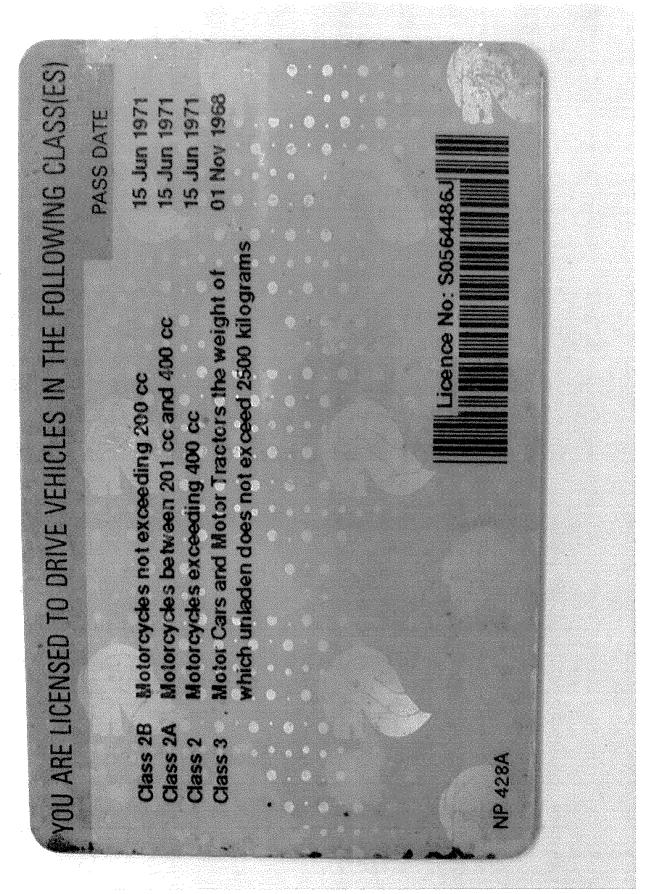


Driver





Driver



## **SCENE PHOTO**



#### **SCENE PHOTO**























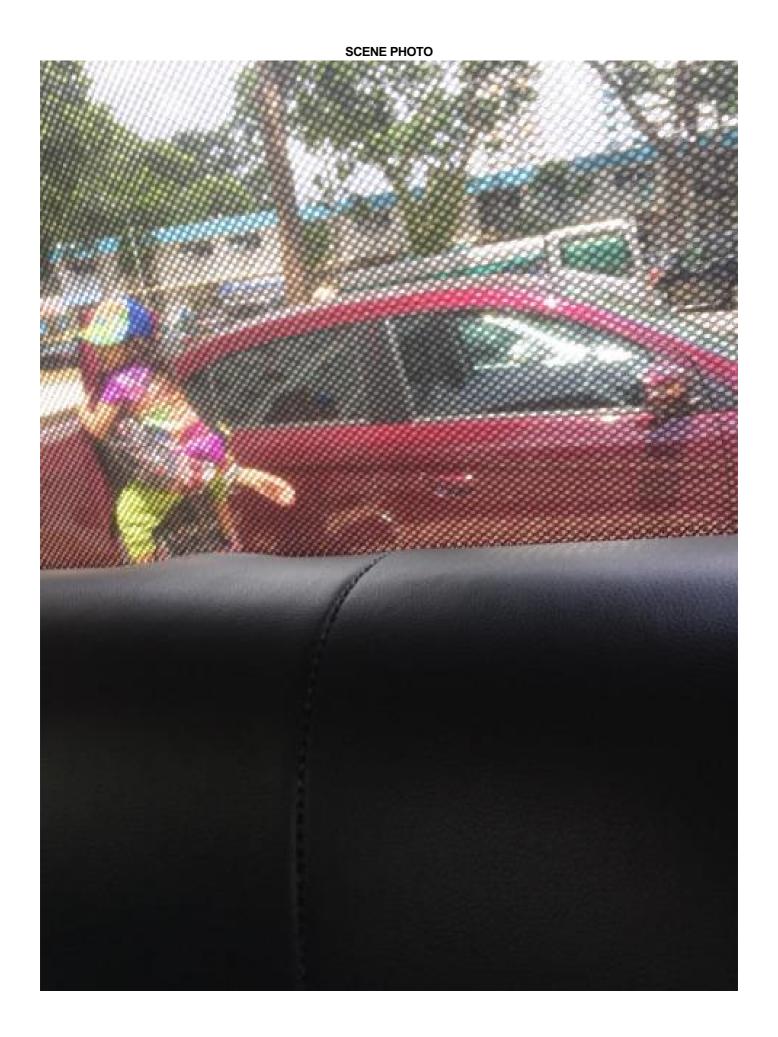












# SCENE PHOTO

