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#### 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 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.
- 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	22/10/2018 15:58
Date Of Accident	19/10/2018 21:30
Exact Location Of Accident	2 JURONG WEST STREET 23 SINGAPORE 648195
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC1735S
Insured/Policyholder	
Name Of Registered Owner	INDUSTRIALTECH PRODUCTS (S.E.ASIA) PTE, LTD.
Co Reg No	The state of the control of the state of the
Email Address	JAMES@INDUSTRIALTECH.COM.SG
Mobile Phone No	(LOCAL) +65-90043715
Alternative Phone No	OFFICE-68631537
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1647851802
Cover Note Number	
Driver	

#### Driver

Name of Driver GOH SOON SENG

 NRIC No
 \$1768224E

 Date Of Birth
 24/05/1966

 Occupation
 OUTDOOR

 Date Of Driving Pass
 02/10/1990

Driving Experience 28 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90043715

Fax Number

Contact Number OFFICE-68631537

EMail Address JAMES@INDUSTRIALTECH.COM.SG

Address

BLK 115D CANBERRA WALK

#09-183

Postcode

754115

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

-

55 D/S

-

#### General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

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 (THIRD PARTY REVERSE AND HIT INSURED)

#### 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

XE2482T

Vehicle Make/Model/Colour

TRUCK

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

65664330

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- 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 liability.
- 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.
- The 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.
- 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:
  - 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.

2200718

- (e) the information so collected under (d) above may be shared / disclosed:
  - 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:

10 + 14

Driver's Signature

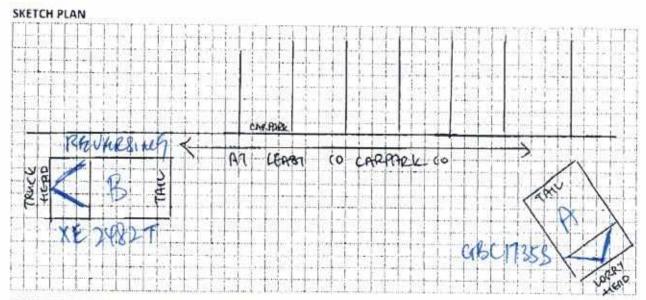
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnells Signature

Name:

NRIC/FIN No.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CRIMSON	$(\xi)$	PTE	Uo	DR	IVER	WH	(62)	REVE	PSING	746	- 6	LUBBIN
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DECLARATION

Date & Time Ondo

I/We do the soling particulars are true in every respect.

Oriver's Signature

(if driver is not the policyholder)

22 OCT 18

Date & Time:

GIARMU SketchetanForm, V.S.

Reporting Centre Personnel's Signature

Name:

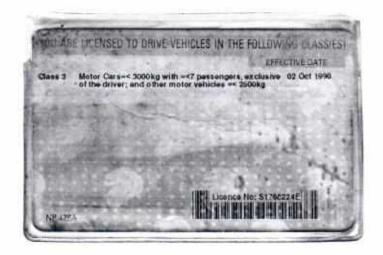
NRIC/FIN No.:

# ACCIDENT STATEMENT

	DENT DATE: 19 10 100 (DD/MM/YYYY), TIME: 3 : 50 (HH:MM)
1000	TION: 2. JURONG WEST STREET 23 SINGARDER- 648 195
LOCA	HON: 21 JURESTED Office   STATE   23
1.	DETAILS OF VEHICLE  OJVEHICLE NUMBER: ABC 17358
	DINSURANCE COMPANY: CHINA TATPING INSURANCE (SINGAPORE) PIE (TO
	BINSURANCE COMPANY: CHINA THIPING INSGEMENT
	CIPOLICY NUMBER: PLM \$16642
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE ATHEFT)
	eJMAKE & MODEL:
	()TYPE: (SALGON / COUPE / MPV / VANT LORRY / MOTORCYCLE / OTHERS)
	MINISTER CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  HIPURPOSE OF USING AT ACCIDENT TIME: TO WORK
	HIPORPOSE OF USING AT ACCIDENT TIME. TO
	I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NOT
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.	ANAME INNISTRIALIEU ROUNETS (CEASA) PIE LO (MALE / FEMALE)
	CIADDRESS: JT TUAS AVE 13 HOI-22 SINGAPORE 638993.
	CIADDRESS: SA CHAS AND 13 WALLES SHOULD SHOU
	* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER
older of and	DDA/ED
4 the of bassonds	GOH SOON SENG (MAIE / FEMALE)
(Including driver)	BINRIC/FIN/PASSPORT: 31768224E CONTACT: 9004 375
( )	CIADDRESS: BIK 1150 CANBERRA WALK #09-183
~~~	SINAAPORE 754 115
	" DATE OF BIRTH: (24 / 05 / 19 66 )(DD/MM/YYYY)
	OOCCUPATION: (INDOOR / OUTDOOR)
	HOATE OF DRIVING PACE - 11 (1 MAR 2014)
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / MO)
14	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5.	OJWEATHER CONDITION: (CLEAR / RAINING / OTHERS
	b)ROAD SURFACE: (DRY / WET / OTHERS
	WAS ANYBODY INJURED (YES / NO)
7.	a) REPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
8.	DI DRIVER'S NAME: CRIMSON (9) PIE UP
in di finisiayer	O) VEHICLE NUMBER: AC 24 02 MODEL: TIME
And the supplier of the same of the	1.527 4.527
	C) MARIO/FINA/F ASSI ONT
	THIRD PARTY VEHICLE
him of milance	d) VEHICLE NUMBER:MODEL:
in the state of the state of	d) VEHICLE NUMBER:
The profitting again as	1) NRIC/FIN/PASSPORT: CONTACT:
1	39

FINALL = JOMES & INDUSTRIALTECH. com. 84





GBC 17355

5981400





NRIC No. S1768224E

Date of issue

18-07-2018

Address

APT BLK 115D CANBERRA WALK #09-183 SINGAPORE 754115

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1768224E





Name

GOH SOON SENG

吴順成

Race

CHINESE

Date of birth

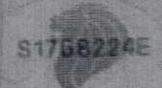
24-05-1966

Country/Place of birth

SINGAPORE

Sex

M





INDUSTRIALTECH

+6568611765

中國太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg. No. 200208384E

T-064 P0004/0004 F-220

M2300/C

BROOMSA

Cov. Type: C

PLM 316642

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.

DMCVSN1647851802

Regime No : 2D30286539X ChaNo: JN1SC2F24Z0850073

 Index Mark and Registration Number of Vehicle

GBC17358

2. Name of Policy Holder

INDUSTRIALTECH PRODUCTS (5.E.ASIA) PIB. LTD.

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

23 July 2016

Excess Sect I ..... S\$500.00

4. Date of Expiry of Insulance

22 July 2019

5. Persons or Classes of Persons entitled to drive

Any person who is driving on the Folicyholder'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 no 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.

- B. Limitations as to use:\*
  - (1) Use is connection with the Policyholder's business.
  - (2) Use for the carriage of pessengers (other than for hire or reward) in connection with the Policyholder's business.
  - (3) Use for social, domestic or pleasure purposes.
  - The Folicy 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 propolled 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