### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number
EMail Address

- 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

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	16/10/2018 11:35		
Date Of Accident	12/10/2018 16:40		
Exact Location Of Accident	NORTH CANEL ROAD TO EU TONG SEN ST		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBH5968J		
Insured/Policyholder			
Name Of Registered Owner	U TECHNOLOGY		
Co Reg No	53250658L		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-96380054		
Alternative Phone No	OFFICE-NOPHONE		
Vehicle Particulars			
Manufacturer	MERCEDES-BENZ		
Model	VITO 113-2.1 D LONG (M)		
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	COMMERCIAL VEHICLE		
Insurance Company			
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMCVSN3047741800		
Cover Note Number			
Driver			
Name of Driver	LIM SONG NGEE		
NRIC No	S1132603Z		
Date Of Birth	12/08/1955		
Occupation	OUTDOOR		
Date Of Driving Pass	22/09/1982		
Driving Experience	36 YEARS AND 0 MONTHS		

MALE

**NOEMAIL** 

(LOCAL) +65-96380054

547 JURONG WEST ST 42 #04-153 Address

Postcode

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 SIDE SWIPE 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?

NO

NO

NO

NO

Was any other material or property damaged? YES

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

1 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?

If Yes, against whom?

**Circumstances of Accident** 

ON 12/10/2018 AT AROUND 1640HRS, I WAS TRAVELLING ALONG NORTH CANEL RD TO EU TONG SEN ST. WHILE I WAS MAKING MY TURN TO RIGHT MY LANE TO EU TONG SEN ST, SUDDENLY VEHICLE B ON MY LEFT LANE CUT INTO MY LANE AND COLLIDED ONTO MY VEHICLE FRONT LEFT PORTION. ON THAT TIME I FORGET TO TAKE DOWN VEHICLE B NUMBER PLATE AND DETAILS.

#### 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 UNKNOWN

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 90268418

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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- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 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:
  - 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.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

I AM AWARED THAT MY IN SURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

# Sketch Plan Pg. 2

SKETCH PLAN			
	En Tons Je	n et	
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	1970		(R) GBH 59687.
	1 /1		
	E / wen	Broder	B) unknown.
4 1 17	A L- North		
DESCRIBE CIRCUMSTANCES C	OF THE ACCIDENT		
Refer to ACC CW	cumptancu		
		☐ Claim ow ☐ Claim thi	rd party
		☐ Claim OE ☐ For recor	O / TP at other works hop
DECLARATION			d purpose DMCVSN2047741800. hina · Vehno. ABHt968J
I/We declare the top going particu	ulars are true in every respect.	Insurer	hina · veh.No. ABHt968J
(m(8130163310) 2	-H/ 13	<u> </u>	
Policyholder's Signature	Driver's Signature	Panartin	ng Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:	
	Date & Time:	NRIC/FIN	l No.:

GIARMC SketchPlanForm\_V3



# 中国太平保险(新加坡)有限公司

MZ300/CN SN AN0580A Cov.Type: C AUTOSAFE

# CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Parly Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Parly Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Parly Risks) Rules, 1959 (Malaysia)

Engine No :65194030790343 Chassis No:WDF63960323686799 CERTIFICATE No. DMCVSN3047741800 1. Index Mark and Registration GBH5968J Number of Vehicle 2, Name of Policy Holder U TECHNOLOGY Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 17 JULY 2018 4. Date of Expiry of Insurance 16 JULY 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. 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.: BOARDINGHOUSE PTE. 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.

Authorised Officer

Countersigned By:

Authorised Signatory

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

# CI,IC,DL Pg. 2























