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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	<mark>15/11/2018</mark> 15:10
Date Of Accident	10/11/2018 11:30
Exact Location Of Accident	JURONG WEST ST 64
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH4280R
Insured/Policyholder	
Name Of Registered Owner	LUMICA (ASIA) PTE LTD
Co Reg No	199604721H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81388847
Alternative Phone No	OFFICE-65653111
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	DMCVSN1816611800
Cover Note Number	
Driver	
Name of <mark>Driver</mark>	VELLY JUNIAT RUSDY ASAN
	VELLY JUNIAT RUSDY ASAN

 NRIC No
 \$81787991

 Date Of Birth
 07/07/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 25/07/2007

Driving Experience 11 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81388847

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 685C JURONG WEST CENTRAL 1 #05-168

Postcode 643685

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 COLLISION - HEAD TO REAR

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?

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.

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

Police Station Name ROCHOR NEIGHBOURHOOD POLICE CENTRE

NO

NO

YES

NO

1

Police Station Address ROAD: 11 KAMPONG KAPOR ROAD, POSTCODE: 208678, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2949999 - **FAX NO**: 63918583

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO.T /20181111/2044

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 SHB2387R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver CHANG TEO

NRIC/Passport Number

Contact Number 96350360

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. 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:
 - (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
- (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: SMAWN -

NRIC/FIN No.:

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

(A) GBH4280R			
(A) GBH4280R (B) SHB2384R			
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		Jumy West St 65, &	
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ESCRIBE CIRCUMSTANCES OF		· · · · · · · · · · · · · · · · · · ·	the transfer of the standard transfer of the t
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			· · · · · · · · · · · · · · · · · · ·
		☐ Claim own policy	
		☐ Claim third party☐ Claim OD / TP at oth	er warks hop
CLARATION		☐ Claim third party ☐ Claim OD / TP at oth	1816611800
e declare the foregoing particular	rs are true in every respect.	☐ Claim third party☐ Claim OD / TP at oth	1816611800
	rs are true in every respect.	□ Claim third party □ Claim OD / TP at oth □ For record purpose Policy No. □ MC V SN	
CLARATION Ve declare the foregoing particular	rs are true in every respect.	□ Claim third party □ Claim OD / TP at oth □ For record purpose Policy No. □ MC V SN	1816611800
Ve declare the foregoing particular	rs are true in every respect. Driver's Signature (If driver is not the policyholder)	Claim third party Claim OD / TP at oth For record purpose Policy No. DWCVSN Insurer China	1816611800 Veh.No. 9BHYX8

GIARMC SketchPlanForm_V3





Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

1

Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

1 of 3 Report No. T/20181111/2044

Date/Time Report Made: 11/11/2018 12:24		Vide Report No.:	Station Diary No.: 59		
Informan	t's Particu	lars			
Name of I VELLY JU	nformant: JNIAT RUS	DY ASAN	Address: APT BLK 685C JURONG WEST CENTRAL 1 #05-168 SINGAPORE 643685		
ID Type / ID No:: NRIC NO / S8178799I			Contact No.: Home/Office: Mobile: 81388847		
Nationality: INDONESIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 07/07/1981	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PROJECT ENGINEER			Driving Licence Informat Class: 3	ion: Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/11/2018 11:30	Type of Location:	
Location: Along Road 1 JURONG WE	ST STREET 64				
Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow: Traffic		Traffic Control:		Traffic Volume:	
I raffic Flow:		Traffic Light - Worl	kina	Light	
		Trainic Light - Worl	1		
One Way	on:	Trailic Light - Wor		Anyone conveyed by	
One Way Type of Collis	ion: ing Vehicles - Head ⁻			Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH4280R	Van	ТОУОТА	HIACE VAN TURBO 5DR MT	White	No Damage	0
SHB2387R	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0



T/20181111/2044

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Report No. T/20181111/2044

2 of 3

Tel No: 1800-2949999

CONTINUATION OF REPORT

Details of Perso	n involved					
Any Pedestrian II	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						Management of the Control of the Con
Name	VELLY JUNIAT RUSDY ASAN			ID No.		S8178799I
Related Vehicle	GBH4280R (Van)			Contact No.		81388847
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL		Degree of				
Name	CANG TEO			ID No		NIL
Related Vehicle	SHB2387R (Car)			Contact No.		96350360
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	Treatment NIL			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of Injury NIL			

Brief Details.

On 10/11/2018 at about 11.30am, I was driving along Jurong West St 64. As the traffic light ahead was red. My vehicle was stationary and in front of me there is a taxi (SHB2387R).

Once I noticed the traffic light turn green and in my favour, I slowly released my clutch and suddenly. My vehicle hit against the rear side of the said taxi. I went down and make a check on the vehicles. The taxi had two small dent at the rear side of his vehicle.

I wish to state that no traffic police or ambulance was at scene. No one was injured. We managed to exchange phone number and left.





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999 3 of 3 Report No. T/20181111/2044

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
A / Sgt 2 DOWSON TAN SOO HAO	Press .
Low	() 1220,
Signature Of Interpreter:	Date/Time:
Not applicable	11/11/2018 12:24
Officer In Charge Of Case:	Classification Of Case:
TP / GIA /	
Staff Sgt WONG SIEU LUI	
Contact No.: 65476151	
Authentication Stamp SII (2)	
NP168	

IC-CI-DL Pg. 1

Vehicle Scheme:

Normal

2

HIACE VANTURBO SOR MT

Register New Vehicle Page 1 of 1

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.: GBH4280R

A50 - Goods (Closed) Van/Van Panel Vehicle Type:

(Delivery)

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2:

Vehicle Attachment 3: Vehicle Make: TOYOTA Vehicle Model:

Chassis No.: JTFHT02P200242963 Engine No.: 1KD2801699

Motor No.:

Trailer Chassis No.: Propellant: Diesel Passenger Capacity: Engine Capacity: 2982 cc Power Rating:

Maximum Power Output:

Unladen Weight: 1700 kg Maximum Laden Weight: 2800 kg

White Primary Colour: Secondary Colour:

First Registration Date: 28 May 2018 Original Registration Date: 28 May 2018 Manufacturing Year: 2018 Open Market Value: \$28,138.00 PARF Eligibility: No Minisaum PARF Benefit: Additional Registration Fee 5.00% No. of Transfers: O. Rate:

Actual ARF Paid: \$1,407.00

Owner Particulars

LUMICA (ASIA) PTE, LTD. Owner Name:

Owner ID Type: Company Owner ID: 199604721H

Private Residential (Condo Apt or House) / Registered Address Type:

Shopping/Office Complexes

Registered Block/I-louse No.:55

Registered Street Name: TOH GUAN ROAD EAST

Registered Unit No.: # 02 - 03 Registered Building Name: UNI-TECH CENTRE

Registered Postal Code: 608601

2018052805000949N / 27 May 2028 COE No. / Expiry Date:

COE Bid Category: C - Goods Vehicle & Bus

\$29,455.00 POP Pald:

Transaction Details

Business Transaction Ref.

20180528144445188798

Business Transaction Date: 28 May 2018 Business Transpotion Time: 14:44:45

Message

No.:

The above vehicle has been successfully registered.

Please note that \$30,985.00 will be deducted from your GIRO account.

OK Save as PDF

Page 10 of 19

IC-CI-DL Pg. 2



中国太平保险(新加坡)有限公司

MZ300/CE SN AN0421A Cov. Type: C

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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.

DMCVSN1816611800

Engine No :1KD2801699

Chassis No: JTFHT02P200242963

1. Index Mark and Registration Number of Vehicle

GBH4280R

2. Name of Policy Holder

M/S LUMICA (ASIA) PTE. LTD.

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

28 MAY 2018

4. Date of Expiry of Insurance

27 MAY 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.
 - (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. : UNITED OVERSEAS BANK LIMITED 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.

Countersigned By:

Vitesse Solutions

Authorised Officer

Authorised Signatory

IC-CI-DL Pg. 3



















