

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 withholding 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.

ACCIDENT STATEMENT

Date Of Report	27/11/2018 17:18
Date Of Accident	27/11/2018 09:45
Exact Location Of Accident	PANTECH BUSINESS HUB CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7695H
Insured/Policyholder	
Name Of Registered Owner	M/S ARCSROBO PTE LTD
Work Permit No	200509002E
Email Address	ANG_CC@ARCSROBO.COM
Mobile Phone No	(LOCAL) +65-91598877
Alternative Phone No	OFFICE-67636261

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D TURBO 5 DR (M)
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED
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	DMCVSN1829451800
Cover Note Number	

Driver

Name of Driver	ANG CHIP CHUA (HONG JIQUAN)
Work Permit No	S7127135H
Date Of Birth	30/07/1971
Occupation	INDOOR
Date Of Driving Pass	17/03/1994
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91598877
Fax Number	
Contact Number	OFFICE-67636261
EEmail Address	ANG_CC@ARCSROBO.COM

Address	BLK 406 FAJAR ROAD #03-303
Postcode	670406
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

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 AND ATTACHMENT

Attachment(s)

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

Accident Sketch Plan

SKETCH PLAN

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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
- (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: 27 Nov 18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

REFER TO ATTACHED MAP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED MAP

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature 
Date & Time: 27 NOV 18.45
Driver's Signature 
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature 
Name: 
NRIC/FIN No.:

ATTACHMENT



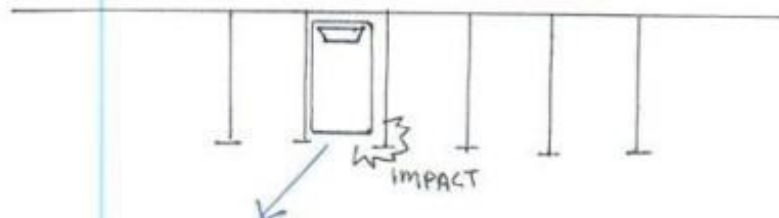
中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-03 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6722 1033
Website: www.sg.cntaping.com
Co. Reg. No. 200208394E

DETAIL OF ACCIDENT

PLEASE EXPLAIN CLEARLY THE CIRCUMSTANCES UNDER WHICH THE ACCIDENT TOOK PLACE.

SKETCH:



OUR COMPANY'S VEHICLE G8HT695H WAS PARKED AT 194 PANDAN LOOP, PANTECH BUSINESS HUB'S OPEN-AIR CARPARK BETWEEN 26 NOV 2018 5PM TO 27 NOV 2018 9:45AM. AT 27 NOV 2018, 9:45AM, MY DRIVER, MR NG AH CHEONG, NRIC S1655938E INSPECTED THE VAN AND FOUND THE DAMAGE BEFORE HE STARTED THE

VAN. OUR COMPANY HAS ALSO WRITTEN TO "TOP PARKING PTE LTD" TO CHECK THEIR CCTV RECORDING.

NOTE:- Every communication you receive in connection with this matter should be forwarded to the Company without delay.

DATA PRIVACY STATEMENT

In accordance with the Personal Data Protection Act 2012, I consent to the collection, use, disclosure of and/or process of my personal data (whether contained in the Claim Form or otherwise obtained) by China Taiping Insurance (Singapore) Pte Ltd, its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my telephone or mobile number in the Singapore's Do Not Call Registry)

Yes, I have read and agreed to the above Data Privacy Statement.

Signature of Claimant

Name: ANG CHIP CHUAN
NRIC/FIN/Passport No ST127135H

27 / 11 / 18
Date

Insured Signature

Driver Signature

FOR OFFICE USE ONLY

NAMED DRIVERS:-

- _____
- _____
- _____
- _____

ENDORSEMENTS:-

- _____
- _____
- _____

PERIOD OF INSURANCE:-

FROM: _____ TO: _____

EXCESS:-

- Section I :-
- Section II :-
- Unnamed Driver :-
- TOTAL =
- NO CLAIM BONUS =

PHOTO



PHOTO

Debris of wood found on cracked lamp



ID

CERTIFIED TRUE COPY

27/4/18



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7127135H**
Name: **ANG CHIP CHUA (HONG JIQUAN)**

Birth Date: **30 Jul 1971**
Issue Date: **25 Feb 2004**

001137712J



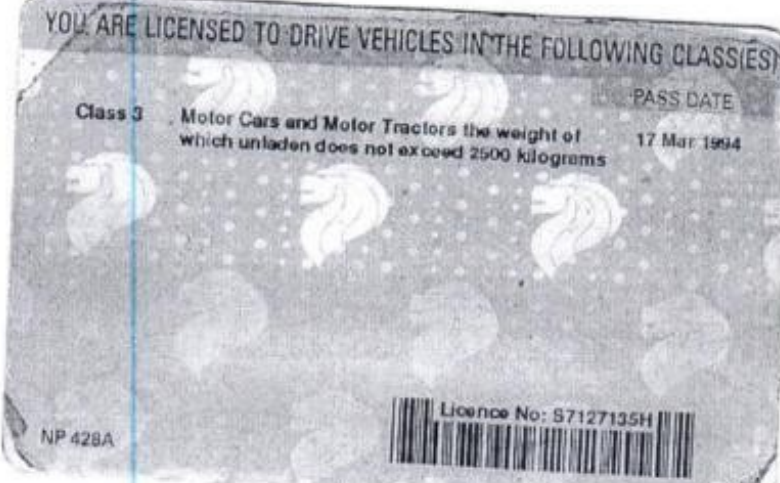
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **17 Mar 1994**

NP 428A

Licence No: S7127135H



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

