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	04/12/2018 16:34	
Date Of Accident	03/12/2018 14:50	
Exact Location Of Accident	RACECOURSE ROAD NEAR LAMPOST 59	
Country/State of Loss	SINGAPORE	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GP700X	
Insured/Policyholder		
Name Of Registered Owner	SAMHUAT CLEANING PRODUCTS	
Co Reg No	26189000A	
Email Address	JOHNSON@SAMHUAT.COM.SG	
Mobile Phone No		
Alternative Phone No	OFFICE-62946966	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	NV350-2.5 5MT 5DR EURO V (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	GOODS VEHICLE	
Insurance Company		
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMCVSN3032751800	
Cover Note Number		
Driver		
Name of Driver	LOW FOO SUN	

 Name of Driver
 LOW FOO SUN

 NRIC No
 \$0241119I

 Date Of Birth
 08/04/1953

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/12/1972

Driving Experience 46 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96555658

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 476A CHOA CHU KANG AVE 5 #14-01

Postcode 68147

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

2

NO

NO

NO

2

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions RAINING
Road Surface WET

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)

Passenger 1

NAME: : SAM

GENDER: : MALE

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

Was there any audio recorded?

AS PER SKETCH PLAN ATTACHED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA9096P

Vehicle Make/Model/Colour TAXI YELLOW COLOUR

Details Of Properties

Vehicle Category TAXI
Name of Driver MR TAN
NRIC/Passport Number S1505091H
Contact Number 97389404

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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 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.

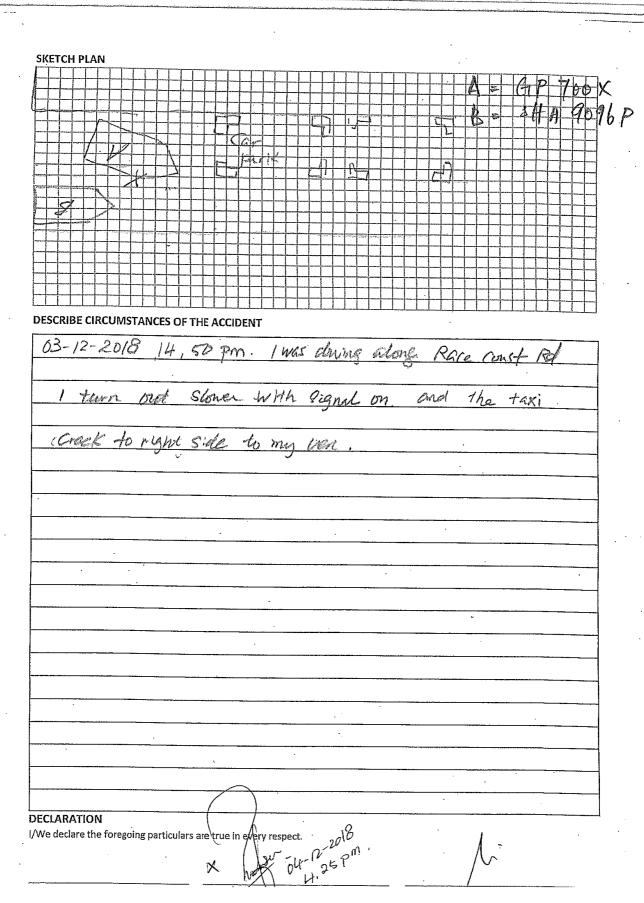
Policyholder's Signature Date & Time: Driver's Signature

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



INSURED CI Pg. 1



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

MZ300/C N SN AN0421A COMPREHENSIVE / AUTOSAFE

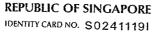
CERTIFICATE OF INSURANCE

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.		DMCVSN3032751800	Engine No :YD25362841A Chassis No:JN1MC2E26Z0004192
Index Mark and Registration Number of Vehicle		GP700X	
2. Name of Policy Holder		M/S SAMHUAT CLEAN	ING PRODUCTS
3. Effective date of the Commethe the purposes of the Regulatio		14 MAY 2018	EX SECT. I
4. Date of Expiry of Insurance		13 MAY 2019	
5. Persons or Classes of Perso	ns entitled to drive *		
ANY PERSON WHO IS I	PRIVING ON THE POLICYH	OLDER'S ORDER OR WI	TH THEIR PERMISSION.
REGULATIONS TO DRIV	E THE MOTOR VEHICLE OF	R HAS BEEN SO PERMI	WITH THE LICENSING OR OTHER LAWS OR TTED AND IS NOT DISQUALIFIED BY ORDER OF A THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.
6. Limitations as to use: *			
(2) USE FOR THE CAR POLICYHOLDER'S	•	OTHER THAN FOR HIRE	OR REWARD) IN CONNECTION WITH THE
	REWARD OR RACING, PAG		ITY TRIAL OR SPEED TESTING. NE DISABLED MECHANICALLY PROPELLED VEHICLE.
* Limitations r			Third-Party Risks and Compensation) Act (Chapter 189) be included under these headings.
	Compensation) Act (Chapter 18	9) and Part IV of the Road	ued in accordance with the provisions of the Motor Vehicles Transport Act, 1987 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Countersigned By:	Vitesse Solutii	gns	<i></i>
	Authorised Officer		Authorised Signatory

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

DRIVER IC & DL Pg. 1







LOW FOO SUN

劉富臣

CHINESE Date of Birth Sex 08-04-1953 M SINGAPORE





Driver



Blood Group Date of issue

O± 06-07-1994

APT BLK 476A CHOA CHU KANG AVENUE 5 #14-01 SINGAPORE 681476

NRIC No: S02411191

Date: 05/03/2012

No: 6924729

YUM ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

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

01 Dec 1972



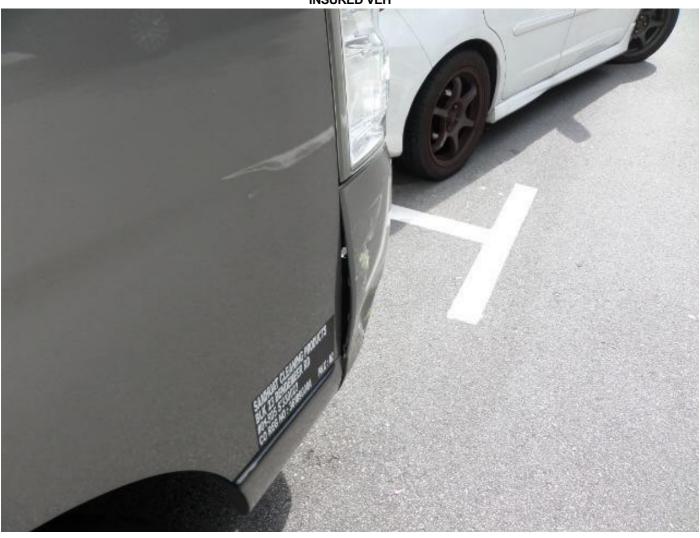


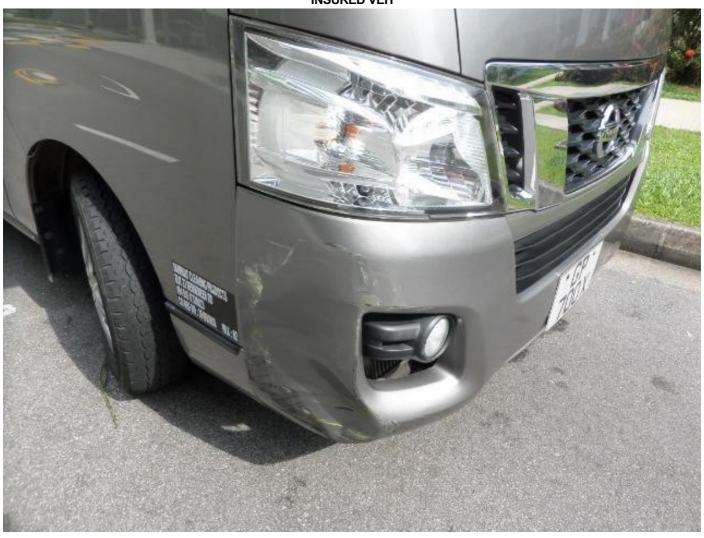














INSURED VEH CHASSIS NO

