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	17/12/2018 16:14					
	Date Of Accident	16/12/2018 09:30					
	Exact Location Of Accident	TOWNSHEND ROAD OPEN SPACE CAR PARK					
	Country/State of Loss	SINGAPORE					
	DETAILS OF OWN VEHICLE						
	Vehicle Registration Number	GBJ241U					
	Insured/Policyholder						
	Name Of Registered Owner	NORIS ENGINEERING & AIR-CONDITIONING PTE LTD					
	Co Reg No	199800767G					
	Email Address	NORISAIR@SINGNET.COM.SG					
	Mobile Phone No	(LOCAL) +65-94249022					
	Alternative Phone No	OFFICE-62940881					
	Vehicle Particulars						
	Manufacturer	TOYOTA					
	Model	DYNA 3.0 MANUAL					
	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	DMCVSN1838921800					
	Cover Note Number						
	Driver						
	Name of Driver	ONG PANG GHEE					

Name of Driver

NRIC No

S1637402D

Date Of Birth

Occupation

Date Of Driving Pass

ONG PANG GHE

\$1637402D

14/09/1964

OUTDOOR

30/08/1994

Driving Experience 24 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91095814

Fax Number
Contact Number

EMail Address NORISAIR@SINGNET.COM.SG

Address BLK 95 ALJUNIED CRESCENT #03-489

Postcode 380099

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

NO

1

NO

NO

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.

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

Please refer to sketch plan.

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 Witness 1

Name JAMES LOW (LED LIGHTING PTE LTD)

Phone Number 91345959 / 62914268
Email Address MIQI@LED-LIGHTING.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA9150R

Vehicle Make/Model/Colour HYUNDAI/YELLOW

Details Of Properties

Vehicle Category TAXI

Name of Driver ONG SEH ENG

NRIC/Passport Number

Contact Number 91918313

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 & Time:

王 邦 义

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

Men 1

Reporting Centre Personnel's Signature
Name: Dehorah i ai

NRIC/FIN No.:

Deborah Lai S7332811Z

17-12-18

JUSSUS Skrigus Skem VS

SKETCH PLAN TOWNSheud Ruad GBJ SHA 9150R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

I/We declare a rector egoing particulars are true in every respect.

Policyholder & Policyholder & Time:

王华义

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name: Deborah Lai
NRIC/FIN No.: \$7332811Z

CARLS SET LEFT FOR VI

17-12-18

Insurance Certificate Pg. 1



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ300/CN SN AN0597A Cov.Type: C AUTOSAFE

Engine No :1KD2797117

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)

CE	RTIFICATE No.	DMCVSN1838921800	Ch	assis No:KDY2318033706				
	Index Mark and Registration Number of Vehicle	GBJ241U						
2.	ame of Policy Holder M/S NORIS ENGINEERING & AIR-CONDITIONING PTE LTD							
	Effective date of the Commencement of Insurance for he purposes of the Regulations, Ordinance or Enactmer							
4.	Date of Expiry of Insurance	2 DECEMBER 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.							
- 1								

* 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 MOTOR TRADER PTE LTD

Reg. No.: 201537467C 172 Sin Ming Drive Singapore 575720 Tel: 6933 9400 Fax: 545 Fax: 5456 0678

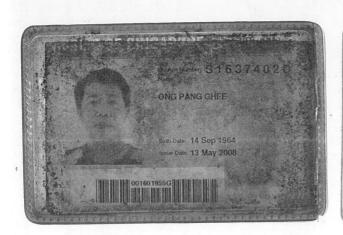
Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Driver NRIC and Driving Licence Pg. 1









Witness Contact Details Pg. 1

Townshed Rd

16-12-18 9.30

birsafe, CE & SAFETY LIGHT UP THE WORLD

SINGAPORE SALES DISTRIBUTOR

Email:miqi@led-lighting.sg Showroom 91345959 482 Sims Ave, Singapore 387554 Tel: 6747 1157 1 Jalan Besar. #01-05 New World Center. Singapore 209037 Main Office 2 Yishun Ind,Street1 North point Bizhub #01-04 S'pore768159 LED LIGHTING PTE LTD 地址:中山市古鎮鎮古二順成工业区順兴路十三号 標丰灯配城1F-08卡和林園原物流, 负责人小計: 13926104178

JOMES

Mobile:

2000

SHA 9150 RR

9/9/83/3 Ong Seh Eng

Townsherel back









Chassis Number



