

## 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	31/12/2018 12:35
Date Of Accident	29/12/2018 14:05
Exact Location Of Accident	SERANGOON GARDENS CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ1296L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOP TASTE PTE LTD
Co Reg No	200405729Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65587021

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN3038471800
Cover Note Number	

### Driver

Name of Driver	SHEN QING LONG
NRIC No	G8569713M
Date Of Birth	26/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91963845
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	10 TUAS BAY WALK #02-16
Postcode	637780
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b> 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I ENTERED THE CARPARK ALONG SERANGOON GARDENS AND WAS WAITING FOR A PARKING LOT WHEN I COLLIDED HEAD TO REAR WITH VEHICLE B

#### 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	SKG634D
Vehicle Make/Model/Colour	TOYOTA ALTIS BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

TOP TASTE PTE LTD  
10 TUAS BAY WALK #02-16  
SINGAPORE 637780  
TEL: (65) 6558 7021 FAX: (65) 6558 7101

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

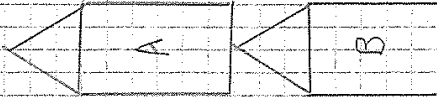
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan Pg. 2

## SKETCH PLAN

( PARKED CARS )

A: SKG634D  
B: G21296L



( PARKED CAR )

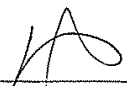
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I ENTERED THE CARPARK ALONG SERANGKON GARDENS AND WAS WAITING FOR ALIOT  
WHEN I COLLIDED HEAD TO REAR WITH VEHICLE B-

## DECLARATION

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

TOP TASTE PTE LTD  
10 TUAS EAY WALK #02-16  
SINGAPORE 637780  
TEL: (65) 6558 7021 FAX: (65) 6558 7101  
Date & Time:

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

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



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

MZ300/C  
N SN  
AN0178A  
THIRD PARTY

### 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.	DMCVGN3038471800	Engine No : 5L5629103 Chassis No: JTFUF34Y505011387
1. Index Mark and Registration Number of Vehicle	G21296L	
2. Name of Policy Holder	M/S TOP TASTE PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20 JUNE 2018	
4. Date of Expiry of Insurance	19 JUNE 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.

\* 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:

Authorised Officer

Authorised Signatory

Annex D



**NOTICE OF COMPLIANCE**

This is to confirm that Shen Qinglong, G8569713M, Blk 479 Jurong West Street 41 #02-472, HP: 91963845 has reported to the police a non-injury traffic accident which occurred at open space parking of Serangoon Food Centre, on 29/12/2018 at 1400hrs involving the following vehicle: GZ1296L and SKG634D.

2 He has therefore complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Date: 29/12/2018

Name of Issuing Officer: SSgt Low Yong Chin

S/D Ref: 76

Police Post/Unit: Jurong Police Div/Nanyang NPC

NANYANG NPC  
2 JURONG WEST AVE 5  
SINGAPORE 649482  
TEL : 1800-7929999

This form was generated from Nanyang NPC

# Sketch Plan #4 Pg. 1

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of Shen Qinglong

Licence Number: **G8569713M**

Name: **SHEN QINGLONG**

Birth Date: **26 Mar 1989**

Issue Date: **16 Mar 2018**

Valid Till: **15/03/2023**

Barcode: 002783862B

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **TOP TASTE PTE. LTD.**

Sector: **MANUFACTURING**

Name: **SHEN QINGLONG**

Occupation: **DRIVER**

Work Permit No.: **O 77680012**

Date of Application: **11-10-2017**

Date of Issue: **23-10-2017**

Date of Expiry: **10-10-2019**

Portrait photo of Shen Qinglong

Barcode

**L8416667**

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	16 Mar 2018

NP 428A



## VISIT PASS Immigration Regulations

Name: **SHEN QINGLONG**

**L3**  
**91963845**  
**G286352**



Date of Birth	Sex	Nationality
26-03-1989	M	CHINESE
FIN	Date of Issue	Date of Expiry
G8569713M	23-10-2017	10-10-2019

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**





Accident Photo



Accident Photo



Accident Photo





Accident Photo

