

## 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	07/01/2019 17:25
Date Of Accident	05/01/2019 10:30
Exact Location Of Accident	KPE EXIT TO PIE (TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2360H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CROWN PACIFIC BIOTECHNOLOGY PTE LTD
Co Reg No	200301188H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96589485

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	MULTIVAN 2.0 TDI
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	THIRD PARTY
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	DMPCSN1129661807
Cover Note Number	

### Driver

Name of Driver	BENJAMIN LONG WEIXIANG
NRIC No	S9536890E
Date Of Birth	09/10/1995
Occupation	INDOOR
Date Of Driving Pass	23/03/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97711804
Fax Number	
Contact Number	
EEmail Address	JLONG@CHIATAI.COM.SG

Address	BLK 519 JELAPANG ROAD #16-179
Postcode	670519
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - COMPANY DIRECTOR'S SON
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : LONG TIEN SENG GENDER: : MALE
Passenger 2	NAME: : KWANG AI FONG GENDER: : FEMALE
Passenger 3	NAME: : AMANDA LONG YUAN MI GENDER: : FEMALE
Passenger 4	NAME: : LIM YUQI MELDVIC GENDER: : MALE

#### 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

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT8997K
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	GOH SOCK PEI PEARL
NRIC/Passport Number	S8704955H
Contact Number	92252087
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

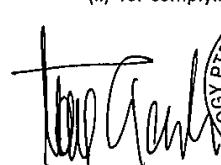
**SKETCH PLAN**

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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's Signature  
Date & Time:

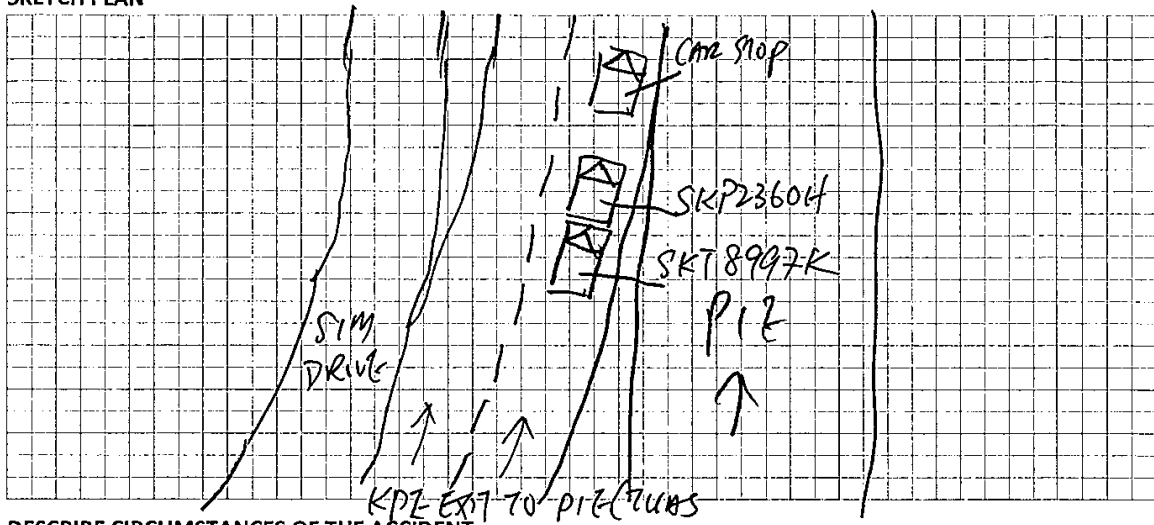
- 7 JAN 2019

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

- 7 JAN 2019

  
Reporting Centre Personnel's Signature  
Name: **Jenny Lim**  
NRIC/FIN No.: **S6927273H**

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5th-01-2019, At about 10:30am, I was driving along (KPE towards PIE) PIE (Tuas) on my right lane, traffic was slow, I was in a row of vehicle, due to in front have some fallen object drop on the road. When the front vehicle slow i followed. Vehicle SKT8997K was not able to stop in time. And collided on to rear of my vehicle. After the accident we came out to take photo of both vehicles and the fallen object in front for insurance claim, No one was injuct.



DECLARATION

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

Policyholder's Signature

Date & Time:

- 7 JAN 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: - 7 JAN 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jenny Lim  
S6927273H

**SINGAPORE ARMED FORCES**  
**IDENTITY CARD**

Name  
**BENJAMIN LONG WEIXIANG**

NRIC No  
**S9536890E**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number **S9536890E**  
Name  
**BENJAMIN LONG WEIXIANG**

Birth Date: **09 Oct 1995**  
Issue Date: **23 Mar 2017**

002668753F

00000050208229

NRIC No/Colour  
**S9536890E/ PINK**

Race  
**CHINESE**

Date Of Birth  
**09/10/1995**

Service Status  
**NSF**

Address  
**Blk 519 JELAPANG ROAD  
#16-179 SINGAPORE 670519**

Blood Group  
**O (+)**

Country Of Birth  
**SINGAPORE**

Military Rank Status  
**ENLISTEE**

Sex  
**M**

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

**EFFECTIVE DATE**  
**23 Mar 2017**

**Class 3** Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

NP 428A

Licence No: S9536890E

# Certificate of Insurance Pg. 1



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #15-00 Springhill Tower Singapore 079909  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.sg.china.taiping.com  
Co. Reg. No. 200208384E

ORIGINAL

THE SCHEDULE

Agency	AN0421A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	..... DMPCSN1129661807
Account	AN0421A	Issued on	..... 03/10/2018 in SINGAPORE	Replacing Policy no.	DMPCSN1129661706
Client	6003056	Acceptance Date	03/10/2018		

Period of Insurance from 31/10/2018 to 30/10/2019, both dates inclusive

Insured's Name....	M/S CROWN PACIFIC BIOTECHNOLOGY PTE LTD
Address.	38 PENJURU LANE SINGAPORE 609204

Business/Occupn...

Premium .....	Base Annual Premium.....	\$2,644.00		
	Less 25% Loyalty Discount.....	\$661.00-		
	Less 20% Autosafe Scheme.....	\$396.60-		
	No Claim Discount .....50.00%	\$793.20-		
	Total Annual Premium .....	\$793.20	Premium Due	\$793.20
			Premium GST	\$55.52
			Total Due	\$848.72

Risk No. 001	MOTOR PRIVATE CAR			
	Original Registration Date: 31 Oct 2011			
1. Registration	SKP2360H	Make/Model ..	VOLKSWAGEN MULTIVAN 2.0 TDI AT 7EM	
Type of Cover	Comprehensive	No. of seats	7	Body Type ..... Station Wagon
Engine No. ..	CFC047554	Capacity cc's	1968	Yr of Manuf/Regn 2011/2011
Chassis No...	WV2ZZZ7HZCH033224			
				Certificate Ref. MX4E
Sum Insured..	Market value at the time of loss			
Named Drivers Ex Sect. I .....		\$750.00		
Additional Ex Other than Named Drivers:				
Ex Sect. I - Age <= 25.....		\$3,000.00		
Ex Sect. I - Age >= 26.....		\$500.00		
* Age as at date of accident				
EX ON WINDSCREEN .....		\$100.00		

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

ENDORSEMENT I - INEXPERIENCED UNNAMED DRIVERS EXCESS

It is hereby understood and agreed that an excess of \$3,500 shall apply for accident loss or damage for any unnamed Authorised Driver who possess a valid Singapore driving licence for less than 1 year

Once this \$3,500 excess is applied, other excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.

Continued on page 2

Accident Photo





Accident Photo



Accident Photo



Chassis Number

