MSYH19019813 / Sin Yew Hup Auto Pte Ltd - HQ ENTRY DATE & TIME: 12/02/2019 18:39 SUBMITTED BY: Edwin Yap Kiat Beng

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 12/02/2019 18:47

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 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 conseaforesaid. | ent to the archiving of this report at the centre and to copies of the report being made available |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 12/02/2019 18:39 |
| Date Of Accident | 01/02/2019 17:10 |
| Exact Location Of Accident | PIE BEFORE JALAN BAHAR EXIT |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBD3434S |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S GUAN LOO ELECTRICAL & GENERAL CONSTRUCTION |
| Co Reg No | 52947772J |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | Office-96345016 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | CABSTAR-3.0 D F24 (M) |
| 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? | YES |
| If No, Please state action to be taken | |
| 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 | DMCVSN1432731804 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LOO ENG GUAN |
| NRIC No | S7217421F |
| Date Of Birth | 22/05/1972 |
| Occupation | OUTDOOR |

13/08/1997

21 YEARS AND 5 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-96345016

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 874 WOODLANDS STREET 82 #07-508

3

NO

NO

YES

NO

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NO

NO

Postcode 730874

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 **CHAIN COLLISION**

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

GX8232K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKX1602A

Vehicle Make/Model/Colour

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

SKETCH PLAN

IMPORTANT NOTICE

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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.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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:
 - 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:

Reg No: 52947772

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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| SKETCH PLAN | | |
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| r a regionalista de la composición del composición del composición de la composición | 1 1 | B:6x8232K |
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| DESCRIBE CIRCUMSTANCES OF | | |
| ax 823216 su | dderly jamed brakes, I | |
| fine and hit | outs the new of EX 8 | 232K. Upon getting |
| down I realized | that SKX 1602 A was | also involved in the |
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| ACCI ADATION | | |
| DECLARATION /We the large of the foregoing particular | ars are true in every respect. | Clary |
| Ren Mar. Vel | | Jan Strang |
| 3 (52947772) S | flee | May |
| Policyholder's Signature | Driver's Signature Re | porting Centre Personnel's Signature |
| Date & Time: | | ime: |

NRIC/FIN No.:

Date & Time:



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ300/CR SN AN0420A Cov.Type: C 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. | DMCVSN1432731804 | Engine No: 2D30341181K Chassis No: JN1SC2F24Z0856239 |
|---|--|---|
| Index Mark and Registration Number of Vehicle | GBD3434S | |
| 2. Name of Policy Holder | M/S GUAN LOO ELEC | TRICAL & GENERAL CONSTRUCTION |
| Effective date of the Commencement of the purposes of the Regulations, Ordina | | EXCESS SECT I |
| 4. Date of Expiry of Insurance | 17 SEPTEMBER 2019 |) |
| 5. Persons or Classes of Persons entitled | to drive * | |
| ANY PERSON WHO IS DRIVING | ON THE POLICYHOLDER'S ORDER | OR WITH THEIR PERMISSION. |
| REGULATIONS TO DRIVE THE | MOTOR VEHICLE OR HAS BEEN SO I | DANCE WITH THE LICENSING OR OTHER LAWS OR PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A ON IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE. |
| 6. Limitations as to use: * | H THE POLICYHOLDER'S BUSINESS | |
| (2) USE FOR THE CARRIAGE POLICYHOLDER'S BUSINE | OF PASSENGERS (OTHER THAN FOR SS. TIC OR PLEASURE PURPOSES. | HIRE OR REWARD) IN CONNECTION WITH THE |
| (1) USE FOR HIRE OR REWAR | D OR RACING, PACE-MAKING, REL | TABILITY TRIAL OR SPEED TESTING. ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE. |
| | | |
| * Limitations rendered ino | SENG CREDIT PTE LTD AS HP OMNI perative by Section 8 of the Motor Vehicle of Transport Act, 1987 (Malaysia), are not | s (Third-Party Risks and Compensation) Act (Chapter 189) |
| I/We hereby Co provisions of the Motor Vel Road Transport Act, 1987 Please see reverse | hicles (Third-Party Risks and Compensation | icate relates is issued in accordance with the on) Act (Chapter 189) and Part IV of the |
| T loads acc levelac | | For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| | M | Junaara |
| Countersigned By: | uthorised Officer | Authorised Signatory |

















Accident Photo







Accident Photo

