

## 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	20/08/2019 10:09
Date Of Accident	13/03/2019 10:30
Exact Location Of Accident	CHANGI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7484K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUP KEE TRADING COMPANY
Co Reg No	05453100D
Email Address	JOCEONG@HONGLIN.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96335692

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3012821900
Cover Note Number	

### Driver

Name of Driver	TAN HWA LAM @ LAU SANG
NRIC No	S2551929I
Date Of Birth	08/05/1934
Occupation	INDOOR
Date Of Driving Pass	01/01/1960
Driving Experience	59 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96335692
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	140 JOO CHIAT ROAD
Postcode	427421
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO 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	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)	1

#### 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

THE DRIVER OF THE ACCIDENT HAD PASSED ON IN JULY'19, THUS THE DETAILS OF THE ACCIDENT IS NOT AVAILABLE. THE VEHICLE WAS SOLD ON 23/7/19, THUS NOT AVAILABLE FOR PHOTO TAKING.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7803L
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

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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.



 On Behalf of the Driver  
 Tan Leong Yoo  
 Policyholder's Signature: \_\_\_\_\_ Driver's Signature \_\_\_\_\_  
 Date & Time: 19/8/19 17:00 hr (If driver is not the policyholder)  
 Hp: 96335692 Date & Time: \_\_\_\_\_


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

Sketch Plan #2

SKETCH PLAN

Not Known

DOA = 13-3-19

Insured: GBF 7484 K

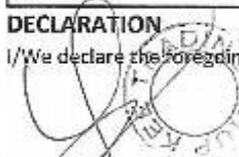
Third Party: SH7803 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The driver of the accident had passed on in July'19, thus the details of the accident is not available. The vehicle was sold on 23/7/19, thus not available for photo taking.

DECLARATION

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

 On Behalf of the driver  
Tan Leong Yoo

Policyholder's Signature S 2598590G Driver's Signature  
Date & Time: Mp: 96335692 (If driver is not the policyholder)  
19/8/19 1700 hr Date & Time:



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



中國太平保險(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ME106/C  
N ON  
AF0245A  
COMPREHENSIVE  
AUTOGAPE

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DNCV8N3G12R21900	Engine No. :2D30013676N	Chassis No.:CN18C2F24Z0859038
1. Index Mark and Registration Number of Vehicle	8BF7484E		
2. Name of Policy Holder	M/S HUP KEE TRADING COMPANY		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 FEBRUARY 2019	EX SECT. I .....	S\$1,500.00
		EX ON WINDSCREEN .....	S\$100.00
4. Date of Expiry of Insurance	26 FEBRUARY 2020		
5. Persons or Classes of Persons entitled to drive *	<p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION,</p> <p>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.</p>		
6. Limitations as to use: *	<p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER.</p> <p>(1) USE FOR HIRE OR REWARD OR RACING, FACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>		

\* 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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2551929I



Name

TAN HWA LAM  
@LAU SANG

Race

CHINESE

Date of birth

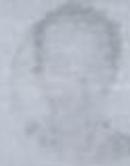
08-05-1934

Sex

M

Country of birth

MALAYSIA



4385900



NRIC No. S2551929I



Date of issue

18-02-2009

140 JOO CHIAT ROAD  
SINGAPORE 427421

NRIC No: S2551929I

Date: 28/07/2010

No: 6600275

# DEATH CERTIFICATE

## REPUBLIC OF SINGAPORE CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

2990701

DECEASED	Death registered at <b>TAN TOCK SENG HOSPITAL PTE LTD, SINGAPORE</b>				
	Full name of decedent <b>TAN HWA LAM @ LAU SANG</b>				
	NRIC/Identification Document No <b>S25519291</b>		Sex <b>MALE</b>	Date of birth <b>06/05/1934</b>	
	Race/Ethnic Group <b>CHINESE/HOKKIEN</b>		Nationality <b>SINGAPORE CITIZEN</b>	Country/Place of birth <b>MALAYSIA</b>	
	Home Address <b>140 JOO CHIAT ROAD SINGAPORE 427421</b>			Date and hour of death <b>16/07/2019 0645</b>	
	Place or Address where death occurred <b>TAN TOCK SENG HOSPITAL PTE LTD</b>			Approximate interval between onset and death	
CAUSE OF DEATH BY CERTIFIER	1. Disease or Condition leading to death <b>(a) PNEUMONIA, UNSPECIFIED</b>				
	Antecedent Causes <b>(b)</b>				
	<b>(c)</b>				
	Other Significant conditions <b>(d)</b>				
	Name and official status of person certifying cause of death <b>DR TSOI WEN SHIEN, MEDICAL PRACTITIONER</b>				
			Certificate of Cause of Death Reference No.: COD-2019-TQ-00516 Date: 16/07/2019		
INFORMANT	Name <b>ONG SOR LING</b>		I certify that the above information given by me is correct.   <b>16 JUL 2019</b> Informant's Signature/Thumb impression _____ Date _____		
	Address <b>85 LENGKONG DUA SINGAPORE 417737</b>				
	NRIC/Identification Document No <b>S6939728Z</b>				
	Relationship <b>DAUGHTER-IN-LAW</b>				
REGISTRATION OFFICER	Name of Registration Officer <b>NORHAYATI BINTE SUHADI</b>		 for Registrar of Births and Deaths		
	Designation <b>REGISTRATION OFFICER</b>				
	Date <b>16/07/2019</b>				

SALE AGREEMENT

**P. M. MOTORING TRADING**

(HQ) : Blk 22 Sin Ming Lane, Midview City # 05-84 Singapore 573969  
 (M) : 23 Harper Road # 02-01 (Tai Sang MRT) Singapore 369682  
 Email : pm.motoring@yahoo.com.sg  
 Tel : 65 6289 4621 Fax : 65 6289 9240

**PURCHASE AND SALE AGREEMENT**

Agreement No. : 1042

Date : 23/7/19  
 Vehicle Regn No. : GBE-7484K  
 Make & Model : NISSAN CABSTAR  
 Engine No. : 2030013676N  
 Chassis No. : 3N1SCFE1420859638  
 Yr of Manufacture : 2016  
 Origin Regn Date : 27/2/2017  
 COE Expiry Date : \_\_\_\_\_  
 No. of Transfer : 0  
 OMV : \_\_\_\_\_  
 PARF Benefit : \_\_\_\_\_  
 Signature of Seller : [Signature]  
 Name : HUPKEE TRADING COMPANY  
 IC / PP No. : \_\_\_\_\_  
 Home & HP No. : \_\_\_\_\_  
 Office No. : \_\_\_\_\_  
 Address : \_\_\_\_\_

Price Agreed : 41,500  
 Finance Co. : \_\_\_\_\_  
 Finance Due Date : \_\_\_\_\_  
 Road Tax Due : \_\_\_\_\_  
 Deposit : 1,000  
 Balance Amount : 40,500  
 The Seller shall hand over the vehicle to the Buyer on \_\_\_\_\_ (Date) in good condition with (CD, Alarm, Leather seat, Sports RIM, Sensor & \_\_\_\_\_) intact. \_\_\_\_\_ mileage and \_\_\_\_\_ in colour.  
 Signature of Buyer : [Signature]  
 Name : \_\_\_\_\_  
 IC / PP No. : \_\_\_\_\_  
 Home & HP No. : \_\_\_\_\_  
 Office No. : 103 ADAMS  
 Address : \_\_\_\_\_

**Trade-in Vehicle**  
 Vehicle No. : \_\_\_\_\_  
 Make & Model : \_\_\_\_\_  
 Price Agreed : \_\_\_\_\_  
 Outstanding Loan : \_\_\_\_\_  
 Balance : \_\_\_\_\_  
 Financed by : \_\_\_\_\_  
 Due Date : \_\_\_\_\_

Price Agreed : \_\_\_\_\_  
 Loan Required : \_\_\_\_\_  
 Down Payment : \_\_\_\_\_  
 Insurance Premium : \_\_\_\_\_  
 Transfer Fee : \_\_\_\_\_  
 Road Tax : \_\_\_\_\_  
 Agreement Fee : \_\_\_\_\_  
 1st Instalment : \_\_\_\_\_  
 Other Charges : \_\_\_\_\_  
 Total Charges : \_\_\_\_\_

COE : Guaranteed ( ) Non-Guaranteed ( ) Number of Bids ( ) Body ( )  
 Accessories : CD Player ( ) Alarm ( ) Sensor ( ) Sports Rim ( ) L/Seats ( ) Others \_\_\_\_\_

**AGREEMENT** : I, hereby, agree to purchase/sell from/to **P.M. Motoring Trading** the abovementioned vehicle and extras, in respect of which I confirm and I have paid a deposit that is Non-Refundable and Non-Transferable. Full payment for new vehicles must be settled before registration. All cheques payment must be crossed and made payable to 'P.M. Motoring Trading'. It is agreed that the Buyer will be fully responsible for the vehicle for any illegal acts, accidents or fines which may arise from the use of the vehicle.  
 Note : The stated prices and specifications are subject to change without notice and only prices ruling on Date of Registration for New vehicles.

The vehicle is handover to the Buyer / Seller on Date : \_\_\_\_\_ Time : \_\_\_\_\_ am/pm.

Authorized Signatory of  
 P.M. Motoring Trading

Sales Manager  
 Name :  
 IC :

Sales Executive  
 Name :  
 IC :