

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	23/03/2019 14:01
Date Of Accident	23/03/2019 10:40
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA232T
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Insured/Policyholder

Name Of Registered Owner	NYEE GUAN FISH BALL FOOD INDUSTRY
Co Reg No	52832670L
Email Address	NYEEGUAN@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62804333

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3051491801
Cover Note Number	

Driver

Name of Driver	LOW WEI JIE JAMES
NRIC No	S9710883H
Date Of Birth	31/03/1997
Occupation	INDOOR
Date Of Driving Pass	06/06/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96705322
Fax Number	
Contact Number	
Email Address	JAMESLW08@GMAIL.COM

Address	3 RIVERVALE LINK #12-19
Postcode	545119
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEHICLE B CUT INTO MY LINE, TRAFFIC INFRONT JAMMED BRAKE BECAUSE THE TRAFFIC LIGHT TURNED RED. HE JAMMED BRAKE TOO. I BRAKED TOO. BUT MY VEHICLE SKIDDED AND COLLIDED ONTO REAR PORTION OF 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	SMG5094E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	LOGESWARAN ANPALAGON
NRIC/Passport Number	S8857282C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : PASSENGER
GENDER: :

Accident Sketch Plan

SKETCH PLAN

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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.

NYEE GUAN FISHBALL FOOD INDUSTRY

圓源魚丸食品工業

Block 26, Defu Lane 10 #01-184

Singapore 539207

Tel No: 6280 4333 Fax No: 6280 4518

Tw

Policyholder's Signature

Date & Time:

Tw

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NYEE GUAN FISHBALL FOOD INDUSTRY

圓源魚丸食品工業

Block 26, Defu Lane 10 #01-184

Singapore 539207

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A: GBA 232T
B: SMG 5094E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE B CUT INTO MY LANE,
TRAFFIC INFRONT JAMMED BRAKE BECAUSE THE TRAFFIC
LIGHT TURNED RED,
HE JAMMED BRAKE TOO.
I ~~BRAKE~~ BRAKED TOO BUT MY VEHICLE SKIDED &
COLLIDED ONTO REAR PORTION OF VEHICLE B.

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Block 26, Defu Lane 10 #01-184

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Tel No: 6280 4333 Fax No: 6280 4518

Tw
Policyholder's Signature
Date & Time:

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

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

IDENTIFICATION CARD



DRIVING LICENSE



CERTIFICATE FOR INSURANCE



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208364E

42300/C
R SN
AN0365A
Cov.Type: F

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1999
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No. DMCVN3051491801 Engine No : 1KD1523114
Chano: JTFAT35Y603000019

1. Index Mark and Registration Number of Vehicle GBA232T
2. Name of Policy Holder NYEE GUAN FTSHBALL FOOD INDUSTRY

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 10 July 2018

4. Date of Expiry of Insurance 09 July 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.

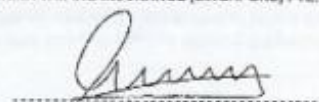
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

Issued By: 
HIGH POWER ENTERPRISE
Authorised Officer
Jenny Lim

動力企業
HIGH POWER ENTERPRISE
Blk 150 Bishan Street 11
#01-137 Singapore 570150
Tel: 6258 1968 Fax: 6258 7167
Email: gl@highpower.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.


Authorised Signatory

3 Anson Road #15-00 Springleaf Tower Singapore 079009 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

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