Involce dated

L . p/t it * .7"

Fee Charged

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 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 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	03/04/2019 16:21
Date Of Accident	02/04/2019 19:50
Exact Location Of Accident	ALONG UBI AVE 2
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC9863C
Insured/Policyholder	
Name Of Registered Owner	JAE AUTO PTE LTD
Co Reg No	Salar Carrier State Control of the C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90722877
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	DMCVSN3016111901
Cover Note Number	•
Driver	
Name of Driver	GOH ENG SOOK
NRIC No	S0076302J
Date Of Birth	04/11/1952
Occupation	OUTDOOR
Date Of Driving Pass	12/01/1999
Driving Experience	20 YEARS AND 2 MONTHS
Sender	MALE
Mobile Number	(LOCAL) +65-90722877
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 220 HOUGANG ST 21 #06-50

Postcode 530220

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 SIDE SWIPE 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?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKV3250D

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

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:

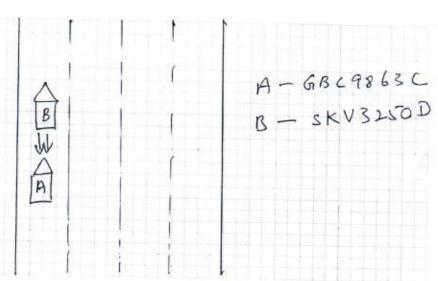
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on t	he s	itated	date	and	time	. 1	vos a	driving	my
rehicle	A	along i	chi Av	e2,	1 Sto	pmy	Cor	due	to red
light.	vehicl	e B u	vws .	in f	ont u	- my	Iorn	J. Sudo	derly
the ce	r re	wened	and	Lit	on	m .	trut	port	lon.
			0						

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

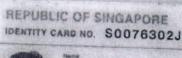
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident	: 2/4/19 Accident Time: 7-50 pm (24-HR-Format)
Accident Place	: Along Ubi Ave 2
Vehicle. No. (Car Plate No.)	: GBC9863C Make/Model: Toyota Dyng
Insurace Company	: Ching Policy No: DMCVSN 301611190
Owner or Company Name /IC No.	: JAE Auto Pte Ltd / 199307741M
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Cook Eng Swk / S 007 63025
DRIVER'S Date Of Birth	: 4/11/195 DRIVER'S License Pass Date 13/01/1999
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee Others:
DRIVER'S Address	: BIK 120 1tungay st21 #06-50 5 530220
DRIVER'S Contact No./ Alt No.	:1) 90722877 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr	
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):/	camera: YES \ NO being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle. No: SKV 375	
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	
IC No. Driver/Contact:	IC No. Driver/Contact;

* NEW - Passenger's name & gender:





GOH ENG SOOK

CHINESE Date of Birth 0.4-11-1952 Country Place of birth SINGAPORE

50078302J



S0076302J

GOH ENG SOOK

5876549 22-02-2018 APT BLK 220 HOUGANG STREET 21 #06-50 SINGAPORE 530220

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!





中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD. Co Reg. No. 200208384E

MOTOR COMMERCIAL VEHICLE

MZ300/c R SN AN0287A Cov.Type: c

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Ad (Chapter 169)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950

Road Transport Act, 1967 (Malaysa)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMCVSN3016111901

Engine No :1KD2387592 Chano: JTFAT35Y30K202922

Index Mark and Registration

GBC9863C

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

JAE AUTO PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

28 March 2019

Excess Sect I 5\$500.00 EX ON WINDSCREEN \$\$100.00

4. Date of Expiry of Insurance

27 March 2020

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.

- 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
 - (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.

HIRE PURCHASE CO.: WILLIAM'S AUTO PTE LTD AS HP OWNER

"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

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

issued By:, MEE, GIAP ENTERPRISE LLP..... Authorised Officer

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com