#### 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 <u>truthful and accurate</u> 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.

aloresalu.					
	ACCIDENT STATEMENT				
Date Of Report	08/04/2019 09:54				
Date Of Accident	06/04/2019 21:00				
Exact Location Of Accident	JUNCTION OF HAVELOCK ROAD AND CLEMENCEAU AVE				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	GBB5213K				
Insured/Policyholder					
Name Of Registered Owner	M/S 83 APPLE TREE				
Co Reg No	53212721L				
Email Address	LOVEBID@HOTMAIL.COM				
Mobile Phone No					
Alternative Phone No	OFFICE-86861111				
Vehicle Particulars					
Manufacturer	RENAULT				
Model	TRAFIC 2.0L DCI				
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE				
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	DMCVSN3022021803				
Cover Note Number					
Driver					
Name of Driver	LOO LIEW TING				
NRIC No	S2643143C				

 Name of Driver
 LOO LIEW TING

 NRIC No
 \$2643143C

 Date Of Birth
 30/03/1962

 Occupation
 OUTDOOR

 Date Of Driving Pass
 05/12/2011

Driving Experience 7 YEARS AND 4 MONTHS

Gender MALE

Mobile Number +65-86861111

Fax Number
Contact Number

EMail Address NOEMAIL

**BLK 10B BENDEMEER ROAD** Address

#10-119

Postcode 332010

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** 

**COLLISION - CHANGE/CROSS LANE** Type Of Accident

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

NO

NO

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** 

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

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

Was there any audio recorded?

YES

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHC8487R

Vehicle Make/Model/Colour **COMFORT BLUE** 

**Details Of Properties** 

Vehicle Category TAXI Name of Driver **RON LIM** S7107397A NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **SKETCH PLAN**

#### **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.
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- 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. 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.
- 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.

83 APPLE-TREE

Policyholder's Signature

GIRRYS STEIGHFIANHERS, 1

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: - 8 APR 2013

93.54 Am

Reporting Centre Personnel's Signature

Name: ' Poh Kwee Choo NRIC/FIN No.: \$6840583A

#### Sketch Plan Pg. 2

		•
KETCH PLAN		i.
31	He la Plant	
	TILVETOCK INT	
	CONCORD	
W Z Z XX	41881315	
ACRUSTE V		
	25 2	
confort -	130	
Blue .		Date = 06/04/2019
		Time - 9:00 pm
COORDE CIDCUMETANCES	OF THE ACCIDENT	
ESCRIBE CIRCUMSTANCES		
After terning	right at Howelock R	GBB 5213K and both of
T (2)>5 -	ne ( velle ell	GBB 52136 al both of
I was affun	o may company tremose	dopodisk and some
KU (as, The Taxi	SHC 848/R Collians	a motion towards oremencedy
The taxi ic	upart of front left si	de slightly scratched.
MIA CONDER	us vehicle (TBB 5213K	the slightly scratched.
100,000	al analia	
wear whe	el portion damaged	•
<del></del>		
·		
DECLADATION		
	culars are true in every respect	
/We declare the foregoing parti	iculars are true in every respect.	
/We declare the foregoing parti	culars are true in every respect.	
83 APPLE TREE	Rofu	
We declare the foregoing parti  83 APPLETREE  Rolicyholder,'s Signature	Driver's Signature	Reporting Centre Personnel's Signature
We declare the foregoing parti	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: Poh Kwee Choo NRIC/FIN No.: S6840583A

#### **CERTIFICATE OF INSURANCE Pg. 1**



中国太平保险(新加坡)有限公司 CHINATAIPING INSURANCE (SINGAPORE) PTE, LTD. Co. Reg. No. 200208384E

MZ300/C R SN AN0421A Cov.Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960

	Road Transport Act Motor Vehicles (Third-Party Ri	i, 1987 (Malaysia) isks) Rules, 1959 (Malaysia)	ORIGINAL
CERTIFICATE No.	DMCV5N3022021803	<del>_</del>	No :M9RE782C091378 /F1FLBHB68Y302825
Index Mark and Registration	GBB5213K	AUTOSAF	E
Number of Vehicle		======	=
2. Name of Policy Holder	M/S 83 APPLE TREE		
Effective date of the Commence Insurance for the purposes of the Ordinance or Enactment	ment of e Regulations, 19 May 2018	EXCESS SECT I	
Date of Expiry of Insurance	18 May 2019		
5. Persons or Classes of Persons	entitled to drive*		
Any person who is dri	ving on the Policyholder's ord	er or with their permission.	
Court of Law or by re	the Motor Vehicle or has been ason of any enactment or regulation of any enactment or regulation of any enactment or regulation of any enactment of the Motor of	ation in that behalf from dr	
	age of passengers (other than		ction with the
(3) Use for social, d The Policy does not c	omestic or pleasure purposes.		
(1) Use for hire or r	eward or racing, pace-making, g a trailer except the towing		_
* Limitations rendere and Section 95 of the	d inoperative by Section 8 of the Motor Road Transport Act 1987 (Malaysia), at	Vehicles (Third-Party Risks and Com re not to be included under these hear	pensation) Act (Chapter 189) dings.
I/We hereby provisions of the M Transport Act, 1987	Certify that the policy to white other Vehicles (Third-Party Risks and (Malaysia).	ch this Certificate relates is issud Compensation) Act (Chapter 18	ed in accordance with the 19) and Part IV of the Road
Please see reverse		For CHINA TAIP	ING INSURANCE (SINGAPORE) PT
ed By:VITESSE_SOLL	TTONE		Among
Authorise	d Officer		Authorised Signatory

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

#### DRIVER'S NRIC + DRIVING LICENCE Pg. 1





















#### THIRD PARTY - DRIVER'S NRIC



# **Accident Photo**



# **Accident Photo**



# **Accident Photo**







# **CHASSIS NUMBER**



#### Addendum Sheet Pg. 1



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: GBB 5213K Original Report No: MLHM19045042 Vehicle Registration No: Name(as shownin NRIC): NS 83 Appletree\_NRIC/FIN/Passport No: (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate 3 River Valley Close \$107-02 Euro-Asia Court Singapore (238429) Address 8686 1111 Mobile No.: Contact (Tel) **Email Address** \_Time of Accident: 21:00 FMs Date of Accident of Havelock food and demenceay five Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: To amend for including company stamp

GIARIOC addendumform, V3

Date:

Policyholder / Driver's Signature

-9 APR 2019

Reporting Centre Personnel's Signature Poh Kwee Choo

-9 APR 2619

S6840583A

Name:

NRIC/FINNo.: Date: