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Confirmed by : (	Dates	Time:	)		
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

service of the servic	ACCIDENT STATEMENT
Date Of Report	18/04/2019 16:27
Date Of Accident	17/04/2019 16:30
Exact Location Of Accident	TUAS SOUTH AVE 2
Country/State of Loss	SINGAPORE
Marie Color of Sangter agency of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH3408Y
Insured/Policyholder	
Name Of Registered Owner	M/S SHUN DA PTE LTD
Co Reg No	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93625698
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMCVSN1813191800
Cover Note Number	
Driver	
Name of Driver	WANG XUEZHONG
NRIC No	S6864823H
Date Of Birth	24/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	15/06/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93625698
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 91 LORONG 3 TOA PAYOH #08-16

Postcode

310091

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?

Number of vehicles (including own vehicle)

involved in the accident

NO 3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO YES

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

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: LI XIAOLE

GENDER:

: MALE

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

## Circumstances of Accident

I WAS TRAVELLING ALONG TUAS SOUTH AVE 2, THERE IS A SINGLE LANE TWO WAY TRAFFIC, WHILE I NOTICED A TRUCK (BEARING NO XE987S) PARKED ALONG THE SIDE ROAD, I HAVE TO STOP BEHIND THE TRUCK TO CHECK ON COMING TRAFFIC CLEAR BEFORE I OVERTAKING THE TRUCK, WHILE THE ON COMING TRAFFIC WAS CLEAR AND I ABOVE TO OVERTAKING, SUDDENLY VEH B (BEARING NO XD4560T) FROM BEHIND OVERTAKE ME AND HIT ONTO MY VEH RIGHT HAND SIDE, THE IMPACT PUSH MY VEH HIT ONTO THE STATIONARY TRUCK.

## 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 XD4560T Vehicle Make/Model/Colour TRC6407S

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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

XE987S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name WANG XUEZHONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBH3408Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 2**

Name LI XIAOLE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBH3408Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:
  - (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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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B	-		
	171	4	

A = GBH 3408 Y B = XD 4560T CTRC 64075)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

to Statement

regging particulars are true in every respect.

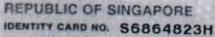
Policyholder's Signature Date & Time:

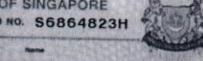
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





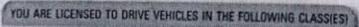




WANG XUEZHONG

CHINESE



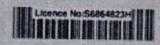


Class 3

EFFECTIVE DATE

Motor Cars =< 3000kg with =<7 passengers, exclusive 15 Jun 2019 of the driver; and other motor vehicles =< 2500kg

NP 428A







₩ S6864823H

CHINESE Bate of lease 21-10-2010

APT BLK 91 LORONG 3 TOA PAYOH #08-16 SINGAPORE 310091



# 中国太平保险(新加坡)有限公司

MEROD/CE SN ANDSEQA 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, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSN1813191800

Engine No :1KD2791626 Chassis No:JTFAT35Y00K710069

Index Mark and Registration
 Number of Vehicle

GBH3408Y

2 Name of Policy Holder

M/S SHUN DA PTE LTD

 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 20 APRIL 2018

Date Date NRI Man na 100

Nar sui

10/ SUI PIG

Isn XEX

4. Date of Expiry of Insurance

19 APRIL 2019

5. Persons or Classes of Persons entitled to drive \*

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

PROVISED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR CTHER 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.

- 11) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

  (2) USE FOR THE CARRIAGE OF PASSEMGERS (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 HIPE OR REMARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.

  (2) USE WHILST TRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Officer

HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

\*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 (Melaysia): 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).

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By

Authorised Signatory

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