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OD / TP Reporting Only	I-Photo Upload	led				
	Assessment/Sur	vey Report				
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Preferred Wksp / INC Assign Wksp / QW: (1	Teli	FEX	1	
TP Particulars: Veli No:	5/EOK	. INC()/Non-INC	().	- ,	
Owner / Driver: (Tel;			
Policy No: () Perio	d: ()	Cover Type: (
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.

- 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.

2113 F-102144 L	
	ACCIDENT STATEMENT
Date Of Report	24/04/2019 12:44
Date Of Accident	24/04/2019 09:45
Exact Location Of Accident	ALONG WEST COAST ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD2289B
Insured/Policyholder	
Name Of Registered Owner	BOSSARD PTE LTD
Co Reg No	199506942D
Email Address	ARNOLD.TAN@BOSSARD.COM
Mobile Phone No	(LOCAL) +65-91128826
Alternative Phone No	OFFICE-67782515
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TRANSPORTER-2.0 D TDI (A)
Exact Purpose for which vehicle was being used at time of accident	V DOS PAYORES AND THE CONTRACTOR OF THE CONTRACT
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 Palicy	NO
Policy Number	DMCVSN142560184
Cover Note Number	
Driver	
Name of Driver	ARNOLD TAN BOON TOH (CHEN WENTAO)
NRIC No	S7743094F
Date Of Birth	10/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	14/07/2004
Driving Experience	14 YEARS AND 9 MONTHS
3ender	MALE
Mobile Number	(LOCAL) +65-91128826
ax Number	

OFFICE-67782515

ARNOLD.TAN@BOSSARD.COM

Address

BLK 127A KIM TIAN ROAD

#05-531

Postcode

161127

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

ī

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

NO

ambulance?

NEW YORK

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

PLEASE REFER TO SKETCH PLAN

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

SCR5400R

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NOOR BIN SUKOR

NRIC/Passport Number

S1110136D

Contact Number

91809765

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.
- 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.
- 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:

- 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)
 - (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.

Date & Time:

Policyholder's Signature

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

	BUS			
	West Coast A B Road (towards city)	Traffic Light Junction		
A	G8022898			
B)	SCR 5400R			

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24 April 2019, at 9.43 am I was driving the GBO 2289B (indicated by 'A') along West Gast R	Volkswagon Transporte
THE THE THE TOTAL CONTROL WIND AND ADDRESS OF THE PERSON O	la a a la
vehicle and tapped lightly on the brakes. I was vehicle started moving ahead and hit the Mercede by B). There are no includes to extra the	not aware that the
ac as no might be given parties an	d won insperting the
vehicles, there were slight porationes to the Merced	les rear bumper area
FCI ADATION	

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:

24/04/2019, 1640 hrs

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

Pictures of VW Transporter Mercedes Incident along West Coast Road on 24 April 2019 at 9.45am



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Ins / skingy.

ACCIDENT STATEMENT

	: 44)(HH:MM
LOCATION: West Good Road	7.00
1. DETAILS OF VEHICLE	B
alvehicle NUMBER: GBD 22898	
DINSIPANCE COURTS SIX	
b)INSURANCE COMPANY: China Taiping	
C) POLICY NUMBER:	
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PA	RTY FIRE &THEFT
BIMAKE & MODEL: VOLKSWAGON Iransporter	
1)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCY	CLE / OTHERS)
.9/ VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORC	YCLE)
MIPURPOSE OF USING AT ACCIDENT TIME: WORKING	
ARE YOU CLAIMING UNDER YOUR OWN INSURANCE IVES	101
IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ON	W.
2. INSURED / POLICY HOLDER	91
ALMANT POCCADO OTT IT	LE / FEMALE)
b) NRIC/FIN/PASSPORT: 199506942D CONTACT:	(77 CASIE
C) ADDRESS: 8 PANDAN CRESCENT #05-05/0	1
LOGBY 4 SINGAPORE 128464	D ,
* CONTINUE TO 3 die DRIVER ALSO ROLLOVILLE	
HID of passange, DRIVER	
	2000000
() b) NRIC/FIN/PASSPORT: ST743094F CONTACT	LE / FEMALE
CIADDRESS: BIK 127A KIM TIAN ROAD # 05-5	91128826
SINGAPORE 161127	21
"d) DATE OF BIRTH: (10 105 11971)(DD/MM/YYYY)	
e)OCCUPATION: (INDOOR (OUTDOOR)	
DATE OF DRIVING PASS 14 JULY 2004	9 6
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPAN	VE CVERY NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	TI (ES) NO)
5. DIWEATHER CONDITION: CLEARY RAINING / OTHERS	
bIROAD SURFACE: (DRY) WET / OTHERS	
6. WAS ANYBODY INJURED (YES (NO)	
7. DIREPORTED TO POLICE (YES (NO)	" H E
IF YES, PLEASE STATE WHICH POLICE STATION:	*
	N.
INC OF PASSENGER OF VEHICLE NUMBER SCR 54008	lamada
Including driver) b) DRIVER'S NAME: NOOR BIN SUKOR C) NRIC/FIN/PASSPORT: SUL 0136 0 CONTACT:	es cours .
() NRIC/FIN/PASSPORT SUL 0136 D CONTINT	9190 9765
2. (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	9180 9765
9. THIRD PARTY VEHICLE	9180 9765
9. THIRD PARTY VEHICLE NO of passanger at Delivered Number:MODEL:	9180 9765
9. THIRD P'ARTY VEHICLE No of passenger of DRIVER'S NAME:	14
9. THIRD PARTY VEHICLE NO of passanger a) VEHICLE NUMBER:MODEL:	14

email = arnold.tan@bossard.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7743094F

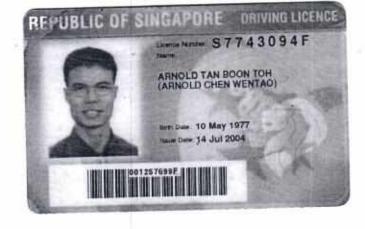


ARNOLD TAN BOON TOH (CHEN WENTAO)

陈 文 淌 Race CHINESE

Date of birth 10-05-1977 Country of birth SINGAPORE





c № S7743094F

25-05-2007

APT BLK 127A KIM TIAN ROAD #05-531

SINGAPORE 161127 NRIC No: \$7743094F

Date: 38/05/2012

No: 6976774

4048041

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

MASS DATE 14 Jul 2004

Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles at unladen weight not exceeding 2500 kg

Licence No: S7743094F



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co Riig 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
Road Transport Act, 1987 (Malaysia)

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

ORIGINAL

			Engine No :CAA639585
CERT	FICATE No.	DMCVSN1425601804	Chano:wV1zzz7HzFH001761
T. Inc	dex Mark and Registration	GBDZ289B	
N.	umber of Yelvise		
2 Na	ome of Policy Holder	M/S BOSSARD PTE LTD	
Tru	fective date of the Commercement surance for the purposes of the Re dinance or Eriactment	of 25 July 2018	Excess Sect I
4. Dr	nte of Expiry of insurance	24 July 2019	
5. Pe	ersons or Classes of Persons entitle	aid to drive."	
Ап	y person who is driving	on the Policyholder's orde	er or with their permission.
re	gulations to drive the	Motor vehicle or has been :	cordance with the licensing or other laws or so permitted and is not disqualified by order of a stion in that behalf from driving the Motor Vehicle.
6. Lim	tations as to use."		7.1
(1) Use in connection wit	h the Policyholder's busine	155.
(2	 Use for the carriage Policyholder's busine 	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	for hire or reward) in connection with the
(3		tic or pleasure purposes.	
	e Policy does not cover		T I BROW THE BOWER THE VERSION TO BE ADMINISTRATED AND
1000	######################################		reliability trial or speed testing. of any one disabled mechanically propelled vehicle.
			Pehicles (Third-Party Risks and Compensation) Act (Chapter 189) enot to be included under these headings.
		Vehicles (Third-Party Risks and	h this Certificate relates is issued in accordance with the Compensation) Act (Chapter 189) and Part IV of the Road
	Please see reverse		For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LT
ued By:	VITESSE SOLUTION		guara
	Annonaed On	MD:	Authorised Signatory