#### 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	13/05/2019 15:09			
Date Of Accident	12/05/2019 18:50			
Exact Location Of Accident	JUNCTION OF DESKER RD & SERANGOON RD			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	GBC7834A			
Insured/Policyholder				
Name Of Registered Owner	TCB SPORTS PTE LTD			
Co Reg No	197600662Z			
Email Address	TCB@TCBSPORTS.COM.SG			
Mobile Phone No				
Alternative Phone No	OFFICE-62660115			
Vehicle Particulars				
Manufacturer	MITSUBISHI			
Model	CANTER-3.0 D FEA01B (M)			
Exact Purpose for which vehicle was being used at time of accident				
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	DMCVSN1343921805			
Cover Note Number				
Driver				

# Driver

Name of Driver MALLIK SABBIR NRIC No G2597720W Date Of Birth 20/09/1995 Occupation **OUTDOOR Date Of Driving Pass** 30/11/2017

**Driving Experience** 1 YEAR AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94832377

Fax Number

**Contact Number** 

**EMail Address NOEMAIL**  Address 54, KIAN TECK ROAD, SINGAPORE 628790

Postcode

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** 

COLLISION - MAJOR/MINOR RD

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Type Of Accident

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**

ON 13/05/2019 AT ABOUT 1850 HRS. WHILE I WAS TRAVELLING OUT FROM DESKER RD .WHEN I CHECK THERE WAS TRAFFIC CLEAR . I THEN TURN OUT , SUDDENLY I FEEL AN IMPACT FROM MY LEFT . I NOTICED THAT MY VEHICLE HAD COLLIDED BY 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 SHA7895M

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

#### **IMPORTANT NOTICE**

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- 3. Information provided must be as <a href="mailto:truthful and accurate as possible">truthful and accurate as possible</a>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <a href="mailto:repudiate policy liability">repudiate policy liability</a>.
- 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.

TCB SPORTS PTE LTD
54, KIAN TECK ROAD
SINGAPORE 628790
TEL: 6266 0115 (3 Lines)

Policyholder Signathe 0718

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

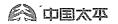
Name: NRIC/FIN No.:

I AM AWARED THAT MY IN SURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY, I WILL CHECK MY POLICY FOR MORE DETAILS.

# Sketch Plan Pg. 2

(ETCH PLAN	A CONTRACTOR OF THE PARTY OF TH	
	Serangoun	pd A-GBC7834A
>	20	B-SHA789SM
3		
ESCRIBE CIRCUMSTANCES OF THE	Desker Ro	
	nstances	
		☐ Claim own policy
		☐ Claim third party ☐ Claim OD / TP at other works hop
-	`	D For record ourgose
DECLARATION I/WEGGISENDERORESPECTECTORS	are true in every respect.	Policy No. <u>DMCVSN134390180S</u> Insurer <u>China</u> Ven.No. <u>GBC78</u>
54, KIAN TECK ROAD SINGAPORE 628700	Sahl	
TEL: 6266 0115 (3 Lines)		Reporting Centre Personnel's Signature
Policyholਹਿੰਦੀ ਵੱਲ sigਜਿਵਾਹਿੰਦ 0718 Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm JV3



MOTOR COMMERCIAL VEHICLE

# 中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ300/CR SN AN0328A Cov.Type: C AUTOSAFE

## **CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Parly Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Parly Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Parly Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVSN1343921805	Engine No :4P10A87140 Chassis No:FEA01BA00031		
Index Mark and Registration     Number of Vehicle	GBC7834A			
2. Name of Policy Holder	M/S TCB SPORTS PTE LTD			
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	21 OCTOBER 2018	EXCESS SECT I		
4. Date of Expiry of Insurance	20 OCTOBER 2019			
5. Persons or Classes of Persons entitled to drive *				
ANY PERSON WHO IS DRIVING ON THE POLIC				
REGULATIONS TO DRIVE THE MOTOR VEHICLE	OR HAS BEEN SO PE	NCE WITH THE LICENSING OR OTHER LAWS OR AMITTED AND IS NOT DISQUALIFIED BY ORDER OF A IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.		
6. Limitations as to use: *  (1) USE IN CONNECTION WITH THE POLICYHOW (2) USE FOR THE CARRIAGE OF PASSENGERS POLICYHOLDER'S BUSINESS.  (3) USE FOR SOCIAL, DOMESTIC OR PLEASURED THE POLICY DOES NOT COVER.  (1) USE FOR HIRE OR REWARD OR RACING, 19 (2) USE WHILST DRAWING A TRAILER EXCEPTION.	(OTHER THAN FOR H RE PURPOSES. PACE-MAKING, RELIA			
HIRE PURCHASE CO. : DBS BANK LTD AS HP *Limitations rendered inoperative by Section and Section 95 of the Road Transport Act, 18	8 of the Motor Vehicles	Third-Party Risks and Compensation) Act (Chapter 189) 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  For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.				
Countersigned By:	waxaa aa	Junary		
Authorised Officer		Authorised Signatory		

### IC,DL Pg. 1

