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.

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	ACCIDENT STATEMENT				
Date Of Report	23/05/2019 15:43				
Date Of Accident	22/05/2019 15:20				
Exact Location Of Accident	BUYONG ROAD				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	GBD9728E				
Insured/Policyholder					
Name Of Registered Owner	SUNLIGHT PLUMBING & ELECTRICAL SERVICE				
Co Reg No	52834648B				
Email Address	NOEMAIL				
Mobile Phone No					
Alternative Phone No	OFFICE-82180205				
Vehicle Particulars					
Manufacturer	NISSAN				
Model	NV350-2.5 D PANEL VAN (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	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	DMCVSN1540151803				
Cover Note Number					
Driver					
Name of Driver	DARREN LIM JUN JIE				

 NRIC No
 \$9226601Z

 Date Of Birth
 09/07/1992

 Occupation
 OUTDOOR

 Date Of Driving Pass
 28/07/2012

Driving Experience 6 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82180205

Fax Number

Contact Number

EMail Address DARREN LJJ@HOTMAIL.COM

BLK 738 JURONG WEST ST 75 #13-43 Address

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

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

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? NO

If Yes, against whom?

Circumstances of Accident

STATEMENT, KINDLY 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

SGY7799Y Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver TANG KUAN PING

NRIC/Passport Number S8039313Z Contact Number 91008745

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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 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.

Sunlight Plumbing And Electrical Service

46 East Coast Road #07-03 Singapore 428766 H/P: 9382 0980

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

Date & Time:

23/5/19 1530Pm

teporing Centre Personnel's Signature

Name: TRO Hong Gn NRIC/FIN No.:

5 11000 72/Z

G-45NG BletonFlanForm_\13

Accident Sketch Plan Pg. 1

SKETCH PLAN	
R:S6773995	
	44
DESCRIBE CIRCUMSTANCES O	FIRE ACCIDENT
On 22nd May	
towards CTE	, Vehicle 13 SGY 77997 Suddenly Cut into
my lane and	
the driver W	ranted to pay for my damages and later
	ia Whatsapp, however we wanted him to
pay for the	rental van thus the driver Say to proceed
to claim hi	's insurance Company.
- A-B-1	
AY Prumbing And Electrical Seri	Accere true in every respect.
M Plumbing And Electrical Sev 6 East Coast Road #07-03 Singapore 428766	ifice are true in every respect.
DECLARATION AM Plumbling And Electrical Sen B East Coast Road #07-03 Singapore 428766 H/P: 9382 0980 Policyholder's Sienature	10 sephine
M Plumbing And Electrical Sev 6 East Coast Road #07-03 Singapore 428766	Driver's Signature (If driver is not the policyholder) Date & Time: Continue Centinue Centinue

Accident Sketch Plan Pg. 1



中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg No. 2002083845

MZ300/C R SN AN0586A 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) Rives, 1960
Road Transport Act, 1987 (Maraysta)
Motor Vehicles (Third-Party Risks) Rures, 1969 (Maraysta)

ORIGINAL

CER	RTIFICATE No.	DMCVSN1540151803		Engine No :YD25364849A ChaNo:JN1MC2E26Z00004314				
	Index Mark and Registration Number of Vehicle	GBD9728E		AUTOSAFE				
2.	Name of Policy Holder	M/S SUNLIGHT PLUMBING &	ELECTRICAL SERVICE					
	Effective date of the Commencement of Insurance for the purposes of the Regulatio Ordinance or Enactment	13 August 2018						
4. 1	Date of Expiry of Insurance	12 August 2019						
5. 1	Persons or Classes of Persons entitled to d	rive*						
Å	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.							
1	(1) Use in connection with th (2) Use for the carriage of p Policyholder's business. (3) Use for social, domestic The Policy does not cover. (1) Use for hire or reward or (2) Use whilst drawing a trai	assengers (other than fo or pleasure purposes. racing, pace-making, re	r hire or reward) ir liability trial or s					
	* Limitations rendered inoperati and Section 95 of the Road Trai	ve by Section 8 of the Motor Ve nsport Act 1987 (Malaysia), are i	hicles (Third-Parly Risks on to be included under th	and Compensation) Act (Chapter 189) lese headings.				
		cles (Third-Party Risks and 0		is issued in accordance with the apter 189) and Part IV of the Road				
	Please see reverse		For CH	INA TAIPING INSURANCE (SINGAPORE) PTE. LTD.				
sued E				Guns				
	Authorised Officer			Authorised Signatory				























