

## 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 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.
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	25/05/2019 13:24
Date Of Accident	25/05/2019 07:25
Exact Location Of Accident	ALONG ADMIRALTY ROAD WEST BEFORE SENOKO AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC909P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BEAUTY WOOD MATERIAL AND HARDWARE PTE LTD
Co Reg No	199906968H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65555244

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FB70BB1SRDEA-3.0 D (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?	YES
If No, Please state action to be taken	
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	DMCVSN1328431805
Cover Note Number	

### Driver

Name of Driver	SEETO CHIAN HENG
NRIC No	S1267790A
Date Of Birth	21/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	24/07/1979
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84815159
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 673 CHOA CHU KANG CRESCENT #06-391
Postcode	680673
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	CHAIN COLLISION
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	3
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

STATEMENT, 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	GBG3847T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AH CHENG
NRIC/Passport Number	
Contact Number	68534889
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGQ7882C
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Accident Sketch Plan Pg. 1

### SKETCH PLAN

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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.



Policyholder's Signature  
Date & Time:

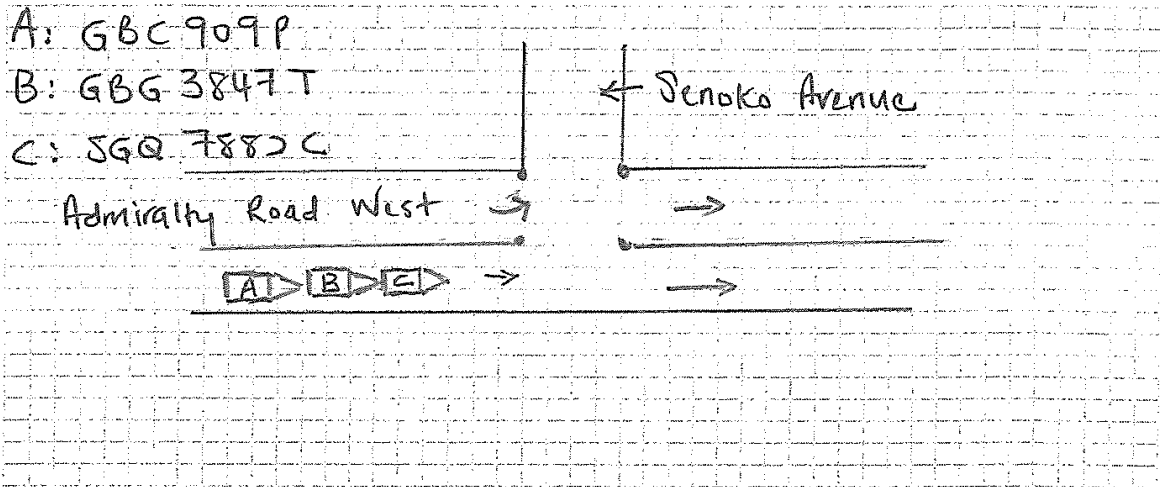
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

25/05/19  
11:40 a.m

Josephine  
Teo Hong Eng  
S110067212

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/05/2019 at 07.25 am, I driving my vehicle GBC 909 P along Admiralty Road West. Before reaching the traffic light, I accidentally hit vehicle GBG 3847 T rear portion and vehicle GBG 3847 T move forward and hit vehicle SGQ 7882 C.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

GIARMC SketchPlanForm\_V3

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

25/5/19

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

Josephine  
Teo Hong Eng  
J11000721Z

# Accident Sketch Plan Pg. 1

25/05 2019 08:31 FAX

RECEIVED 25/05/2019 08:30

001



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

3 Anson Road #16-00 Springbank Tower Singapore 078909  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.sg.cntaiping.com  
Co. Reg. No. 200208384E

ORIGINAL

THE SCHEDULE

Agency	AN0450A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number	..... DMCVEN1328431805
Account	AN0450A	Issued on	..... 03/10/2018 in SINGAPORE	Replacing Policy no.	DMCVSN1328431704
Client	3145095	Acceptance Date	03/10/2018		

Period of Insurance from 18/10/2018 to 17/10/2019 , both dates inclusive

Insured's Name....	M/S BEAUTY WOOD MATERIAL AND HARDWARE PTE LTD
Address.	46 SUNGEI KADUT STREET 1 SUNGEI KADUT IND ESTATE SINGAPORE 729350

Business/Occupn...

Financial interest JIA YI CAR PTE. LTD. AS HP OWNER

Premium .....	Base Annual Premium.....	S\$3,469.00		
	Less 20% Loyalty Discount.....	S\$693.80-		
	Less 30% AutoSafe Scheme.....	S\$832.56-		
	No Claim Discount .....	S\$0.00		
	Windscreen @ \$1,000.....	S\$50.00		
	Total Annual Premium .....	S\$1,992.64	Premium Due	S\$1,992.64
			Premium GST	S\$139.48
			Total Due	S\$2,132.12

Risk No. 001 MOTOR COMMERCIAL VEHICLE

ORIGINAL REGN DATE: 18.04.2011

1. Registration	GEC909P	Make/Model ..	MITSUBISHI FB70BB1SRDEA
Type of Cover	Comprehensive	No. of seats	2
Engine No. ..	4M42A86426	Capacity cc's	0
Chassis No...	FB70BBA20322		
		Tonnage .....	1.68
			Certificate Ref. MZ300/C
Sum Insured..Market value at the time of loss			
Excess Sect I .....		S\$500.00	
EX ON WINDSCREEN .....		S\$100.00	

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 & W(\$1,000.-).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of S\$2,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 66 years old and above (Age as at Date of Accident).

Once this S\$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.

Continued on page 2

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





