MJAS19077496 / Jin Auto Services Pte Ltd - Defu ENTRY DATE & TIME: 14/06/2019 11:32 SUBMITTED BY: Seow Yin Yin

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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	14/06/2019 11:32
Date Of Accident	13/06/2019 17:40
Exact Location Of Accident	CTE TOWARDS CITY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ5544M
Insured/Policyholder	
Name Of Registered Owner	TAM KAH SHARK'S FIN PTE LTD
Co Reg No	200301894Z
Email Address	SALES@TAMKAHSHARKSFIN.COM
Mobile Phone No	(LOCAL) +65-91898878
Alternative Phone No	OFFICE-62231611
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCVSN1923161900
Cover Note Number	
Driver	
Name of Driver	WANG DEXING
December of No /FIN	C074E400D

Name of DriverWANG DEXINGPassport No/FING8715489RDate Of Birth10/03/1979OccupationOUTDOORDate Of Driving Pass06/03/2019

Driving Experience 0 YEAR AND 3 MONTH

Gender MALE

Mobile Number (LOCAL) +65-84322790

Fax Number
Contact Number

EMail Address SALES@TAMKAHSHARKSFIN.COM

Address BLOCK 1008 ALJUNIED AVENUE 4 #01-33

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 **COLLISION - HEAD TO REAR**

Weather Conditions **RAINING** Road Surface WET

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

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

NO

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 13/06/2019 AT 1740HR, I WAS DRIVING GBJ5544M ALONG CTE ON THE 4TH LANE, IT WAS RAINING AND ROAD CONDITION WAS CONGESTED. WHILE I STOPPED BEHIND THE UNKNOWN VEHICLE, SHORTLY I FELT AN IMPACT FROM BEHIND, UPON CHECKING GBF2111U HAD COLLIDED ONTO THE REAR PORTION OF OUR COMPANY VAN GBJ5544M.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF2111U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver PANDI SEKAR NRIC/Passport Number G7919301T

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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)
 - (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
- 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:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatur

NRIC/FIN No.:

SKETCH PLAN B: GBF ZINU video footage A GRJ SSYYM available Dute: 13/6/19 Time. 1740 hr Place: CTE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/06/19 @ 1740 hr, I was driving GBJ 554	+ M
along CTE on the 4th lane, it's was raining and	
road condition was congested. While I stopped be	phind
the unknow vehicle's shortly I feet an impa	ct
from behind, upon checking GBF DITTU had Coll	ided
onto the Year portion of our Company von 983	22741

DECLARATION

Policyholder's Signature FIN

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg. No. 200208384E

MZ300/C N SN AN0623A Cov.Type: C

MOTOR COMMERCIAL VEHICLE

Please see reverse

Issued By:

CHUA SUAT LAY SALLY

Authorised Officer

CERTIFICATE OF INSURANCE

Motor Vahiclas (Third-Party Risks and Compensation) Act (Chapter 189)

Motor Vehiclas (Third-Party Risks and Compensation) Rules, 1980

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

ORIGINAL

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

AAAAA

Authorised Signatory

		Engine No :1KD2853707
CERTIFICATE No.	DMCVSN1923161900	Chano: JTFHT02P200249086
Index Mark and Registration	GB35544M	AUTOSAFE
Number of Vehicle		*******
2. Name of Policy Holder	TAM KAH SHARK'S FIN P	TE. LTD.
 Effective date of the Commencem Insurance for the purposes of the I Ordinance or Enactment 	ent of 28 May 2019 Regulations,	EXCESS SECT I
4. Date of Expiry of Insurance	27 May 2020	
5. Persons or Classes of Persons on	lited to drive*	
Any person who is drivi	ng on the Policyholder's ord	er or with their permission.
Court of Law or by reas	on of any enactment or regula	ation in that behalf from driving the Motor Vehicle.
6. Limitations as to user*		
6. Limitations as to use:*		
(1) Use in connection w (2) Use for the carriag Policyholder's busi (3) Use for social, dor	ness. Mestic or pleasure purposes.	ess for hire or reward) in connection with the
(1) Use in connection w (2) Use for the carriag Policyholder's busi (3) Use for social, don The Policy does not cov	e of passengers (other than ness. estic or pleasure purposes. er.	for hire or reward) in connection with the
(1) Use in connection w (2) Use for the carriag Policyholder's busi (3) Use for social, don The Policy does not cov (1) Use for hire or rew	e of passengers (other than ness. estic or pleasure purposes. er. ward or racing, pace-making,	
(1) Use in connection w (2) Use for the carriag Policyholder's busi (3) Use for social, don The Policy does not cov (1) Use for hire or rew (2) Use whilst drawing	e of passengers (other than ness. estic or pleasure purposes. er. ward or racing, pace-making,	for hire or reward) in connection with the reliability trial or speed testing. of any one disabled mechanically propelled vehicle.

SCENE PHOTO



SCENE PHOTO



SCENE PHOTO





















