



### 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	04/07/2019 16:07
Date Of Accident	18/01/2019 14:30
Exact Location Of Accident	PIE TWDS CTE AFTER KALLANG EXIT
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5313Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S ACCESS INTERIOR PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65478979

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMCVSN1819871800
Cover Note Number	-

#### Driver

Name of Driver	LAI SZE FAH
NRIC No	S1585737D
Date Of Birth	15/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	20/05/1997
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98214543
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 842G TAMPINES ST 82 #05-88  
 Postcode 527842  
 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 -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -

**General Information of the Accident**

Type Of Accident COLLISION - CHANGE/CROSS LANE  
 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 ambulance?  
 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? YES  
 If Yes, Please state which Police Station  
 Police Station Name TAMPINES N.P.C  
 Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

I WAS TRAVELLING ALONG PIE TWDS CTE AFTER KALLANG EXIT, I SWITCH ON MY LEFT INDICATOR INTEND TO FILTER TO THE LEFT LANE, AFTER FILTERING INTO LEFT LANE, I NEVER FELT ANY IMPACT. THEN I CONTINUE TO MY JOURNEY, SUDDENLY A TAXI COME FROM BEHIND AND STOP ME TO THE ROAD SIDE, THEN THE TAXI DRIVER COME DOWN FROM VEH AND CLAIMS I HAD HIT ONTO HIS VEH, I MAKE A CHECK ON THE TAXI AND FOUND THERE WAS A DENT ON THE LEFT FRONT BUMPER (PLEASE REFER TO SCENE PHOTO), BUT MY VEH NOTHING DAMAGE AT ALL AND ALSO CANNOT FOUND ANY SILVER PAINT ON MY VEH, THE TAXI WAS A SILVER COLOR. THE DRIVER ALSO POINT TO ME THE DAMAGE ON THE DRIVER DOOR ALSO DONE BY ME. I ASK THE DRIVER HOW HE WANT TO SETTLE, HE SAY WILL GET BACK TO ME, AFTER WE EXCHANGE PHONE NUMBER THEN WE LEAVE THE SCENE, AFTER I RECEIVED THE CALL FROM THE TAXI DRIVER, HE ASK FOR \$800 FOR PRIVATE SETTLE, THEN I FEED BACK TO MY BOSS, MY BOSS ASK THE TAXI DRIVER JUST PROCEED TO INSURANCE DUE TO THE PRICE HE ASK FOR IS TOO HIGH.

**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 SHD1519Z  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

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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.

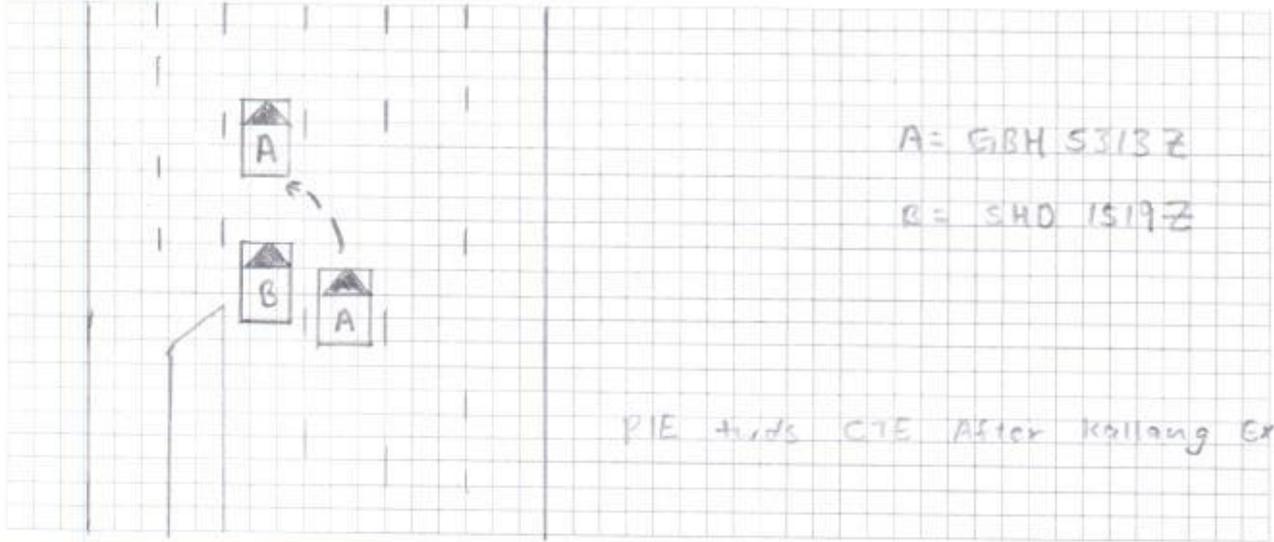


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

I/We declare the foregoing particulars are true to every particular.



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.:

NOTICE OF REPORTING

This is to confirm that LAI SZE FAH, NRIC/FIN  
S1585737D, has reported to the Police a non-injury traffic accident which  
occurred at PIE TOWARDS CTE AFTER KALLANG EXIT

on 18/01/2019 at 1430HRS ~~am~~ pm involving the following vehicles: 1) GBH5313Z  
2) SHD1519Z

2 If this accident was reported to the Police within 24 hours of its occurrence, then  
he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

**Tampines NPC**  
No. 6 Tampines Avenue 4  
Singapore 529682  
Tel: 1800-5871999

Rank/Name of Issuing Officer: Sgt2 Muhd Firdaus

Date: 18/01/2019 Time: 08:35 pm

S/D Ref: 84

Police Post/Unit : Tampines NPC

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1585737D



Name  
LAI SZE FAH  
賴斯华

Race  
CHINESE

Date of birth  
15-04-1963

Sex  
M

Country/Place of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1585737D  
Name  
LAI SZE FAH

Birth Date: 15 Apr 1963  
Issue Date: 20 Oct 2006

001452727E



For LKK/NAC Use Only

5931649



NRIC No. S1585737D



Date of issue  
08-05-2018

Address  
APT BLK 842G TAMPINES STREET 82  
#05-08  
SINGAPORE 527842

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

CLASS	DESCRIPTION	PASS DATE
Class 3	Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	20 May 1997
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	09 Nov 2009
	Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	

NP 428A

Licence No: S1585737D



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## 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)

CERTIFICATE No.	DMCVSN1819871800	Engine No :1KD2796040 Chassis No:JTFAT35Y50K210262
1. Index Mark and Registration Number of Vehicle	GBH5313Z	
2. Name of Policy Holder	M/S ACCESS INTERIOR PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	2 JULY 2018	EXCESS SECT I .....S\$500.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	1 JULY 2019	
5. Persons or Classes of Persons entitled to drive *		

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.

6. Limitations as to use: \*

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
  - (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
  - (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.
- THE POLICY DOES NOT COVER.
- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
  - (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : HL BANK AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to 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

ITRUST PTE LTD  
12 FOCH ROAD  
#03-02  
SINGAPORE 209274  
TEL: 6488 0883 FAX: 6286 0295  
EMAIL:itrust@singnet.com.sg

Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory