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.	sent to the archiving of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	24/07/2019 10:13		
Date Of Accident	22/07/2019 21:45		
Exact Location Of Accident	CTE(TUNNEL)TO TPE		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	GW37R		
Insured/Policyholder			
Name Of Registered Owner	M CITY RENTAL		
Co Reg No	53110235A		
Email Address	MCITYRENTALS@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-90098718		
Alternative Phone No	OFFICE-NOPHONE		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	HIACE-3.0 D TURBO (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	DMCVSN1915291900		
Cover Note Number			
Driver			

Name of Driver

NARONG NGIAM

NRIC No

S7821418Z

Date Of Birth

28/07/1978

Occupation

OUTDOOR

Date Of Driving Pass

17/06/1996

Driving Experience 23 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-87681418

Fax Number

Contact Number

EMail Address NOEMAIL

173A PUNGGOL FIRLD #15-581 Address

Postcode 821173

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

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)

2

involved in the accident 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

NO 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

ON 22/07/2019 AT AROUND 2145HRS, I WAS TRAVELLING ALONG CTE TO TPE. WHILE DRIVING IN THE TUNNEL TO TPE, I SUDDENLY FELT SLEEPY AND KNOCK OFF AND CAUSED ME ACCIDENTALLY HIT ONTO VEHICLE B REAR LEFT PORTION.

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 SJS8617A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver YUDI

NRIC/Passport Number

Contact Number 88003810

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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- 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.

Ropy als

COP SOFOR

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.:

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

KETCH PLAN		
		@) GW 2 PR
Cte to Th		
CHE to Pi		@ GW 2PR
	1 KT/8//	
ESCRIBE CIRCUMSTANCES O	E THE ACCIDENT	
ESCRIBE CIRCUISTANCES O	1 THE ASSISTANCE	
That a least	ut Circumstances.	
Fafer to Accide	CIVOUMSTANCKES.	
		☐ Claim own policy
		Claim third party Claim OD / TP at other works hop
		For record purpose
DECLARATION	lare are true in every respect	Policy No. STRUCTURE (IST 1980). Insurer China. Ven. No. (AW STR.)
We declare the locegoing particu	nars are true in every respect.	
	1/hh	
olicyholder segnature	Oriver's Signature	Reporting Centre Personnel's Signature
Pate & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

GIARMC SketchPlanform_V3



中国太平保险(新加坡)有限公司

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

M2407/C n sn AN0420A

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

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

PLM 328209

ORIGINAL

DMCVSN1915291900

Engine No :1KD2791449 ChaNo: JTFHT02PX00241656

1. Index Mark and Registration

Number of Vehicle

GW37R

2. Name of Policy Holder

M CITY RENTAL

Effective date of the Commencement of Insurance for the purposes of the Regulations, 01 April 2019 Ordinance or Enactment

Excess Sect I \$\$2,000.00 Excess Sect. II \$\$1,500.00 EX ON WINDSCREEN \$\$100.00

4. Date of Expiry of Insurance

31 March 2020

5. Persons or Classes of Persons entitled to drive

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

- 6. Limitations as to use:*
- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO. : SING INVESTMENTS & FINANCE LTD 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.

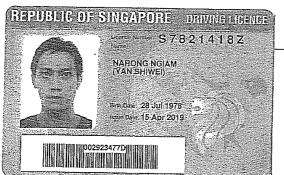
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Authorised Signatory





Date of birth Sex 28-07-1978 M

Country of birth SINGAPORE 578214182

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

Light EFFECTIVE DATE:

The passengers, exclusive of driver; and other motor vehicles with unladen weight = < 3000kg with = < 7 17 Jun 1996 passengers, exclusive of driver; and other motor vehicles with unladen weight = < 2500kg

NP 428A

Licence No:S7821418Z

Date of Issue
14-09-2011
Address
APT BLK 173A PUNGGOL FIELD
#15-581
SINGAPORE 821173

















Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MLAN9096672 -ANSTR. _____Vehicle Registration No: ___ Name (as shown in NRIC): M City Rental __NRIC/FIN/Passport No:__ (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(_____Mobile No. :____ Contact (Tel) **Email Address** _____Time of Accident : ___ MAR. Date of Accident CTE (ANNHEL) to TPE. Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Typo Error on Date of Acudant. Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No .:

Date:

GIARMC addendumrorm_vs