SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number
EMail Address

- 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

	ACCIDENT STATEMENT	
Date Of Report	23/07/2019 11:41	
Date Of Accident	20/07/2019 02:50	
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD TOWARDS SIXTH AVENUE	
Country/State of Loss	SINGAPORE	
-	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC7304Y	
Insured/Policyholder		
Name Of Registered Owner	JD TRANSIT	
Co Reg No	53385284J	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-94823824	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	HIACE-3.0 COMMUTER GL (A)	
Exact Purpose for which vehicle was being used a time of accident	t	
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	DMB1SN1825471800	
Cover Note Number		
Driver		
Name of Driver	AMOS MANOGARAN S/O MANIAN	
NRIC No	S1498943I	
Date Of Birth	05/11/1961	
Occupation	OUTDOOR	
Date Of Driving Pass	11/05/1995	
Driving Experience	24 YEARS AND 2 MONTHS	

MALE

+65-94823824

NOEMAIL

Address BLK 633A SENJA ROAD #10-155

Postcode 671633

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

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

5

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 2 NAME: : UNKNOWN

GENDER: : MALE

Passenger 3 NAME: : UNKNOWN

GENDER: : MALE

Passenger 4 NAME: : UNKNOWN

GENDER: : MALE

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

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 SLF5944U
Vehicle Make/Model/Colour BMW

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)

TOH SU HUAI (ZHUO SHUHUI) S7902883E 90905200

Accident Sketch Plan Pg. 1

SKETCH PLAN

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- 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.

TRANS/A UEN 5328528AJ

Policyholder's Signature Date & Time:

SANCTA PERMIT

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19 1110 am

Reporting Centre Personnel's Signature
Name: Teo Hang Eng

NRIC/FIN No.: 51100

Accident Sketch Plan Pg. 1

SKETCH PLAN
BUKIT TIMAHI ROAD
A: PC 7304Y
B: 5LF 59444
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
01 70/7/19 AT 0250HRS
E WAR Driving my Bup R73044 along R Timal Bo To rendo Sin NR.
I were travilg straight and vehous SUF SSY44 twing to my same side wift swipe to my orde came my by damage to my ordet head vide.
My by I have 4 passage no injuries. From drive and not injuries.
The dise SUF SAFFU also, of injuried. (cady Driver)
DECLARATION
Policyholder's signature Date & Time: Date

Accident Sketch Plan Pg. 1



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

MZ601N SN AN0597A Cov. Type: C AUTOSAFE

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.	DMB1SN1825471800	Engine No :1KD2769063 Chassis No:KDH2230034898
1. Index Mark and Registration Number of Vehicle	PC7304Y	
2. Name of Policy Holder	M/S JD TRANSIT	
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	14 AUGUST 2018	EXCESS SECT I
4. Date of Expiry of Insurance	13 AUGUST 2019	EX ON WINDSCREEN

5. Persons or Classes of Persons entitled to drive.*

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION OR ANY PERSON DRIVING WITH POLICYHOLDER'S 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 ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE. THE POLICY DOES NOT COVER

- (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.

HIRE PURCHASE CO. : ABS FINANCIAL PTE 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) (Mary SDER PTE LTD Please see reverse Reg. No.: 201537467C

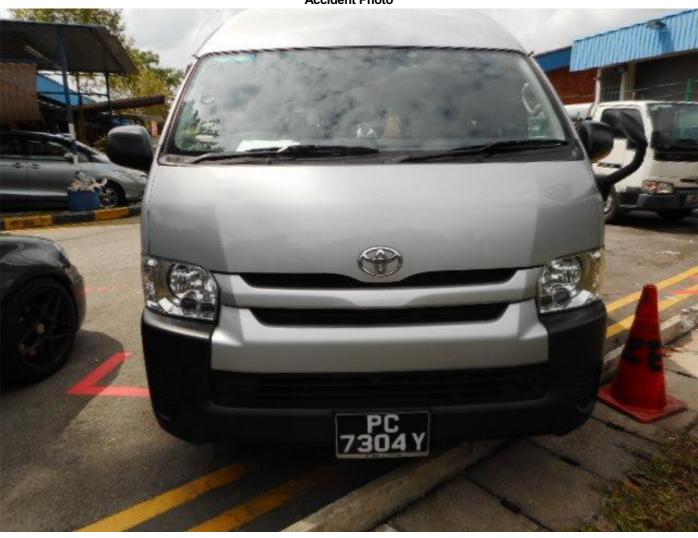
172 Sin Ming Drive Singapore 575720 Tel: 6933 9400 Fax: 6456 0678

Countersigned By:

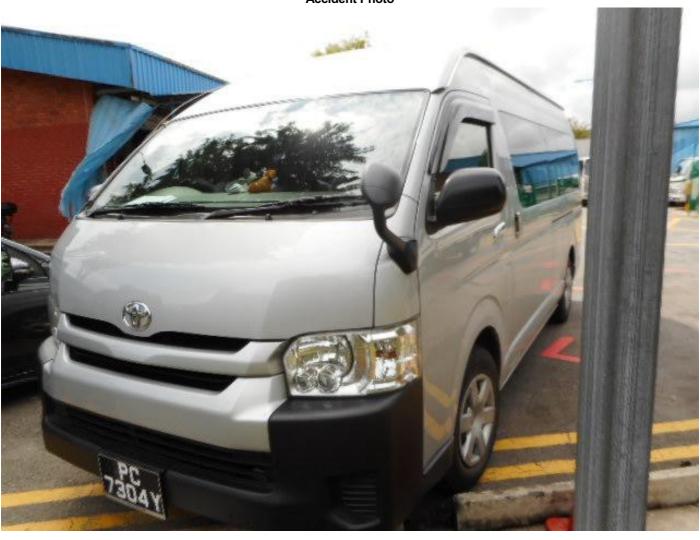
Authorised Officer

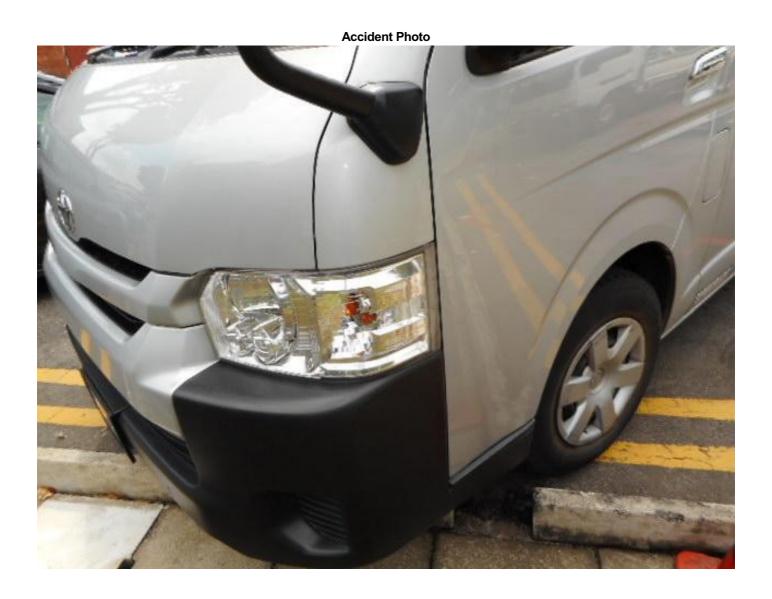
For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Authorised Signatory









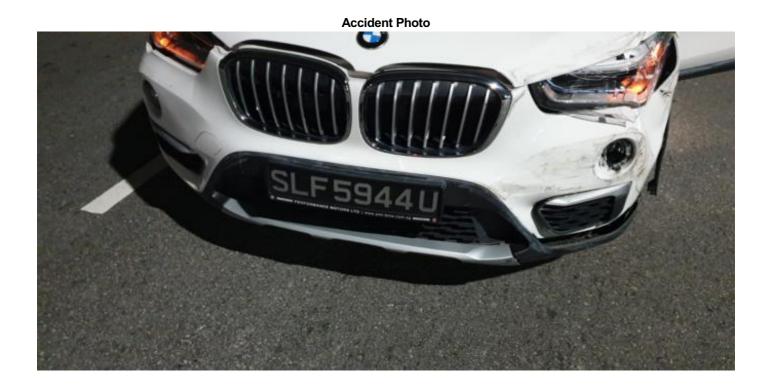














Addendum Sheet Pg. 1



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: M57H19096162 Vehicle Registration No: PC 7304 Y Name(asshownin NRIC): JD TRANSIT NRIC/FIN/PassportNo:_____ (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : BLK 633A JENJA ROAD #10-155 _____ Singapore(671632) Address Mobile No.: 94823824 Contact (Tel) **Email Address** : 20 07 2019 Time of Accident : 62.50 HRS Date of Accident Bulcit Timah Road towards Sixth Avenue Insurance Company: CHINA TAIPING INSURANCE (S) PTE LTD (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: Change Third party SLF5944U. Driver Name And NRIC No. 57902883E Name REO HONG ENG NRIC/FIN No.: Date: