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

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	ACCIDENT STATEMENT	
Date Of Report	13/08/2019 10:49	
Date Of Accident	10/08/2019 12:40	
Exact Location Of Accident	SIM LIM TOWER CARPARK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH9440M	
Insured/Policyholder		
Name Of Registered Owner	KAR FOON ENGINEERING WORKS	
Co Reg No	02808200A	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-64549369	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	HIACE	
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	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	DMCVSN1835381800	
Cover Note Number		
Driver		
Name of Driver	CHAN SHU KHOON (CHEN SHUKUN)	

Name of Driver CHAN SHU KHOON (CHEN SHUKUN)

 NRIC No
 \$7226159C

 Date Of Birth
 21/07/1972

 Occupation
 OUTDOOR

 Date Of Driving Pass
 21/02/1992

Driving Experience 27 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97767108

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 293 PUNGGOL CENTRAL #08-431

Postcode 820293

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING UP TO SIM LIM TOWER CARPARK, VEHICLE B WAS COMING DOWN AT MY RIGHT HAND SIDE FROM CAR PARK. HOWEVER, WHEN HE WAS DRIVING DOWN, HIS VEHICLE'S RIGHT FRONT PORTION COLLIDED ONTO MY VEHICLE'S RIGHT HAND SIDE REAR PORTION, NOBODY INJURED.

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 SJD5067K

Vehicle Make/Model/Colour KIA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KONG TANG NAM

NRIC/Passport Number S0002164D Contact Number 98667323

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 interested parties.
- 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)

Lunderstand, 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 :
 - 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.

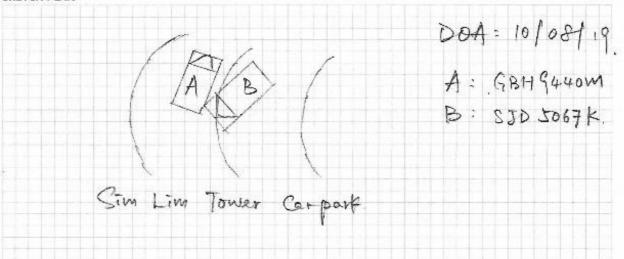
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

		AN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	I wa	driving	up -	to Sim	Lim	Tower	C.	rpark	. vehicle
B W	tas cou	ning do	wn at	- wy	right	hand	Side	from	car
park.	Horvey	rer, No	ich he	was o	during	down	, h	s veh	ide's
right	frout	portion	www.de	d onto	my	vehic	10 '5 1	right	hand
side v	vear por	tion, no	shody in	jund.					

DECLARATION

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

State & Time:

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

mul

Reporting Centre Personnel's Signature

Name:

10.35 9m

NRIC/FIN No.:



中国太平保险(新加坡)有限公司

M2300/CN 5% AND 633A 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, 1950 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVSN1835381800	Engine No :1GD8309294 Chassis No:GD82011010737
Index Mark and Registration Number of Vehicle	GBE9440M	
2. Name of Policy Holder	M/S KAR POON ENG	INEERING WORKS
 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 	1 NOVEMBER 2018	EXCESS SECT I
Date of Expiry of Insurance	31 OCTOBER 2019	
5. Persons or Classes of Persons entitled to drive *		

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 DISCUALIFIED 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) UST FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIME OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES. THE FOLICY DOES NOT COVER.

- (1) USE FOR HIRZ 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.

* 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.

Countersigned By:

Authorised Officer

Authorised Signatory

Identification Card



Identification Card



