SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/09/2019 10:20
Date Of Accident	30/08/2019 17:25
Exact Location Of Accident	ALONG STAMFORD ROAD TOWARDS CANNING LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP7088X
Insured/Policyholder	
Name Of Registered Owner	M/S TOH KIM BOCK C-E CONTRACTOR PTE LTD
Co Reg No	198600003M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62535422
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR75
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	YES
Policy Number	DMCVSN1724401902
Cover Note Number	
Driver	
Name of Driver	RAMACHANDRAN KALIDASAN
Passport No/FIN	G8631574U
Date Of Birth	10/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	30/05/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84008478

(LOCAL) +65-84098478

NOEMAIL

Address C/O 3 PEMIMPIN DRIVE

#05-04 LIP HING INDUSTRIAL BUILIDNG

Postcode 576147

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2 NO

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

2

NAME:

: MALE COLLEAGUE

GENDER: : MALE

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

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1096G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number 92307373

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - 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 n SFP ? 119

6. Joan

Driver's Signature
(If driver is not the policyholder)
Date & 2 10 5 EP 2019

(2-,70am

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

Page 4 of 13

i combolywar. Ef yak emi ji

Sketch Plan Pg. 2

•		
KETĆH PLAN		
	the second secon	그 선물에 맞추는 선물이 되었다. 이 사람이 많아 많아 있다는 그는 중요하는데 나를 하셨다면 하는데 그를 다 없다.
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		A) YP7088X
1,0,1		A) Yr7088 X
	Stamford Road	The second secon
·		27-16/100/6
> \		B) SHC1096G
7		
	20	
7	3 JR	
	A >	
es plangas e emp		
7		I was built his built as
The second of th	o de la companya de	
ESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
- 1 -	1-10 1-11 17:25 71	and the standard
on 30/08	12014 about 17:23, 2 h	vas driving along stamford
0 + + + + =	11 / 10 : 1/ 1/ 1:	there was heavy traffic, all
Lower lowerds Conni	zg Link. Pung that Haung	Tuesta over the state
. 1	al with The Sa the side the	e and infront there were road
succes are moving	STOWING. I'M I'M TO TIGHT (COM	w cops francis
1 1 7 11	C 1-80- + 21	I charling for oncoming
blocking. Im Wayting	HOW TRAFFIC TO CLEAR WITE	9
1. Des Lafora classic	maximo to the middle la	na Suddenly, I felt an impac
TOOKIE BENDE STOWN	1 1000	ns. Suddanly, I felt an impac
from my loft and T	stop my valuele. I saw	the valuda & (SHC1096G)
1271 and 2	3700	
wickly to move of	from my 1stt and drive	his valide until to infront
to the state of th		
of me. I came do	own and check for my val	ude, we both exchange
portionous.		
0.710		
DECLARATION		
/We declare the foregoing particu	llars are true in every respect.	
(ton		
" 大大	A	
	989-41	Reporting Centre Personnel's Signature
Policyholder's Signatur 2019	Driver's Signature (If driver is not the policy halfs)	Name:
Date & Time. U JLI 2013	(If driver is not साथ विकासिकार्थिया श्रिमिन्द्र) Date & Time:	NRIC/FIN No.:
	Date & Time.	

Startiquitors getter a known

CERTIFICATE OF INSURANCE Pg. 1



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 R SN AN0334A Cov.Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

r Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) tor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CE	ERTIFICATE No.	DMCVSN1724401902	Engine No :4HK1454869 ChaNo:JAANPR75HG7101711	
1.	Index Mark and Registration Number of Vehicle	YP7088X	AUTOSAFE	
2.	Name of Policy Holder	M/S TOH KIM BOCK C-E CONTR	ACTOR PTE LTD	
3.	Effective date of the Commencement of Insurance for the purposes of the Regulation Ordinance or Enactment	ons,	xcess Sect I	
4.	Date of Expiry of Insurance	17 April 2020		
4.	Date of Expiry of Insurance	17 April 2020		

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.

*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).

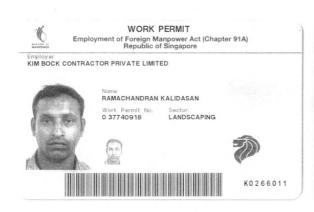
Please see reverse

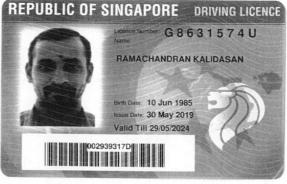
For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Issued By: GIM'S INSURANCE AGENCY PTE LTD Authorised Officer

Authorised Signatory

DRIVER'S WORK PERMIT + DRIVING LICENCE Pg. 1









Accident Photo



Accident Photo



Accident Photo







CHASSIS NUMBER

