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.	3			
	ACCIDENT STATEMENT			
Date Of Report	20/09/2019 17:06			
Date Of Accident	05/09/2019 07:25			
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD TOWARDS CLEMENTI ROAD			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	YN8053A			
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	MITSUBISHI			
Model	FEB21			
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	DMCVSN1738851902			
Cover Note Number				
Driver				
Name of Driver	BIKRAMJIT SINGH			
Passport No/FIN	G2604060X			
Date Of Birth	20/01/1991			
Occupation	OUTDOOR			
Date Of Driving Pass	21/06/2019			
Driving Experience	0 YEAR AND 2 MONTH			
Gender	MALE			

(LOCAL) +65-82836685

NOEMAIL

C/O 3 PEMIMPIN DRIVE Address

#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

COLLISION - CHANGE/CROSS LANE Type Of Accident

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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 AND 12 MALE PASSENGERS.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMB1470E Vehicle Make/Model/Colour **SMRT**

Details Of Properties

Vehicle Category BUS

Name of Driver PAMNIR SELVAM

G7249851T NRIC/Passport Number **Contact Number** 81165071

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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- 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: 2 0 SEP 2019

Limic Auchtralia Sketchilland

(7:06 hs

Driver's Signature (If driver is not the policyholder)

Date & Time: 2 0 SEP 2019

17=36 NO

Reporting Centre Personnel's Signature

Name: [NRIC/FIN No.: :

Poh Kwee Choo S6840583A

Sketch Plan Pg. 2

SKETCH PLAN	5 W 901 9 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E	and the second s
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settempting to shift	f from Lane 2 to look	a 3. The bus was mading
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out from lane 3	near bus stop.	
	7	
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	-	
CLARATION		
Ve declared new pregoing particular	ars are true in every respect.	
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USHO FINE TO SHOW	Bildram Sitconsin	San
licyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signe Wife
te & Tigno: SEP 2019	(If driver i दे not क्रिक्निवृद्धिकी older) Date & Time:	Name:\$40583A NRIC/FIN No.:

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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

Vehicles (Third-Party Risks and Compensation) Act (Chapter 1stor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CE	OTI	CI	nA	TE	No.

DMCVSN1738851902

Engine No :4P10B37710 Chano: FEB21EA10007

1. Index Mark and Registration

YN8053A

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

M/S TOH KIM BOCK C-E CONTRACTOR PTE LTD

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

03 June 2019

Excess Sect I \$\$550.00 EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

02 June 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

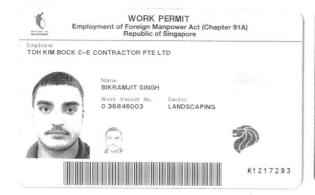
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

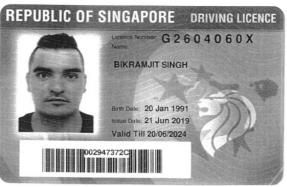
Issued By: ____GIM'S_INSURANCE_AGE

PTE LTD Authorised Officer

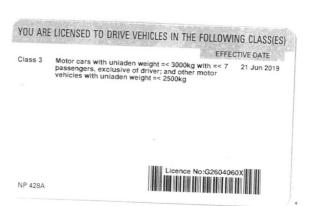
Authorised Signatory

DRIVER'S WORK PERMIT + DRIVING LICENCE Pg. 1









Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

