

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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	04/10/2019 16:57
Date Of Accident	04/10/2019 08:25
Exact Location Of Accident	TRAFFIC JUNCTION KAKI BUKIT RD 2/KAKI BUKIT AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8307H
Insured/Policyholder	
Name Of Registered Owner	CHING WAH TRANSPORT SERVICES
Co Reg No	53335921W
Email Address	ANGELA.LOKE@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93688933

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING USE
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	GOODS VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1725691902
Cover Note Number	

Driver

Name of Driver	CHAN CHING WAH
NRIC No	S2740422G
Date Of Birth	10/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	08/01/1992
Driving Experience	27 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93688933
Fax Number	
Contact Number	
Email Address	ANGELA.LOKE@HOTMAIL.COM

Address	BLK 309B ANCHORVALE ROAD #07-61
Postcode	542309
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 - HEAD TO REAR
Weather Conditions	AFTER RAIN
Road Surface	WET

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?	
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

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

AS PER ATTACHED 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	SHB8933A
Vehicle Make/Model/Colour	SILVERCAB TAXI SILVER COOUR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH ENG CHUAH
NRIC/Passport Number	S1582274J
Contact Number	
Address	APT BLK 572 PASIR RIS ST 63 #09-38
Postcode	510572
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

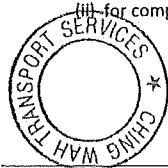
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8. Consent under the Personal Data Protection Act (PDPA)

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.



Policyholder's Signature
Date & Time:

04/10/19
15:25 PM

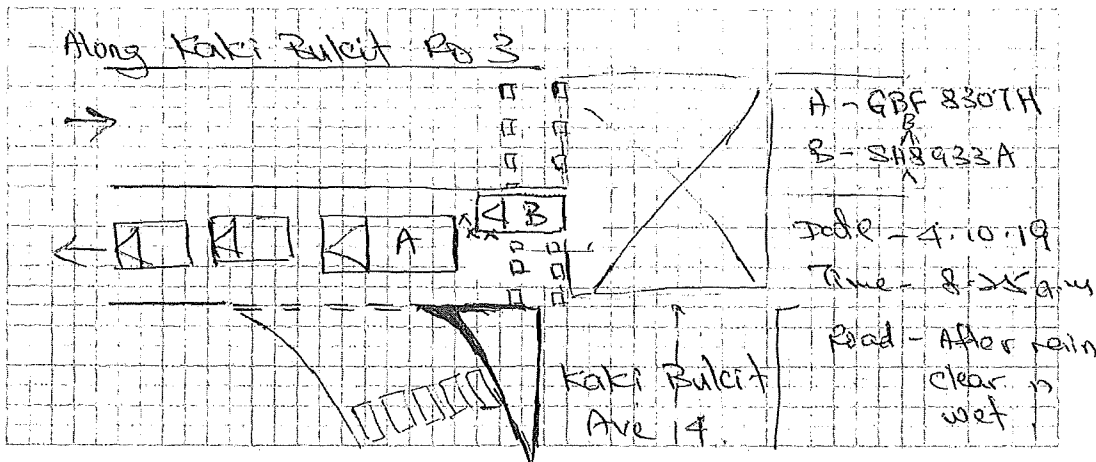
Driver's Signature
(If driver is not the policyholder)
Date & Time:

04/10/19
15:25 PM

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Infront veh slow down n stop. (Heavy Traffic) I also slow down n stop.

All of sudden I felt a jerk on my rear RH side, a taxi SH8933A came from behind and bang onto the rear of my RH side lorry.

I Come down n check, take some photo.

Veh B
S1582274J
Goh Eng Chuah

DECLARATION

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



Policyholder's Signature
Date

04/10/19
15.25pm

04/10/19
15.25pm

04/10/19
15.25pm

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

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



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MZ301/C
R SN
AN0421A
Cov.Type: C

MOTOR COMMERCIAL VEHICLE

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)

ORIGINAL

CERTIFICATE No.		DMCVSN1725691902	Engine No :1KD2646549
			ChaNo:KDY2318026668
1. Index Mark and Registration Number of Vehicle	GBF8307H	AUTOSAFE	
2. Name of Policy Holder	CHING WAH TRANSPORT SERVICES		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	21 March 2019	Excess Sect I	S\$500.00
		EX ON WINDSCREEN	S\$100.00
4. Date of Expiry of Insurance	20 March 2020		
5. Persons or Classes of Persons entitled to drive*			
(1) whilst the vehicle is being used in connection with the policyholder's business Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.			
(2) whilst the vehicle is being used for social, domestic or pleasure purposes 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 racing, pace-making, reliability trial or speed-testing.			
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.			
(3) Use for the carriage of passengers for hire or reward.			
HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD			
* 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.			

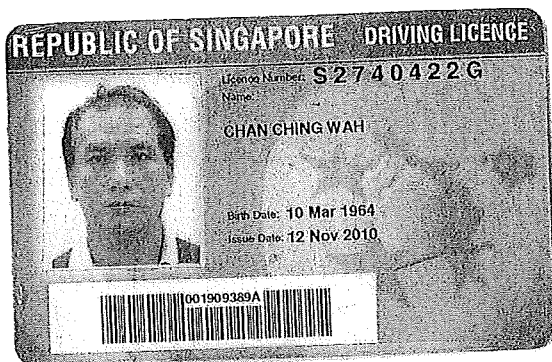
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

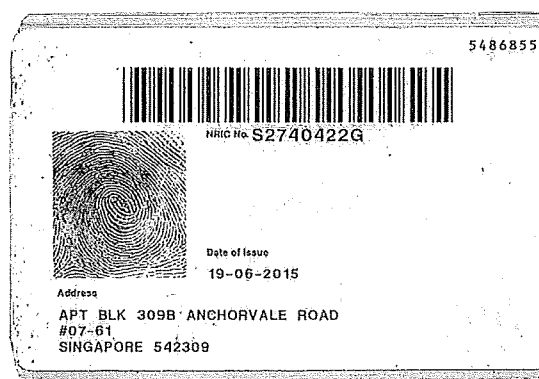
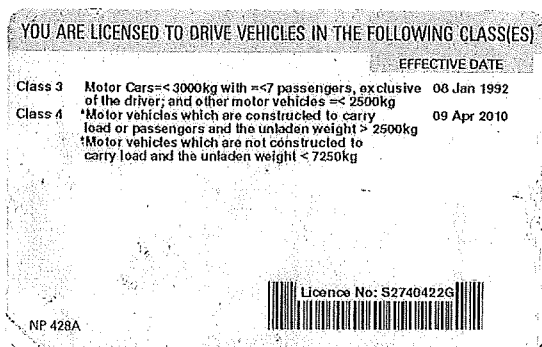
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: VITESSE SOLUTIONS
Authorised Officer

Authorised Signatory



DRIVER



3RD PARTY CAR



ACCIDENT SCENE



ACCIDENT SCENE



ACCIDENT SCENE



ACCIDENT SCENE



INSURED LORRY



CHASSIS NUMBER

TOYOTA MOTOR CORPORATION JAPAN
 MODEL QDF-KDY231-TGMGY
 ENGINE 1KD-FTV
 FRAME No. KDY231-8026668 2982 mL
 COLOR 199 FB13 PLANT P11
 TRANS./AXLE R451 A01B 491

330 0 00 330 0 00
 25261

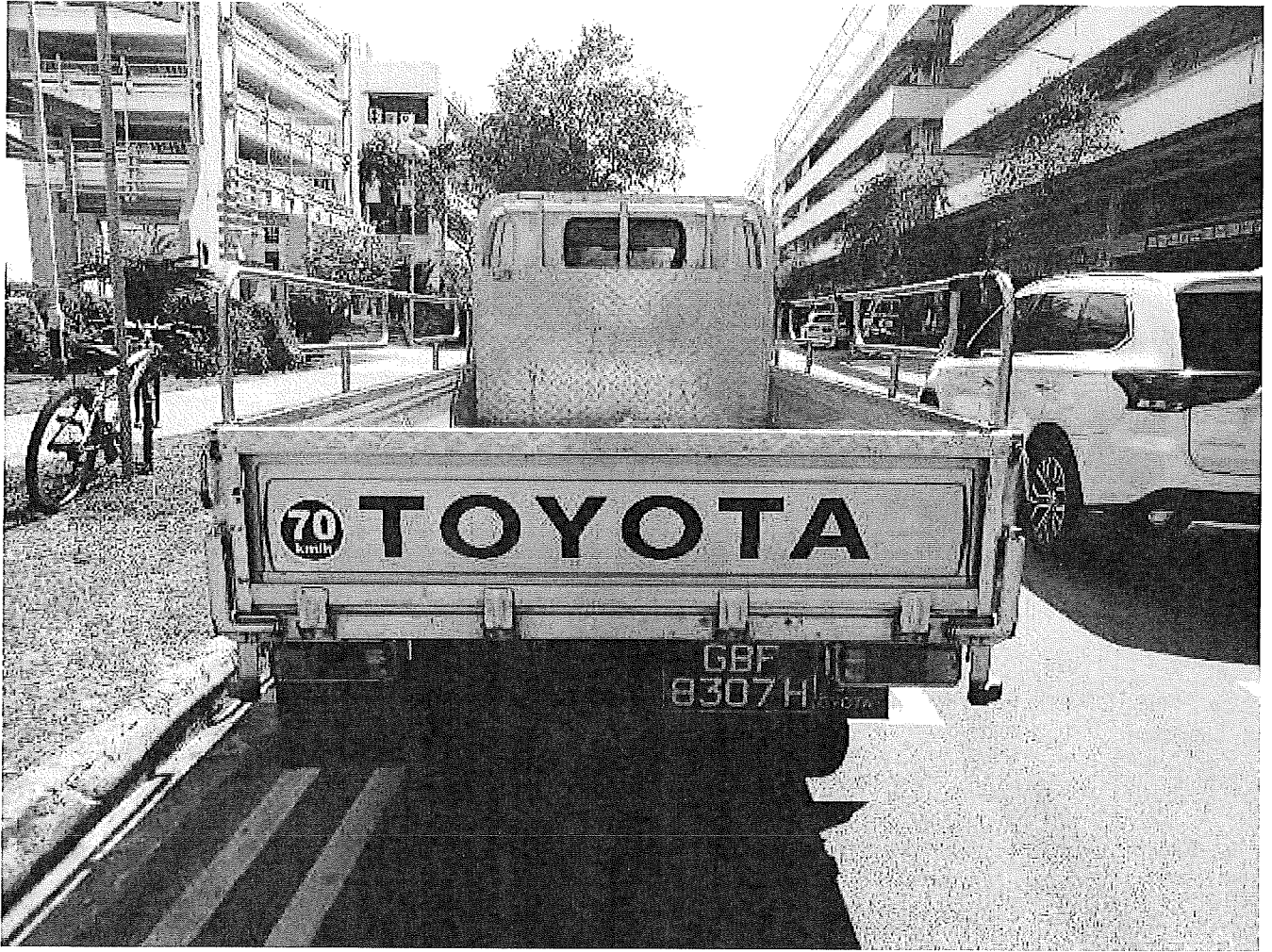
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