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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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.

Any false reporting may be referred to the Police for investigation.

- 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

STORES THE THE SECOND SECOND	ACCIDENT STATEMENT
Date Of Report	12/10/2019 14:45
	10/10/2019 15:15
exact Location Of Accident	CHOA CHU KANG CTRL TOWARDS CHOA CHU KANG AVE 1
	SINGAPORE
	ETAILS OF OWN VEHICLE
/ehicle Registration Number	GBF4021H
nsured/Policyholder	
Name Of Registered Owner	CHENG HWA TRADING
Co Reg No	53163779D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97114668
Alternative Phone No	OFFICE-97114668
Vehicle Particulars	CONTRACTOR OF PERSONS ASSESSMENT OF THE PERSONS ASSESSMENT ASSESSMENT OF THE PERSONS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT A
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCVSN3076501801
Cover Note Number	
Driver	
Name of Driver	ANG AH TIN
NRIC No	S1334483C
Date Of Birth	10/10/1958
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1977
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97114668
Fax Number	
Contact Number	OTHERS-97114668
	NOEMAIL

Address

90 HAI SING CRESCENT

Postcode

538947

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

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PA8170U

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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)

l 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:
 - 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.

CHENG CHUA TRADING

AUTHORISED SIGNATURE

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

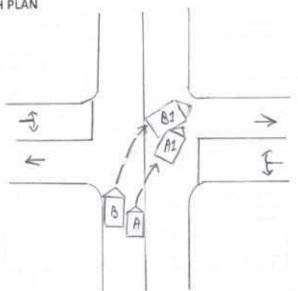
Date & Time:

Reporting Centre Personnells Signa

Name:

NRIC/FIN No.:





A= GBF 4021H 3= PA 8170 U

Choa Chu tang Central towards Choa Chu Kang Avenue I

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Refer to attach	
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DECLARATION	

CHENO CHUA ERADINIQUEIS are true in every respect

Policyholder's Signaturo RISED SIGNATURA

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

Accident Date: /o/o/g Time: NS-/N (hh:mm) 24 hr format Location Char Char Eary Central formats Char Char Eary Avenue 1 Vehicle Number GBF 4001 H Insured Name Chars than Tocky NRIC /FIN 53/6 3449 D Contact Number Make Total Model Make Model Model Make Total Model Make Model Model Make Model Make Model Make Model Mo
Vehicle Number (DF +001 H Insured Name Chaps the Track NRIC /FIN 53/63449) Contact Number Make Total Model Model Mare Model Mare your count insurance policy for repair to your vehicle? () Yes If No, Pls select: () Third Party () Reporting Insurance Company Chapter Track Type of Policy () Comphensive () Third Party Fire & Theft () TP Only Policy Number DMC/5 N 70 + 650 80 Name of Driver Ang Ah Tim ()Same as Insured NRIC / FIN 5 33 + 4 8 3 C Contact Number 97 46 6 8 Driving Pass Date 16 0 9 / 1974 Occupation () Indoor () Outdoor Gender () Male () Female Email Address No Pemale Email Address No Pemale Semand Chapter () No EMAIL Address of Driver B/E 2/5 Choa Chapter () Yes () No If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children () Sibling Does the Driver Own Any Other Vehicle? () Yes () No If Yes , Vehicle Registration Number of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others () Drize Fing () Weather Conditions () Clear () Raining () Others () Drize Fing ()
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Weather Conditions () Clear () Raining () Others () Drizz ling
Date of Court Court
Was any foreign vehicle involved in this accident? () Yes (//) No
Was anybody injured in the accident? () Yes (/) No
If yes, injured detail
Was there any video captured by Car Camera? () Yes () No
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report DETAILS OF 3 rd party Name / Nric
CODESCI
Veh B PA 8/70 U Veh C
Veh D
Veh E
Veh F



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.

Go Reg No 200204384F

MZ300/C R SN AN0421A Cov. Type: C

MOTOR COMMERCIAL VEHICLE

R CERTIFICATE OF INSURANCE

ofor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1967 (Maleysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Waleysia)

ORIGINAL

CERTIFICATE No.

DMCVSN3076501801

Engine No :1KD2624819 Chano: JTFAT35Y50K206597

1. Index Mark and Registration

Number of Vehicle

GBF4021H

AUTOSAFE

2. Name of Policy Holder

CHENG CHUA TRADING

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

17 October 2018 Excess Sect I \$\$350.00

EX ON WINDSCREEN \$\$100.00

4. Date of Expiry of Insurance

16 October 2019

5. Persons or Classes of Persons entitled to deve*

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.

HIRE PURCHASE COmpletely Repetition of the Road Transport Act (Chapter 189) and Section 95 of the Road Transport Act (Malaysia), are not to be included under these freedings.

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:

CSLSN Authorised Officer

Authorised Signatory