

## 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	18/10/2019 11:47
Date Of Accident	18/10/2019 08:30
Exact Location Of Accident	YISHUN CHONG PANG TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9669X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BAN TONG TABLEWARE SERVICE TRADING
Co Reg No	53380435C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90052830
Alternative Phone No	OFFICE-90052830

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA

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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3033771900
Cover Note Number	

### Driver

Name of Driver	LEOW ENG KEONG TOMMY
NRIC No	S7910161C
Date Of Birth	27/03/1979
Occupation	INDOOR
Date Of Driving Pass	16/06/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90052830
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 221B BEDOK CENTRAL #08-76 S(462221)
Postcode	
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	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
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)	2
Passenger 1	NAME: : PASSENGER
	GENDER: : MALE

#### 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

refer attached report.

#### 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	SKK9902A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

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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: \_\_\_\_\_

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

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

SKETCH PLAN

Yishan Chong Peng towards roadworks  
A 6BKH 7664V  
B 5K1 9902A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Yishan Chong Peng. Vehicle A of me suddenly stopped. I could not stop in time and hit onto the vehicle in front of me.

DECLARATION

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

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.:

Identification Card Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7910161C



Name

LEOW ENG KEONG, TOMMY  
(LIAO YINGQIANG)

廖英强

Race

CHINESE

Date of birth

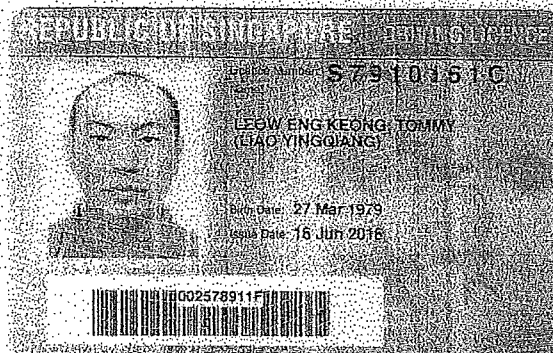
27-03-1979

Sex

M

Country of birth

SINGAPORE



NRIC No. S7910161C



Date of scan

01-04-2009

Address

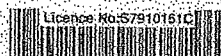
APT. BLK 221B BEDOK CENTRAL  
#08-76  
SINGAPORE 462221

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver and other motor vehicles with unladen weight  $\leq$  2500kg 16 Jun 2016

MP 428A



Licence No. S7910161C

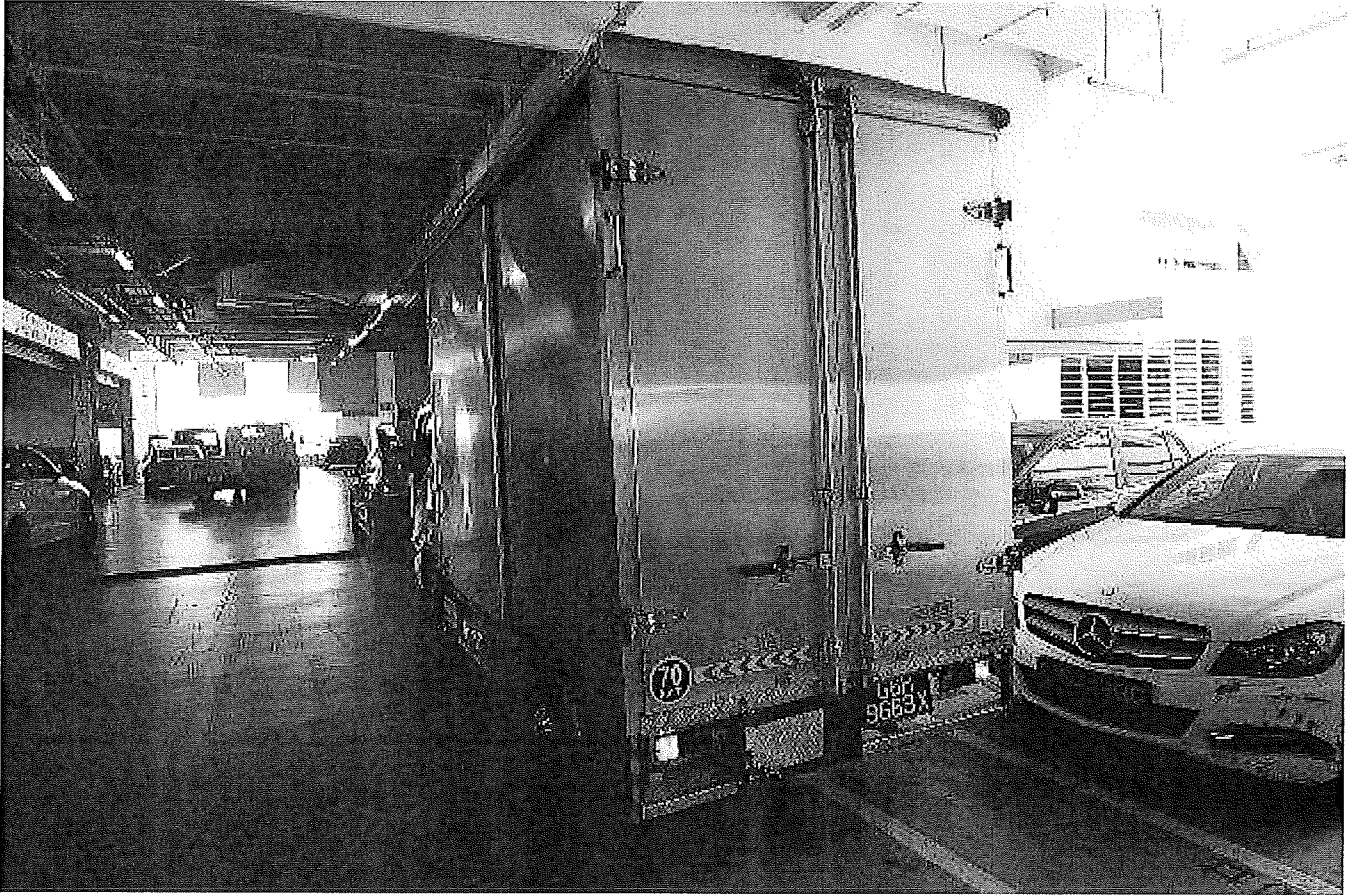
Accident Photo



Accident Photo



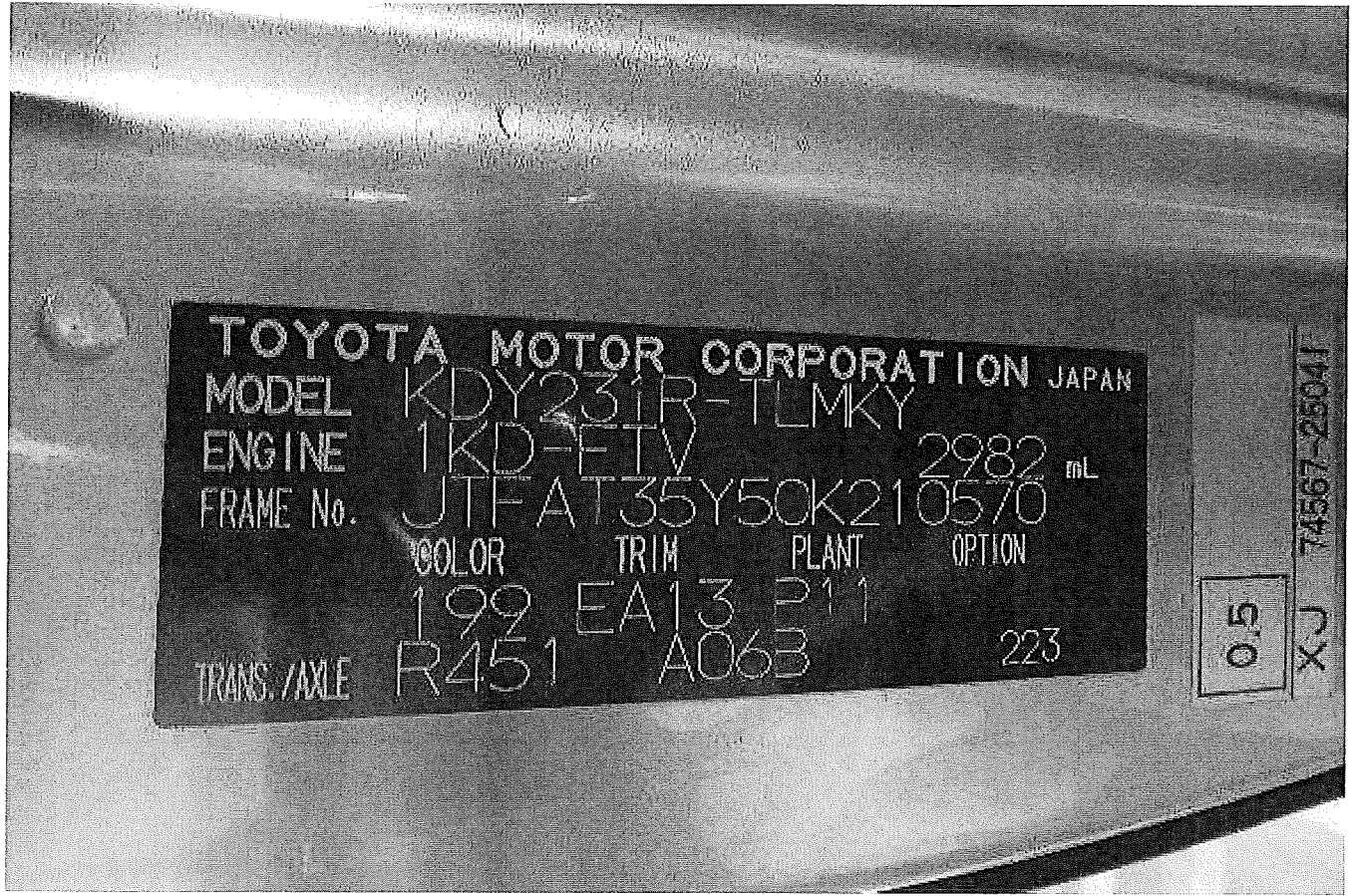
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.sg.cntaiping.com  
Co. Reg. No. 200208384E

ORIGINAL

THE SCHEDULE

Agency AN0435A Class of Policy MOTOR COMMERCIAL VEHICLE Policy Number ..... DMCVSN3033771900  
Account AN0435A Issued on ..... 07/05/2019 in SINGAPORE  
Client 3245200 Acceptance Date 07/05/2019

Period of Insurance from 01/06/2019 to 31/05/2020 , both dates inclusive

Insured's Name.... BAN TONG TABLEWARE SERVICE TRADING  
Address. BLK 221B BEDOK CENTRAL  
#08-76  
SINGAPORE 462221

Business/Occupn... TRADING

Financial interest UNITED OVERSEAS BANK LIMITED AS HP OWNER

Premium .....	Base Annual Premium.....	S\$1,724.38		
	Less 20% Autosafe Scheme.....	S\$344.88-		
	No Claim Discount .....	S\$0.00		
	Windscreen @ \$2,000.- .....	S\$100.00		
	Total Annual Premium .....	S\$1,479.50	Premium Due	S\$1,479.50
			Premium GST	S\$103.57
			Total Due	S\$1,583.07

Risk No. 001 MOTOR COMMERCIAL VEHICLE  
ORIGINAL REGISTRATION DATE: 31-05-2018

1. Registration	GBH9669X	Make/Model ..	TOYOTA DYNA 150 5MT
Type of Cover	Comprehensive	No. of seats	2
Engine No. ..	1KD2801002	Capacity cc's	0
Chassis No...	JTFAT35Y50K210570		
		Tonnage .....	1.69
			Certificate Ref. MZ300/C
Sum Insured..	Market value at the time of loss		
Excess Sect I .....		S\$350.00	
EX ON WINDSCREEN .....		S\$100.00	

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 & W(\$2,000/-).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of S\$2,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 66 years old and above (Age as at Date of Accident).

Once this S\$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.

MODIFIED VEHICLES (FOR COMMERCIAL VEHICLES/BUSES/RENTAL VEHICLES)

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