

**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 willful 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 09/10/2019 12:02  
 Date Of Accident 07/10/2019 15:30  
 Exact Location Of Accident TUAS SOUTH AVE 5  
 Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number YP7680K  
**Insured/Policyholder**  
 Name Of Registered Owner D.A. FOODS INDUSTRIES PTE LTD  
 Co Reg No 199003925D  
 Email Address GOHJIALONG@DAFOODS.COM.SG  
 Mobile Phone No (LOCAL) +65-96418657  
 Alternative Phone No OFFICE-67564213

**Vehicle Particulars**

Manufacturer ISUZU  
 Model NPR85UH5A  
 Exact Purpose for which vehicle was being used at COMMERCIAL USE  
 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  
**Insurance Company**  
 Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number DMCVSNS3067391900  
 Cover Note Number 21/9/19-20/9/20

**Driver**

Name of Driver DUAN JUNBAI  
 Passport No/FIN G8601662T  
 Date Of Birth 26/09/1986  
 Occupation OUTDOOR  
 Date Of Driving Pass 08/05/2018  
 Driving Experience 1 YEAR AND 4 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-81644442  
 Fax Number  
 Contact Number  
 Email Address NOEMAIL

11 OCT 2019



**IMPORTANT NOTICE**

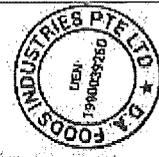
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8. Consent under the Personal Data Protection Act (PDPA)
  - 1. I understand, acknowledge, agree and consent that:
    - (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose 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 Insurers who have insured vehicle(s) involved in this accident (all Insurers) 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 purposes) 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 / disposed:
        - (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.

Sketch Plan

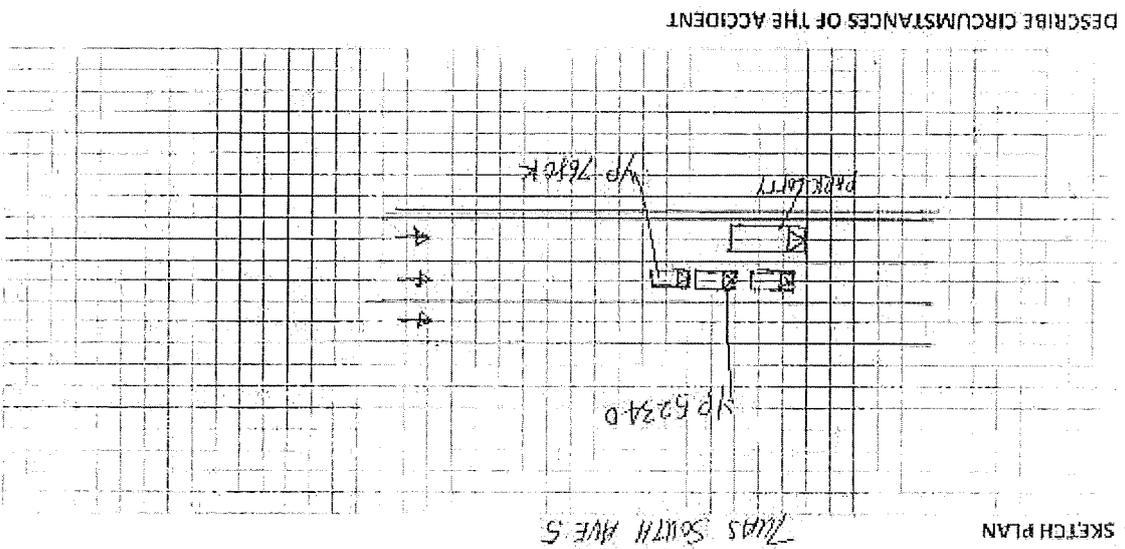
SKETCH PLAN

VEHICLE NO.: VF 5880 K  
 INSURER: CHUAN TAI PING  
 DATE & TIME: 07/10/19 3.30 PM

Policyholder's Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_  
 Driver's Signature: \_\_\_\_\_ Date & Time: 9/10  
 (If driver is not the policyholder)  
 Reporting Centre Personnel's Signature: \_\_\_\_\_ Name: W.L. MNIC/FIN No.: \_\_\_\_\_



9/10/19



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was moving along centre lane that time was raining all vehicle move slowly. Suddenly front vehicle (YP52340) brake so I also brake my vehicle to stop, but too sudden and road surface was wet my vehicle can't brake anymore and hit onto said vehicle. But there was no injury on both party.

DECLARATION

I/We declare that reporting particulars are true in every respect.

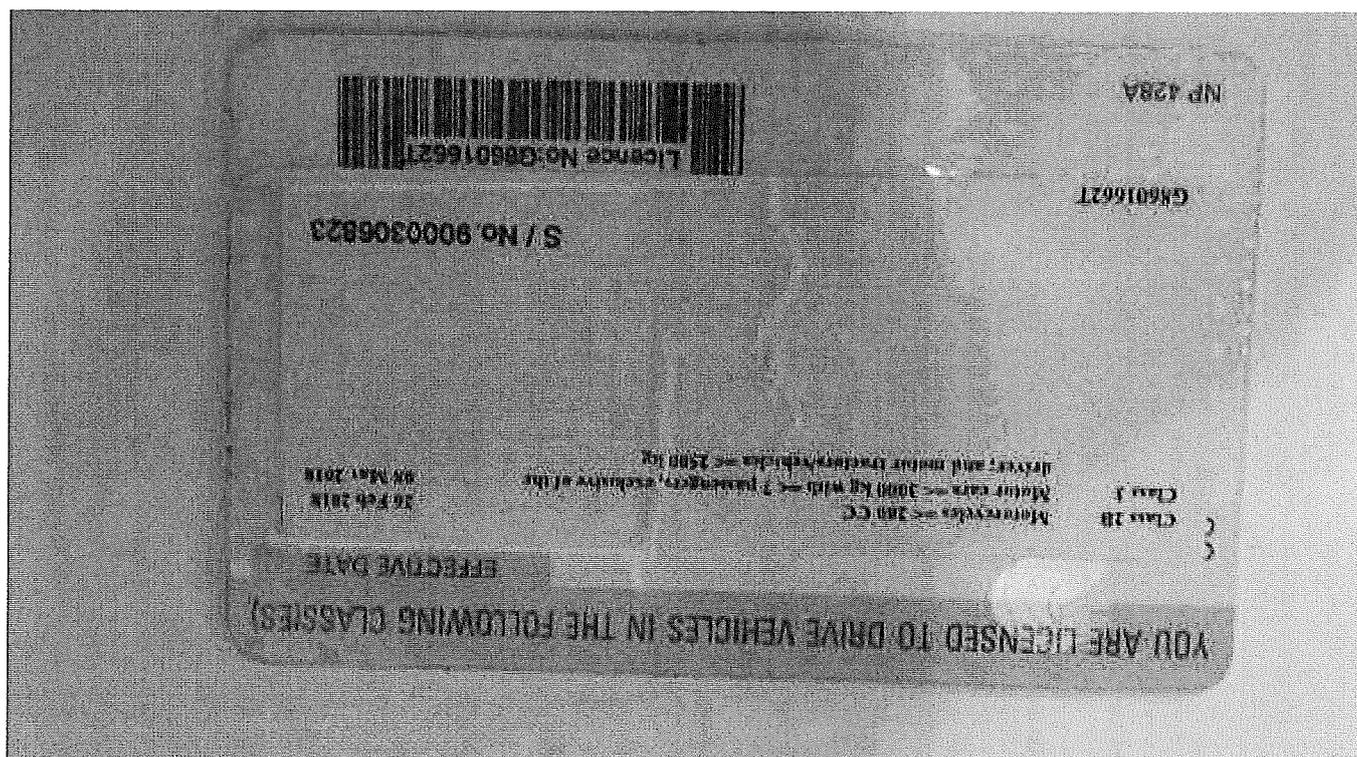
Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.



Policyholder's Name: DA FOODS INDUSTRIES PT. LTD.  
 Date & Time: 9/10  
 Driver's Signature: [Signature]  
 (If driver is not the policyholder)  
 Reporting Centre Personnel's Signature: [Signature]  
 Name: [Signature]  
 NRIC/PRN No.: [Signature]  
 Claim Own Policy  Claim Third Party  Reporting Only  
 Claim OD/TF at other workshop



Driving License

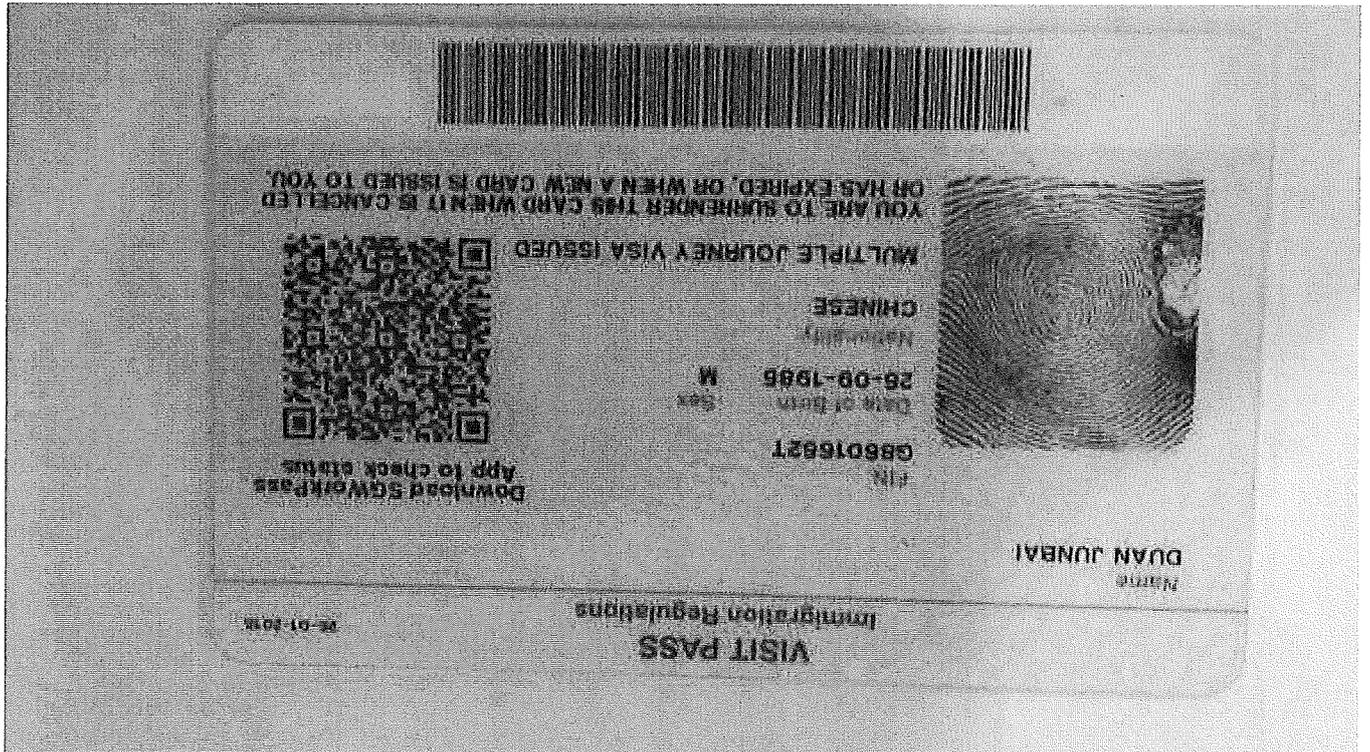


Driving License

Identification Card

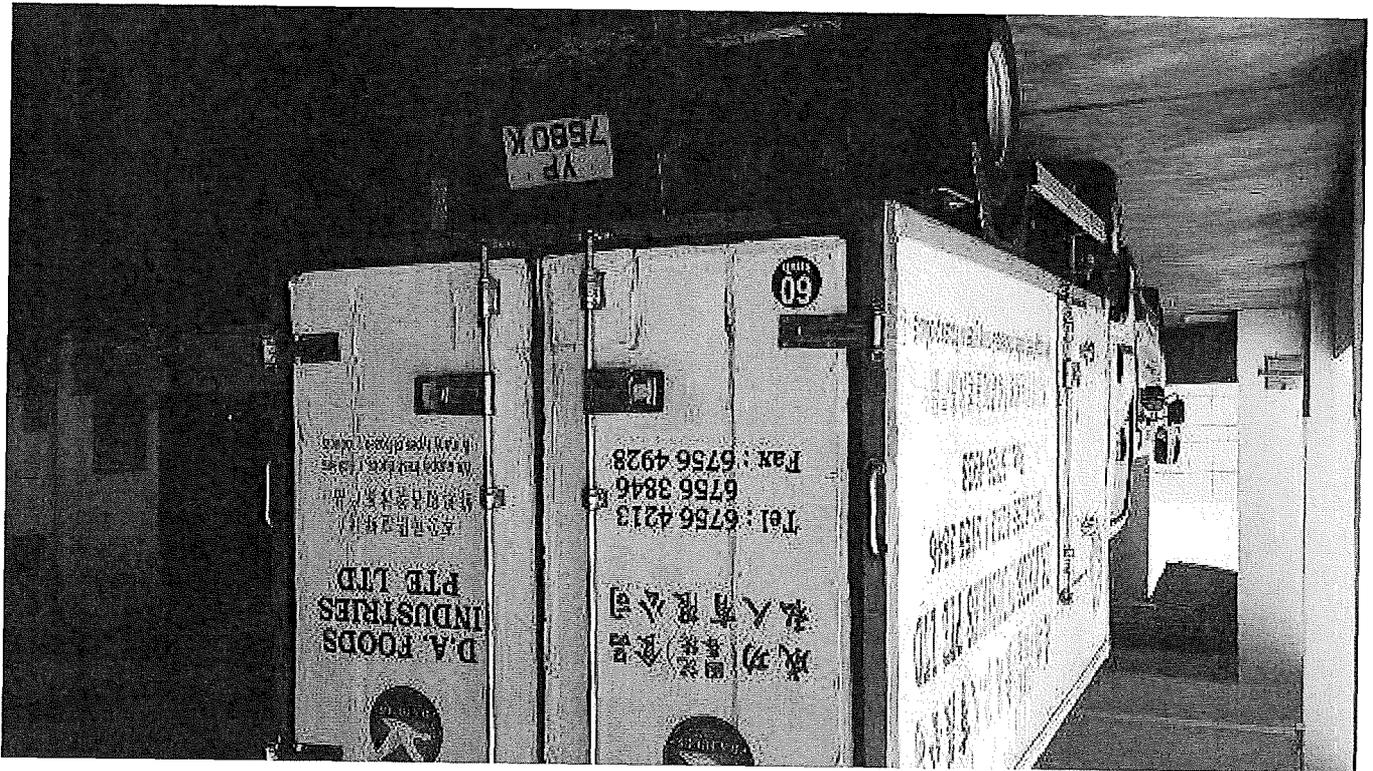


Identification Card





Accident Photo



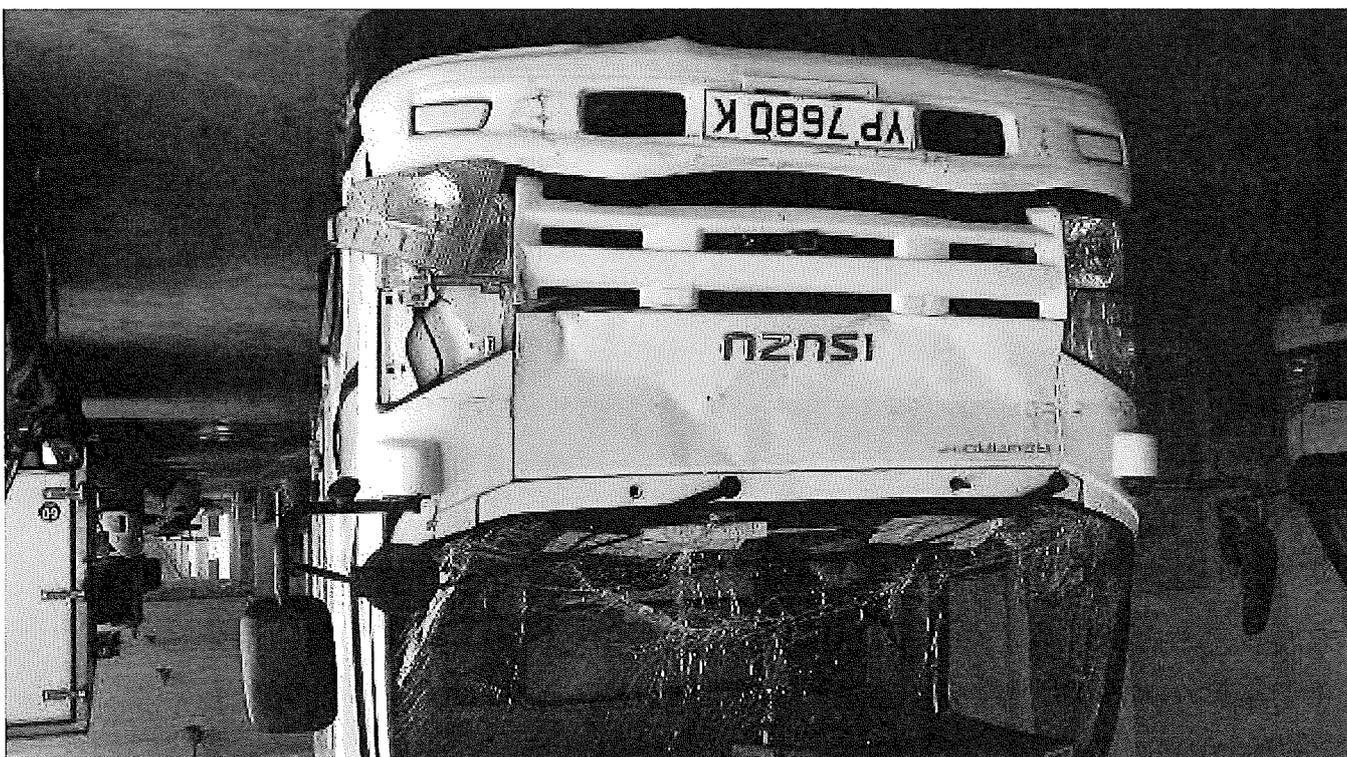
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo