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P Particulars: Veh No: 51	LD 2344 G INC ()/Non-INC()	
Owner/Driver: (Tcl:)
Policy No: () Perio	d: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [No	te-Est, Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	-100%]
Year of Registration: (') Wi	nranty: YES ()/NO ()	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> 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 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.

	ACCIDENT STATEMENT
Date Of Report	12/11/2019 15:19
Date Of Accident	12/11/2019 13:35
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YQ5734Y
Insured/Policyholder	
Name Of Registered Owner	GETGO LOGISTICS
Co Reg No	€
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86921059
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMCVSN1840921800
Cover Note Number	
Driver	
Name of Driver	DINESH S/O R KASINATHAN
NRIC No	S9108857F
Date Of Birth	01/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	17/08/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86921059
Fax Number	
Contact Number	

NOEMAIL

Address BLK 23 MARSILING DR #02-163

Postcode 730023

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

NO

YES

NO

2

NO

NO

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

_

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME: : UNKNOWN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI, THE TRAFFIC WAS CONGESTED, MY VEH WAS SLOW MOVING, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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 SLD2344G

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)

DETAILS OF INJURED PERSON 1

Name DINESH S/O R KASINATHAN

Approximate Age

Injuries Sustain NECK N BACK

Injured person in which vehicle? YQ5734Y

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

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:
 - 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No .:

	A
	1
	B

A = YR 5734 Y B = SLD 2344 G

PIE twols changi

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

12			
Refer	+-	statement	
		1	

DECLARATION

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



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.

MZ301/CN SN AN0663A Cov.Type: C AUTOSAFE

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)

CERTIFICATE No.	DMCVSN1840921800	Chassis No: FE84BEA10302
Index Mark and Registration Number of Vehicle	YQ5734Y	
2. Name of Policy Holder	GETGO LOGISTICS	
 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 	21 DECEMBER 2018 nt	EXCESS SECT I
4. Date of Expiry of Insurance	20 DECEMBER 2019	
5. Persons or Classes of Persons entitled to drive *		
(1) WHILST THE VEHICLE IS BEING USED ANY PERSON PROVIDED HE IS IN THE PERMISSION.	IN CONNECTION WITH POLICYHOLDER'S EMP	THE POLICYHOLDER'S BUSINESS PLOY AND IS DRIVING ON THEIR ORDER OF WITH THEIR
(2) WHILST THE VEHICLE IS BEING USED ANY PERSON WHO IS DRIVING ON THE	FOR SOCIAL, DOMES'S POLICYHOLDER'S ORD	TC OR PLEASURE PURPOSES DER OR WITH THEIR PERMISSION.
REGULATIONS TO DRIVE THE MOTOR VEHICL	LE OR HAS BEEN SO F	NANCE WITH THE LICENSING OR OTHER LAWS OR PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A ON IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.
6. Limitations as to use: *		
POLICYHOLDER'S BUSINESS. (3) USE FOR SOCIAL, DOMESTIC OR PLEAS THE POLICY DOES NOT COVER. (1) USE FOR RACING, PACE-MAKING, RELI	RS (OTHER THAN FOR SURE PURPOSES. IABILITY TRIAL OR S SPT THE TOWING OF A	HIRE OR REWARD) IN CONNECTION WITH THE SPEED-TESTING. MAY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO.: HITACHI CAPITAL ASIA PACIFIC PTE LTD AS HP OWNER

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks

 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 (Malaysla), 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.

		4
Countersigned By:		***************************************
	Authorised Officer	Authorised Signatory