

## 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	22/11/2019 09:22
Date Of Accident	21/11/2019 11:20
Exact Location Of Accident	TRAFFIC JUNCTION OF ANG MO KIO AVE 6 AND AMK AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6551G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JACKIE'S ENTERPRISES (S) PTE LTD
Co Reg No	200101609D
Email Address	JAMES.CHIA@JACKIES-ENT.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62530355

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	DMCVSN3005111901
Cover Note Number	

### Driver

Name of Driver	CHOW MING SHIAW
NRIC No	S1274832I
Date Of Birth	21/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	30/06/1976
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98315857
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 215 BISHAN STREET 23 #05-205
Postcode	570215
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	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?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LI DONG HE 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

PLEASE REFER TO 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	SHC5980C
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEONG CHU TOH
NRIC/Passport Number	S0706887E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

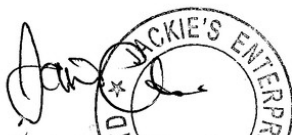
**SKETCH PLAN**


**IMPORTANT NOTICE**

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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:  
21/11/2019, 1600 HRS.

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
21/11/2019, 1600 HRS.

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No: Poh Kwee Choo

## SKETCH PLAN

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Mr. CHOW Ming Shian (S1274832J), the delivery driver (GBF6551G) employee of JACKIE'S ENTERPRISES (S) PTE LTD. I was on the way back to our office along Ang Mo Kio Avenue 6, cross road junction of Ang Mo Kio Avenue 3 and ~~Ang Mo Kio Avenue 6~~ bumped onto Transcab Taxi (SHC5980C) on 21st Nov 2019 at 1120 HRS.

The said Transcab Driver MR. Leong Ahn Toh (S0706887E) had made a sudden halt at the <sup>traffic light</sup> junction. (Please refer to the attached photos showing ~~that~~ that he had made a sudden halt) which I am unable to react in time to pull over and hit my lorry against his taxi back.

The given statement above is true and my contact number 98315857. Thank you.

## DECLARATION

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

Policyholder's Signature

Date & Time:

21/11/2019, 1600 HRS

Driver's Signature

(If driver is not the policyholder)

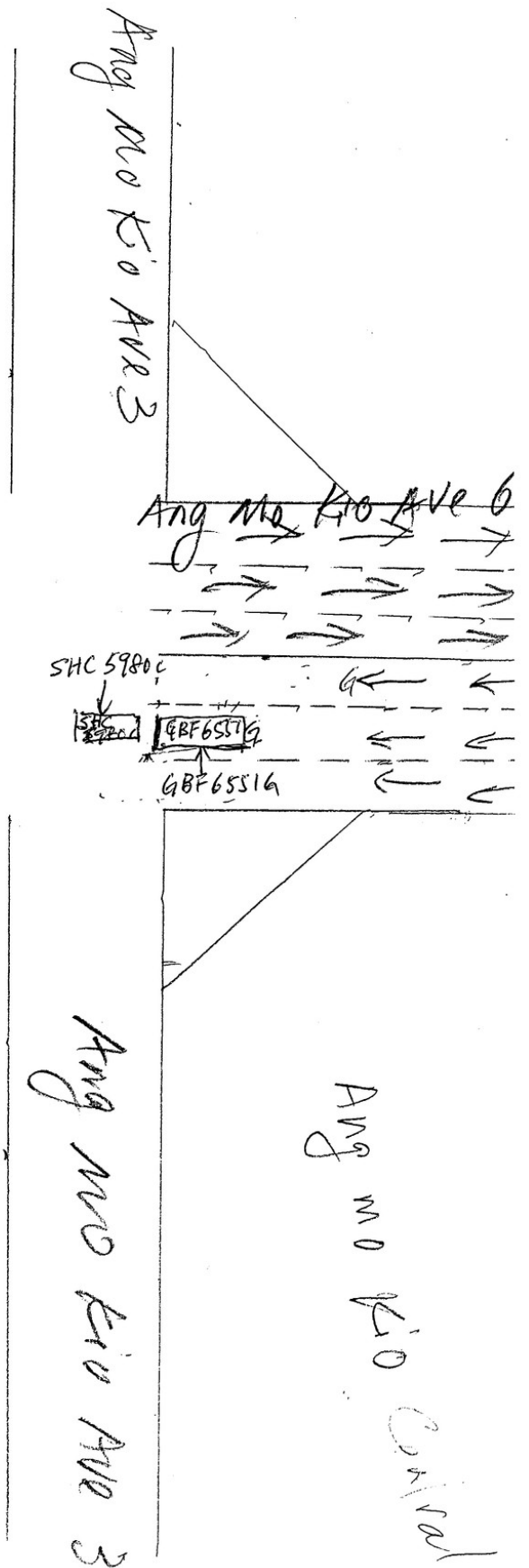
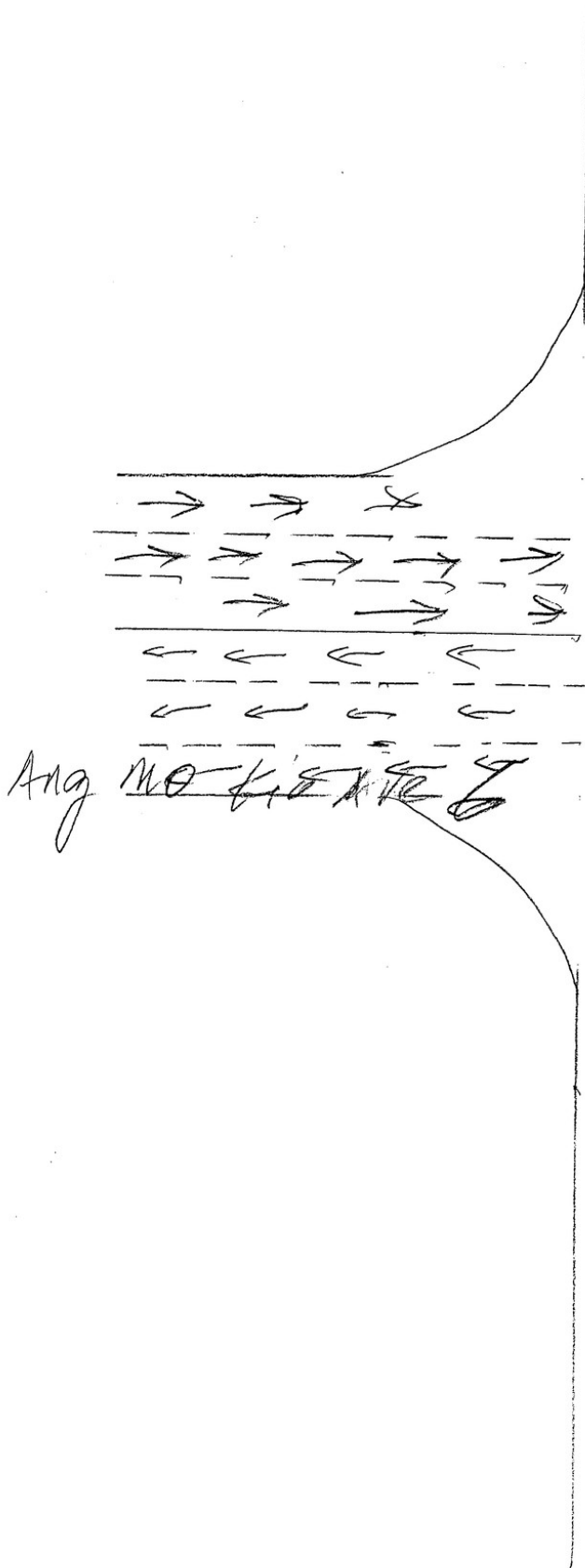
Date & Time:

21/11/2019, 1600 HRS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: Poh Kwee Choo



# CERTIFICATE OF INSURANCE Pg. 1

\* To email / inform them.



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co Reg No 200308384E

MZ300/C  
R SN  
AN0592A  
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, 1950  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL


CERTIFICATE No	DMCVSN3005111901	Engine No : 2D30014703N Chassis No: 3N15C2F2420859169
1. Index Mark and Registration Number of Vehicle	GBF6551G	
2. Name of Policy Holder	JACKIE'S ENTERPRISES (S) PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26 January 2019	Excess Sect I ..... S\$500.00 EX ON WINDSCREEN ..... S\$100.00
4. Date of Expiry of Insurance	25 January 2020	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with their permission.</p> <p>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.</p>	
6. Limitations as to use:	<p>(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.</p>	

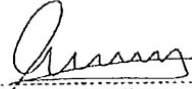
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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:  Winnie So, WAH  
Authorised Officer

  
Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

Scene photo





Scene photo



Scene photo

 **JACKIE'S**  
ENTERPRISES



**JACKIE'S ENTERPRISES (S) PTE LTD**  
57 JALAN PLEMPIN, SINGAPORE 511216 TEL: +65 8253 8056 FAX: +65 8142 3158 [www.jackies-ent.com](http://www.jackies-ent.com)  
MANUFACTURING • DESIGN • STAINLESS STEEL KITCHEN EQUIPMENTS • REFRIGERATORS • COOLERS • FREEZERS •

Accident Photo



Accident Photo



Accident Photo





CHASSIS NUMBER

CHASSIS NO: JN1SC2F24Z0859169

U.L.W : ~~2100~~ KGS

M.L.W : 3500 KGS

P. CAP : F: 1 DRIVER, 2 OTHERS  
R: 00

TYRE SIZE : F: 175 x 80R 15PLY  
R: 155 x 13R 8PLY (D)

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

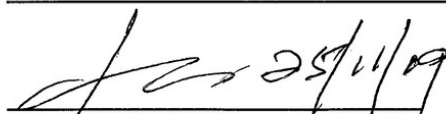
Original Report No : MLHM19154126 Vehicle Registration No: GBF6551G  
Name (as shown in NRIC) : CHOW MING SHIAW NRIC/FIN/Passport No : S1274832I  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 215 Bishan Street 23 #05-205 Singapore (570215)  
Contact (Tel) : 62530355 Mobile No. : \_\_\_\_\_  
Email Address : james.chia@jackies-ent.com  
Date of Accident : 21/11/2019 Time of Accident : 11:20 Hours  
Place of Accident : Traffic junction of Ang Mo Kio Ave 6 and Ang Mo Kio Av 3  
Insurance Company : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend from "Reporting Only" to change it to claim own policy.

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN No.: \_\_\_\_\_  
Date: 25/11/2019