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 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

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	31/07/2019 16:42
Date Of Accident	30/07/2019 15:00
Exact Location Of Accident	GEYLANG ROAD TOWARDS CITY
Country/State of Loss	SINGAPORE
ı	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH2682C
Insured/Policyholder	
Name Of Registered Owner	SOON HUAT MARINE PRODUCT TRADING
Co Reg No	52882515A
Email Address	ADMIN@SOONHUAT.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67541033
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150-3.0 D 5MT (M)
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?	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	DMCVSN3026341901

Driver

Cover Note Number

Name of Driver LIM YING SEAH NRIC No S1830066D Date Of Birth 16/05/1967 Occupation **OUTDOOR** 16/07/1985 **Date Of Driving Pass**

Driving Experience 34 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97803432

Fax Number

Contact Number

EMail Address RAYMOND@SOONHUAT.COM

APT BLK 798 WOODLANDS DRIVE 72 #06-77 Address

Postcode

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 - MAJOR/MINOR RD**

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : SOH TECK KOON

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?

NO

NO

Circumstances of Accident

PLS REFER SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJN116H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver TAY LIAN HUAT NRIC/Passport Number S1206814Z **Contact Number** 97870106

Address APT BLK 241 SERANGOON AVE 3 #09-174

Postcode 550174

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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.
- 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>.
- 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.
- 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.
- 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:

> 31/7/18 0325 pm

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

31/7/19 p325pm

Reporting Centre Personnel's Signature Name: YOP WO TLNG

Sketch Plan #2 Pg. 1

SKETCH PLAN			
		- Geylang - Road	A: GBH 2682C B: SJN116H
DESCRIBE CIRCUMSTANCES OF T			
On 30/07/2019 9: along Geylana. Road OUT FROM L'Orong rear portion.	t 1500 hrs . I toward S City Geyking 15 a	was driving . Suddenly vel nd hif on r	my vehicle GBH 2682C vicle B SJW116H came ny vehicle sight
DECLARATION I/We declare the foregoing in iculars Policyholder's Signature Moval Date & Time:	Oriver's Signature (If driver is not the policyho	Repolder) Na	eporting centre Personnel's Signature sme: YP WEI TEND

Sketch Plan #3 Pg. 1



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MZ300/C R SN AN0646A Cov.Type: C

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)

ORIGINAL

CERTIFICATE No.

DMCVSN3026341901

Engine No :1KD2789544 ChaNo: JTFAT35Y40K209992

1. Index Mark and Registration

MOTOR COMMERCIAL VEHICLE

GBH2682C

AUTOSAFF

Number of Vehicle

2. Name of Policy Holder

SOON HUAT MARINE PRODUCT TRADING

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

02 April 2019

Excess Sect I \$\$500.00

EX ON WINDSCREEN \$\$100.00

4. Date of Expiry of Insurance

01 April 2020

5 Persons or Classes of Persons entitled to drive

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 \boldsymbol{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.

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: ____NET_LINK_COMMERCIAL_PTE_LTD. Authorised Officer

Authorised Signatory

^{*} 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.





















01 Aug 19, 01:54a Soon Huat

Contract addisorbustance 375

67541022

p.1

01-08-19:09:22 ;

1/ 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Reffles Quay #18-00 Singapore 048580
INSURANCE
10 (55) 6224 0010 Fax (55) 5224 0030
ASSOCIATION

CONTROL OF SINGAPORE RECORDS MANAGEMENT CENTRE
10 (55) 6224 0010 Fax (55) 5224 0030

REC	ORDS MANAGEMENT CENT	Operating Hours: Monday to Friday, 09:00 ~ UEN: \$66550020G / GST Reg. No.: M4000X7735	17:00	
IM	PORTANT NOTE:	Please submit the completed Addend with whom you submitted the Origin	dum form to the <u>same</u> Autho al Report,	rised Reporting Centre
		ADDEND	UM	
(A)	PARTICULARS OF	epersonmaking the amendment	' 5 :	
	Original Report	105 MSYH19100391	Vehicle Registration No.	GBH2682(
	Name(as shownin N	Rici: Soon Huat Marine product	MANA FIN / Passnort No.	5288 2515 A
	(*Vehicle Driver)	Vehicle Owner) (*) Please delete as a	ppropriate	3200
	Address	: 15 Woodlands Loop		Singapore(}38377
	Contact (Tel)	: 67541033	_Mobile No.: 97803	437
	Email Address	: admin@ Soonhuat.co	m	
	Date of Accident	: 30/07/19	_Time of Accident:1500	hre
	Place of Accident	. Geylang Road Towa	irds City	
	Insurance Compar		<i>g</i>	
-	make the following		nd would like to Include addi	
_				
	•			***************************************
_				
_				
_		_		-
Po	X My licyholder / Oriver		Juann	
Dar	re:	s signature	Reporting Centre Personne Name: YAP WEI TENG NRIC/FINNO.:G 28 28896 X	

Date: 1/8/19

Page 16 of 16