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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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.
- 3, information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.

	ACCIDENT STATEMENT
Date Of Report	12/12/2019 17:49
Date Of Accident	12/12/2019 07:35
Exact Location Of Accident	TPE TOWARDS PIE AFTER PASIR RIS DRIVE 12
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY3652J
Insured/Policyholder	
Name Of Registered Owner	CHAN & CHAN ENGINEERING PTE.LTD.
Co Reg No	200407814Z
Email Address	LGW6356@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-88215280
Alternative Phone No	OFFICE-88215280
Vehicle Particulars	
Manufacturer	NISSAN
Model	P/UP D/CAB-2,7 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Palicy	NO
Policy Number	DMCVSN3016941900
Cover Note Number	The state of the s
Driver	
Name of Driver	LING GUONG WEI
NRIC No	\$8986707Z
Date Of Birth	31/07/1989
Occupation	INDOOR
Date Of Driving Pass	08/07/2017
ulidan E	2 YEARS AND 5 MONTHS
Inndo	MALE
Fabruary at the state of the st	(LOCAL) +65-88215280
BONNING POR	100000210200

OTHERS-88215280

LGW6356@HOTMAIL.COM

Address

19 FERNVALE LANE

#21-21

Postcode

797499

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

WET

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191212/7005

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 Vehicle Make/Model/Colour

SGX4895Z

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 OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJS6305M

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 OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SKQ5830T

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 OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number

**GBJ5745A** 

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 5**

Vehicle Registration Number

YP4250M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 6**

Vehicle Registration Number

SLV7037R

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 OTHER VEHICLE PROPERTY 7**

Vehicle Registration Number

SLJ5849R

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

LING GUONG WEI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GY3652J

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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
- Any false reporting may be referred to the Police for investigation.
- 6. 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
- 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)
  - (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

Name:

NRIC/FIN No.

DECLARATION  We declare the foregoin Conficulations true in every respect.  January 19 J	KETCH PLAN	TPE	CHOARBS F	LE APTER	L Pasir R	BANE 3	12	
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We declare the foregoing particular sake true in every respect.    3	DECLARATIO	N	CHANA					
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Date & Time: (If driver is not the policyholder) Name:	Policyholder's Si	ignature	The same of the sa	Driver's Sign	ature		Reporting Co	entre Personnel's Signature
Date & Time: NRIC/FIN No.:	Date & Time:			(If driver is n	ot the policyholo	ler)	Name:	COLUMBIO

GIARMC SketchPlanForm, V3

## SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 124 DECEMBER 2019 TIME:	07:35 hg- (hh:mm) 24 hrs Format
LOCATION THE TOWARDS PIE AFTER PASIR RIS D	07:35 hg- (hh:mm) 24 hrs Format
The fall the thirt this Kills b	KIVE I Z
VEHICLE NUMBER GY 3652 J	
V <sub>2</sub>	Pt Hd
NRIC/FIN 2004 578147 Chan Engineering	CONTACT:
7. 5. 6. 7. 7. 7.	
Are you claiming under your own insurance policy for repair to	اهم
( ) Yes, If No, Pls Select : ( ) Third Party ( ) Repo	your vehicle?
	rting Only
Name and the second control of the second co	Proc leading the analysis of the
	D PARTY ( ) TPFT
POLICY NUMBER: DMCV SN3016941900	
NAME DRIVER: Line Guana Wai	
NAME DRIVER: Ling Guong Wei	( ) SAME AS INSURED
NRIC/FIN SPARCON	
20/03/01/2	CONTACT: 88215280
Particle 2	
CENTRAL TOTAL	
GENDER: ( / ) MALE ( ) FEMALE	
EMAIL ADDRESS: 19W 6356 @ hotma: com	(. ) NO EMAIL
ADDRESS OF DRIVER: 19 Fernvale Lane #21-3	/
5 ( 797499)	
Number Of Passenger Include Driver: Driver Only	
Western Constitution	
Was driver an employee of the Insured's Company? ( //) YES	( ) NO
If No, Relationship Of The Driver With The Insured	
	Children ( ) Sibling ( ) Others
Does The Driver Own Any Other Vehicle? : ( ) YES ( ) N	0
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:	
Insurance Company Of Driver's Own Vehicle	
Weather Conditions: ( V ) Clear ( ) Raining ( ) 1	Orizzling ( ) Others
Road Surface : ( ) Dry ( ) Wet ( ) O	thers
Was Any Foreign Vehicle Involved In This Accident? (	YES (/)NO
Was Anybody Injured In The Accident? ( ) YES (	-) NO
If YES, Injured details: Ling Guang Was 5898	57072
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Was There Any Video Capture By Car Camera? ( ) YES Was There Accident Reported To The Police? ( / ) YES ( Police Report Number (if any)	) NO If Yes Attach Police Report  No.of Paxs (incl'driver) Contact  ) / Not Sure ( ) / Not Sure ( )
Was There Any Video Capture By Car Camera? ( ) YES Was There Accident Reported To The Police? ( ✓ ) YES ( Police Report Number (if any)	) NO If Yes Attach Police Report  No.of Paxs (incl'driver) Contact  ) / Not Sure ( ) / Not Sure ( ) / Not Sure (
Was There Any Video Capture By Car Camera? ( ) YES Was There Accident Reported To The Police? ( / ) YES ( Police Report Number (if any) T 2019 1212 7005  Details Of 3rd Party Name / NRIC N  Veh B SGX 4895 Z  Veh C SJS 6305 M  Veh D CKS 58307  Veh E GB J 5745 A	) NO If Yes Attach Police Report  No.of Paxs (incl'driver) Contact  ) / Not Sure ( )
Was There Any Video Capture By Car Camera? ( ) YES Was There Accident Reported To The Police? ( / ) YES ( Police Report Number (if any) T 2019 1212 7005  Details Of 3rd Party Name / NRIC N  Veh B SGX 4895 Z  Veh C SJS 6305 M  Veh D CKS 58307  Veh E GB J 5745 A	) NO If Yes Attach Police Report  No.of Paxs (incl'driver) Contact  ) / Not Sure ( )  ) / Not Sure ( )  ) / Not Sure ( )





Samuel Co.

Report No. T/20191212/7005

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### REPORT OF A TRAFFIC ACCIDENT

	ne Report M 119 10:43	lade:	Vide Report No.: G/20191212/0072	Station Diary No.:
Informa	nt's Partice	ulars		
A Company of the Company of the Company	Informant: JONG WEI		Address: 19 FERNVALE LANE #21-21	SINGAPORE 797499
ID Type NRIC NO	/ ID No.: D / S898670	07Z	Contact No.: Home/Office:	Mobile: 88215280
National MALAYS	ity: SIAN		Email: LGW6356@HOTMAIL.COM	
Sex: Male	Age: 30	Date of Birth: 31/07/1989	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat ENGINE			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/12/2019 07:35	Type of Location Straight Road
Location: TAMPINES E	XPRESSWAY	Road Surface:		
		Wet		Road Speed Limit:
Clear Traffic Flow:				Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ5745A	Van E	1111/611				0
GY3652J	Lorry @					0
SGX4895Z	Car B					0
SJS6305M	Car C					0
SKQ5830T	Car D					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20191212/7005

#### CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	10	
SLJ5849R	Car U	111191195	Model	Color	Condition	No of Passenger
	Jan H					0
SLV7037R	Car C	_				
	Can (X					0
YP4250M	Lorry 6		_			
	LUNY &					0

Any Pedestrian I	nvolved: No			H OES	6	
No. of Pedestrian	ns Injured: NIL		Use of Pe	destria	n Crnee	tion: NA
Driver	AND DESIGNATION OF THE PERSON	SWIFT BOOK	THE RESIDENCE OF THE PARTY OF T	acountin	01088	sirig, IVA
Name	LING GUONG WEI	THE REAL PROPERTY.		ID No		S8986707Z
Related Vehicle	GY3652J (Lorry)			Contact No. 882152		88215280
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	baraa	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

#### Brief Details.

On 12th December 2019 at about 7:35am, I was travelling along TPE towards PIE after Pasir Ris Drive 12. I was on lane 2 of 3 lanes. The vehicle in front of me slowed down and stopped. Noticing that, I followed suit and stopped my vehicle. After a few seconds, I felt a great impact from the rear. The impact was so huge that it pushed my vehicle forward and collided onto the vehicle in front of me (SLJ5849R). I alighted and realised the vehicle behind of me (SGX4895Z) had collided onto my vehicle and it was a chain collision involving a total of 8 vehicles. I was the 3rd vehicle in the chain. I was told by the Traffic Police to lodge a Traffic Accident Report Police to lodge a Traffic Accident Report.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20191212/7005

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/12/2019 10:43
Officer In Charge Of Case; TP / TPIB / YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp	



## 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.

M2300/C N SN AN0101A THIRD PARTY FIRE & THEFT

#### 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)

CERTIFICATE No.

DMCVSN1016941900

Engine No : TD27753172 Chassis No: JN1CHGD2220077143

1. Index Mark and Registration Number of Vehicle

GY1652J

2. Name of Policy Holder

M/S CHAN & CHAR ENGINEERING PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 05 MARCH 2014 (15:15 HOURS) 04 MARCH 2023

4. Date of Expiry of Insurance

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 LICENSIAG OR OTHER LAWS ON 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 ENACTHENT OR PROBLETION IN THAT BEHALF FROM DELVING THE MOTOR VEHICLE

#### 6. Limitations as to use: \*

Countersigned By:

(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

.

- (2) USE FOR THE CARRIAGE OF FASSENGERS (OTHER THAN FOR HIRE OF 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 MACING, MACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

\* 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

TIRUST PTE LTD

For CHINA TAIPING INSURANCE (SINGAPORE) P

52 FOCH ROAD

#03-02

SINGAPORE 209274

TEL: 6488 0883 FAX: 6286 0295

EMAIL: itrust@singnet.com.sg

Authorised Officer

Authorised Signatory

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle No.:	Company 814Z
	0142
Vehicle No.: Vehicle to be Exported:	
Vehicle to be Exported:	GY3652J
	Yes
Intended Deregistration Date:	12 Dec 2019
Vehicle Make:	NISSAN
Vehicle Model:	P/UP D/CAB
Primary Colour:	Silver
Manufacturing Year:	2005
Engine No.:	TD27753372
Chassis No.:	JN1CHGD22Z0077143
Maximum Power Output:	-
Open Market Value:	\$19,687.00
Original Registration Date:	16 Mar 2005
irst Registration Date:	16 Mar 2005
ransfer Count:	1
Actual ARF Paid:	\$21,656,00
ntended PARF Rebate Details	, , , , , , , , , , , , , , , , , , , ,
ARF Eligibility:	No
ARF Eligibility Expiry Date:	-
ARF Rebate Amount: ntended COE Rebate Details	\$0.00
OE Expiry Date:	15 Mar 2020
OE Category:	C - Goods Vehicle & Bus
OE Period(Years):	5
QP Paid:	\$27,286.00
OE Rebate Amount:	\$1,694.00
otal Rebate Amount: lessage	\$1,694.00 his vehicle can only be for a 5-year period, subject

The information contained herein is correct as at 12 Dec 2019