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

aforesaid.	Thereby consent to the archiving of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	13/12/2019 17:56		
Date Of Accident	12/12/2019 13:20		
Exact Location Of Accident	PIE TOWARDS CHANGI (AFTER LOR 2 TOA PAYOH EXIT)		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	YN4541J		
Insured/Policyholder			
Name Of Registered Owner	KAOLIN MOTOR TRADING CO		
Co Reg No	21645200K		
Email Address	NOEMAIL		
Mobile Phone No			

OFFICE-64520716

Alternative Phone No **Vehicle Particulars**

ISUZU Manufacturer

Model NHR85AUE4AA-3.0 D (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?

YES

If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number DMCVSN1836961901

Cover Note Number

Driver

Name of Driver SNG YONG MENG, KELVIN (SUN YONGMING)

NRIC No S8819009B Date Of Birth 03/06/1988 Occupation **OUTDOOR Date Of Driving Pass** 13/04/2010

Driving Experience 9 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92994944

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 280A ANG MO KIO STREET 21 #14-419 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 **CHAIN COLLISION**

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

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

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

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

SHD1859S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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

PC3436B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

Sketch Plan Pg. 1

SKETCH PLAN

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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: Driver's Signature

(If driver is not the policyholder)

Date & Time: 1 3 DEC 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jenny Lim

Sketch Plan Pg. 2

SKETCH PLAN	The state of the s	
	DIE toward	· Charci Calles T - D
	FIE TOWARD	s Changi Cafter Toa Payoh
		Lorong 2 exis
	CD7 08 0 A	
A - PC 3436 B		DOA: 12/12/2019
6- 240 1826a		Time: 1.20 pm
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
1 was travelle	ing along Lane 2 c	denly stopped, I could
not stop in the	e and hit and the ne	ar of the taxi. The impact
caused the toxi	to hit onto PC 3436B.	No one was Murid.
3300		9-4,00
	*	
WELLOW STOR 14-1 W		
DECLARATION /We declare the foregoing partic	ulars are true in every respect	
, we decide the folegoing partic	anars are true in every respect.	
		(JW
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time: 1 3 DEC 2019	Name: Jenny Lim NRIC/FIN No.:

Certificate of Insurance 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

R SN AN0083A Cov.Type: C

MZ301/C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapte: 16
Motor Vehicles (Third-Party Risks and Compensation) Rulos, 1960
Road Transport Act, 1997 (Malaysia)

Motor Vehicles (Third-Party Risks) Rulos, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMCVSN1836961901

Engine No :4331179581 Chano: JAANHR85EB7100132

1. Index Mark and Registration Number of Vehicle

YN45413

AUTOSAFE

2 Name of Policy Holder

KAOLIN MOTOR TRADING CO

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

21 November 2019 Excess Sect I 5\$1,500.00 Excess Sect. II 5\$1,500.00

EX ON WINDSCREEN 5\$100.00

4. Date of Expiry of Insurance

20 November 2020

5 Persons or Classes of Persons entitled to drive

- (1) Whilst the vehicle is being used in connection with the Policyholder's business Any person provided he is in the Policyholder's employ and is driving on their order or with their
- (2) Whilst the vehicle is being used for social, domestic or pleasure purposes 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 a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

- 6 Limitations as lo 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 Polciv does not cover.
 - (1) Use for racing, pace-making, reliability trial or speed-testing.
 - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 - (3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC

* 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 (Melaysia), 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).

Ple

Issued By:

KCB AGENCY se see reverse

Co Reg No. 53116552C 200 Jalan Sultan #02-36B Textile Centre Singapore 199018

Tel: 6391 3811 Fax: 6391 3810

KCB_AGENCY.... Authorised office colinv0236@gmail.com For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MAM

Authorised Signatory

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

Accident Photo



Accident Photo



Accident Photo



Chassis Number

