

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	19/12/2019 17:12
Date Of Accident	19/12/2019 09:00
Exact Location Of Accident	DEFU LANE 12 SLIP ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YM7332G
Insured/Policyholder	
Name Of Registered Owner	M/S DEED-CO COATING PTE LTD
Co Reg No	19990805M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR85LU5Y
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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 Policy	NO
Policy Number	DMCVSN1545801903
Cover Note Number	
Driver	
Name of Driver	ONG HOOK
NRIC No	S2579923B
Date Of Birth	19/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1973
Driving Experience	46 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97913918
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 833 TAMPINES ST 83 #08-26
Postcode	520833
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	SIDE SWIPE
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : UNKNOWN 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

PLS REFER TO THE ATTACHED STATEMENT.

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	GBC1225Y
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 2

Vehicle Registration Number GBH1155P
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 INJURED PERSON 1

Name ONG HOOK
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? YM7332G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN(WORKER)
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? YM7332G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 19 DEC 2019		TIME: 0900HRS		(hh:mm) 24 hrs Format	
LOCATION DEFU LANE 12 SLIP ROAD					
VEHICLE NUMBER YM 7322 G					
INSURED NAME Deed-Co Powder Coating Pte Ltd					
NRIC/FIN 19990805m		CONTACT:			
MAKE Suzuki		MODEL NPR95Luby			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes, If No, Pls Select : (/) Third Party () Reporting Only					
INSURANCE COMPANY CHINA					
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT					
POLICY NUMBER :					
NAME DRIVER : ONG HOOK () SAME AS INSURED					
NRIC/FIN S2579923B		CONTACT: 97913918			
DATE OF BIRTH: 19/08/1952.					
DRIVING PASS DATE: 01/08/1973.					
OCCUPATION: (/) INDOOR () OUTDOOR					
GENDER: (/) MALE () FEMALE					
EMAIL ADDRESS: () NO EMAIL					
ADDRESS OF DRIVER: BLK 833 TAMPINES ST 83 #08-26 S(520833)					
Number Of Passenger Include Driver: 1 DRIVER + 1 PASSENGER					
Olman Hossain male					
Was driver an employee of the Insured's Company? (/) YES () NO					
If No, Relationship Of The Driver With The Insured					
() Owner () Spouse () Friend () Relative () Children () Sibling (/) Others					
Does The Driver Own Any Other Vehicle? : () YES (/) NO					
If Yes, Vehicle Registration Number Of Driver's Own Vehicle: employee					
Insurance Company Of Driver's Own Vehicle					
Weather Conditions: (/) Clear () Raining () Drizzling () Others					
Road Surface : (/) Dry () Wet () Others					
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO					
Was Anybody Injured In The Accident? (/) YES () NO					
If YES, Injured details : 1 DRIVER + 1 PASSENGER.					
Convey By Ambulance: () YES (/) NO					
Was There Any Video Capture By Car Camera? () YES (/) NO					
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report					
Police Report Number (if any)					
Details Of 3rd Party		Name / NRIC		No. of Paxs (incl'driver) Contact	
Veh B 6BC 1225				() / Not Sure ()	
Veh C 6BH 1155P				() / Not Sure ()	
Veh D				() / Not Sure ()	
Veh E				() / Not Sure ()	
Veh F				() / Not Sure ()	
Veh G				() / Not Sure ()	

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.

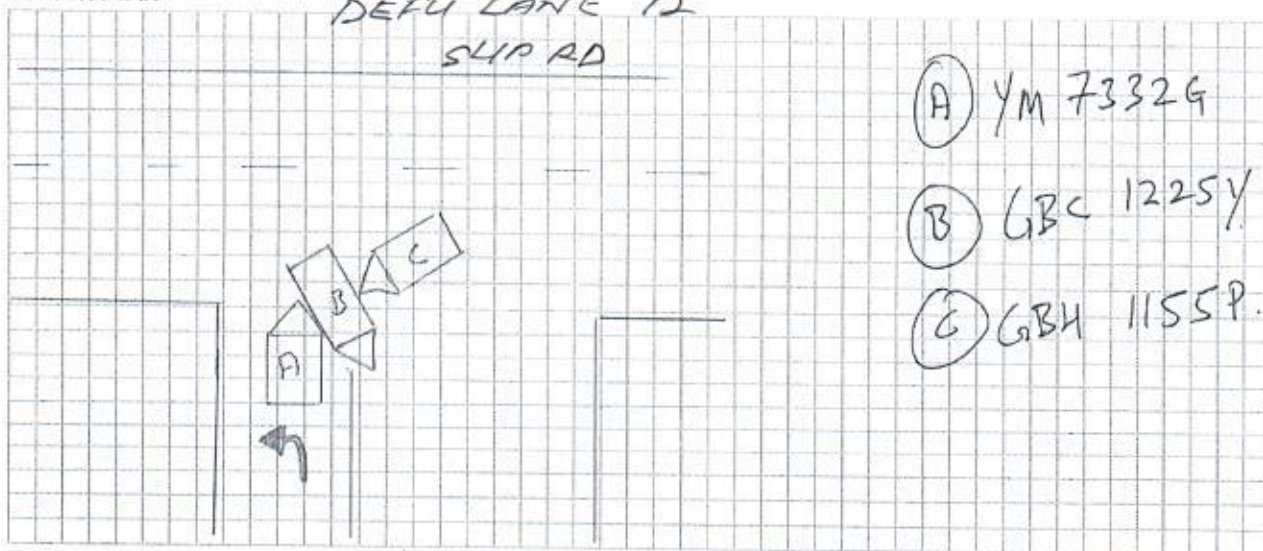
Deed-Co Coating Pte Ltd


GOODS RECEIVED
Policyholder's Signature
Date & Time:


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

 19/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19 DEC 2019 @ 0900HRS, I WAS STATIONARY AT THE T-JUNCTION WAITING TO MAKE A LEFT TURN. SUDDENLY THERE WAS A LOUD BANG AND VEHICLE B COLLIDED INTO MY VEHICLE.

DECLARATION

I declare that the following particulars are true in every respect.

[Signature]
Policyholder's Signature
Date & Time: 19/12/19

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

[Signature] 19/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

MOTOR COMMERCIAL VEHICLE

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)

Cov. Type: F
PLM 3263

ORIGINAL

CERTIFICATE No.

DNCVEN1545801903

Engine No : 4JJ1514411

Chassis: JAANPR85L77102058

1 Index Mark and Registration
Number of Vehicle

YN7332G

2 Name of Policy Holder

M/S DEED-CO COATING PTE LTD

3 Effective date of the Commencement of
Insurance for the purposes of the Regulations, 27 February 2019
Ordinance or Enactment

4 Date of Expiry of Insurance

26 February 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 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.

* 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 provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please sign reverse

Issued By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE)

Authorised Signatory

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

Scanned with CamScanner

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	805M
Vehicle Details	
Vehicle No.:	YM7332G
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2019
Vehicle Make:	ISUZU
Vehicle Model:	NPR85LU5Y
Primary Colour:	White
Manufacturing Year:	2007
Engine No.:	4JJ1514411
Chassis No.:	JAANPR85L77102058
Maximum Power Output:	-
Open Market Value:	\$28,652.00
Original Registration Date:	27 Aug 2007
First Registration Date:	27 Aug 2007
Transfer Count:	3
Actual ARF Paid:	\$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Aug 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$17,920.00
COE Rebate Amount:	\$9,509.00
Total Rebate Amount:	\$9,509.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 19 Dec 2019