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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 wiful 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.

foresaid.	ACCIDENT STATEMENT	
Date Of Report Date Of Accident	04/02/2020 10:52 31/01/2020 12:20	
- SVC SC EE TERRETE CONGENTE NO PORTUGADO		
Exact Location Of Accident	AYE TOWARDS CITY SLIP ROAD TO JALAN AHMAD IBRAHIM SINGAPORE	
Country/State of Loss		
	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBK2772K	
Insured/Policyholder		
Name Of Registered Owner	JH TYREA & BATERRIES PTE LTD	
Co Reg No	2XXXXX023Z	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98273606	
Alternative Phone No	OFFICE-98273606	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	DYNA	
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	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMCVSN3025421900	
Cover Note Number		
Driver		
Name of Driver	GOO WEE MING	
Passport No/FIN	FXXXX282X	
Date Of Birth	08/11/1977	
Occupation	OUTDOOR	
Date Of Driving Pass	15/11/2018	
Driving Experience	1 YEAR AND 2 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-98273606	
Fax Number	to the control of the	

OTHERS-98273606

NOEMAIL

Address

7 KEPPEL ROAD

#03-22 TANJONG PAGAR COMPLEX

Postcode

89053

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?

Number of vehicles (including own vehicle)

involved in the accident

YES

Was any body injured in the Accident?

1021.00

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)

THE PARTY

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

SKB4419J

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

GOO WEE MING

Page 2 of 14

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK AND BODY PAIN

GBK2772K

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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)

Lunderstand, 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:
 - 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:
 - 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 consplying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Batte

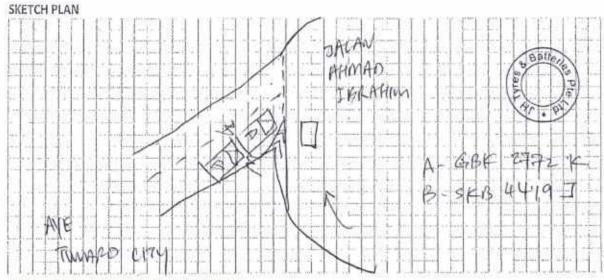
Oriver's Signature (If driver is not the policyholder)

Date & Time:

leparting Centre Personnel's Signature

Name:

NRIC/FIN No.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING AGE TOWARD CITY SUP POAD TO DAVAN AHONAD
(BRAHIM ON THE RIGHT LANG OF A 2 CANE, ROAD. I STUPPED BEFORE
THE STOP LINE DUE TO GAVE WAY FOR UNCOMING TRAFFIC, AFTER
A FEW SECONDS, I FEUT A STRUNG IMPACT FROM THE PEAL PORTION
OF MY VEHICLE. AFTER THE ACCIDENT, I AUGHTED AND PEACISE THAT
VEHICLE (B) DRIVE FROM THE READ AND LOWINED DIRECTLY ONT
THE READ PORTION OF MY WHICE. A. GBK 2772 K
B- SKB 4419 7

DECLARATION

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

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Departing Centre Personnel's Signature

Name: NRIC/FIN No.:

Stanior Soughfurfurin 91

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 31 JAN 2020	TIME: 11) Dollas . (hh:mm) 24 hrs Format
LOCATION AVE TUMBED CITY SUP. I	ENTO TO JACAN AHMADIBRAHIM
The second secon	10
VEHICLE NUMBER GBK 1-712 K	
INSURED NAME JH TYRES & RATTERIE	ES Pre-LTD.
NRIC/FIN 2011110237	CONTACT:
MAKE TOLOTA MODEL (DY~A
Are you claiming under your own insurance policy for r	
() Yes, If No, Pls Select : () Third Party () Reporting Only
INSURANCE COMPANY ATAC CHINA	morphaly
TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT
POLICY NUMBER :	
2111	
NAME DRIVER: GOO WEE MING	() SAME AS INSURED
NIDVO LEDIA DE TOLLO	
NRIC/FIN F 7869282 X	CONTACT: 7827 3606
DATE OF BIRTH: OBNOV 1977	
DRIVING PASS DATE: 15 NOV 2018	
OCCUPATION: ()INDOOR ()OUTI	
GENDER: () MALE () FEMA	ALE
EMAIL ADDRESS:	(NO EMAIL
ADDRESS OF DRIVER: 7 PEPPEL PLAD F	1 U3-72 TANJONG PAGAR CUMPLER
8(089093)	The state of the s
Number Of Passenger Include Driver: DRIVER	ony.
7.11 T. C.	
Was driver an employee of the Insured's Company? (YES ()NO
If No, Relationship Of The Driver With The Insured	
() Owner () Spouse () Friend () Relative	e () Children () Sibling () Others
Does The Driver Own Any Other Vehicle?: () YES	()NO
If Yes, Vehicle Registration Number Of Driver's Own Vo	chicle:
Insurance Company Of Driver's Own Vehicle	
Weather Conditions: (\(\sum \) 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: Goo WEE MING (n) BUDY & NEEK
Convey By Ambulance: () YES () NO	/ 21999
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
7eh B SFB 4419 J	()/Not Sure ()
/eh C	()/Not Sure ()
/eh D	()/Not Sure ()
/eh E	()/Not Sure ()
/eh F	()/Not Sure ()
/eh G	()/Not Sure ()



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Commercial

MZ306/C

5%

ANOEZSA.

Cox. Type:C

CERTIFICATE OF INSURANCE

has Velecine (Their) Resk and Compensation; Ast Chapter Moter Velecine (Their Prant Risks and Compensation) Russ. Odd. Rose Velecine (Strong Prant, Risks) (Astrophysic).

Moter Velecine (Their Prant, Risks) (Russ.) 1601 (Microphysic).

DERTIFICATE No.

DMCVSN30254219000

Engine No.: 1KD2796019 Cha No JTFAT35Y30K210261

Index Mark and Repetation Number of Values

G8K2772K

AUTOSAFE.

Name of Police Holder

JH TYRES & BATTERIES PTE LTD

Effective date of the Commoncement of Insurance for the purposes of the Regulations. Ontowers or Enactment

Excess Sect 1. EX ON WINDSCREEN

\$\$500.00 55100.00

Dies of Every of Insurance

29/04/2020

Persons or Curses of Parsons enabled 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 level 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 exactment or regulation in that behalf from universit the Motor

E. 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 correction with the Policyholden'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 that or speed feating (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propolled vehicle.

Levitations renowed incorrative by Section 8 of the Mistur Vanious (Third-Party Risks and Compensation) Act (Chapter 188 and Section 95 of the Road Transport Act 1987 (Malayola), are not to be included under these functions.

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 Rose Transport Act. 1987 (Malaysia)

Please see reverse

FOR CHINA TAIPING INSLIBANCE (SINGAPORE) FTE. LTD.

Issued By:

Chua Suat Lay Sally **Authorised Officer**

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) ₹3 Anson Road #16-00 Springleaf Tower Singapore 079909

\$63896111