

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	04/02/2020 10:52
Date Of Accident	31/01/2020 12:20
Exact Location Of Accident	AYE TOWARDS CITY SLIP ROAD TO JALAN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

DETAILS 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	
Contact Number	OTHERS-98273606
Email Address	NOEMAIL

Address	7 KEPPEL ROAD
	#03-22 TANJONG PAGAR COMPLEX
Postcode	089053
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?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	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
------	--------------

Approximate Age	
Injuries Sustain	NECK AND BODY PAIN
Injured person in which vehicle?	GBK2772K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


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:

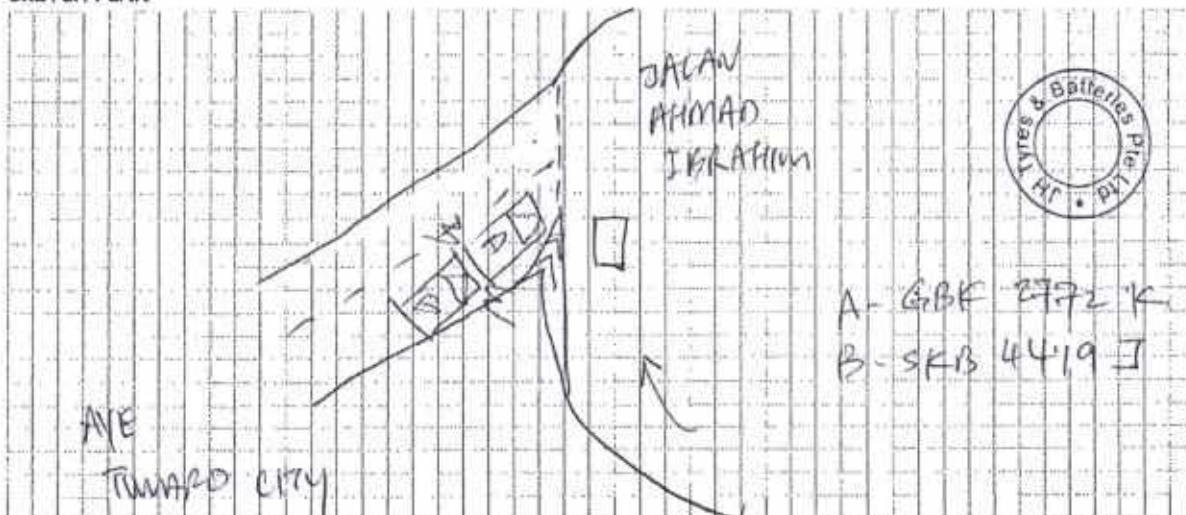
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:


Reporting Centre Personnel's Signature
Name: Resh LIAO
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING AVE TOWARD CITY SLIP ROAD TO JACAN AHMAD IBRAHIM ON THE RIGHT LANE OF A 2 LANE ROAD. I STOPPED BEFORE THE STOP LINE DUE TO GIVE WAY FOR ONCOMING TRAFFIC. AFTER A FEW SECONDS, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT VEHICLE (B) DROVE FROM THE REAR AND COLLIDED DIRECTLY ONTO THE REAR PORTION OF MY VEHICLE. A - GRK 2772 K
B - SKB 4419 J

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 31 JAN 2020		TIME: 11:20 AM (hh:mm) 24 hrs Format	
LOCATION: AVE TOWARD CITY SUP. ROAD TO JALAN AHMAD ALIBRAHIM			
VEHICLE NUMBER: GBK 272 K			
INSURED NAME: JH TYRES & BATTERIES PTE. LTD.			
NRIC/FIN: 201110232		CONTACT:	
MAKE: TOYOTA		MODEL: DYNA	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select: () Third Party () Reporting Only			
INSURANCE COMPANY: MACECHINA MOPHIA			
TYPE OF POLICY: () COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER:			
NAME DRIVER: GOO WEE MING		() SAME AS INSURED	
NRIC/FIN: F7869282 X		CONTACT: 9827 3606	
DATE OF BIRTH: 08 NOV 1979			
DRIVING PASS DATE: 15 NOV 2018			
OCCUPATION: () INDOOR () OUTDOOR			
GENDER: () MALE () FEMALE			
EMAIL ADDRESS: () NO EMAIL			
ADDRESS OF DRIVER: 7 KEPPEL ROAD #03-22 TANJONG PAGAR COMPLEX S(089053)			
Number Of Passenger Include Driver: DRIVER ONLY.			
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:			
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: GOO WEE MING (M) BODY & NECK			
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 SFB 4419 J		() / Not Sure ()	
Veh C		() / Not Sure ()	
Veh D		() / Not Sure ()	
Veh E		() / Not Sure ()	
Veh F		() / Not Sure ()	
Veh G		() / Not Sure ()	



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300C

E SN

AN0628A

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, 1989 (Malaysia)

CERTIFICATE No.

DMCVSN30254219000

Engine No. 1KD2796019

Chassis No. UTFAT35V30K210261

1. Index Mark and Registration
Number of Vehicle

GBK2772K

AUTOSAFE

2. Name of Policy Holder

JH TYRES & BATTERIES PTE LTD

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

30/04/2019

Excess Sect I \$500.00
EX ON WINDSCREEN \$5100.00

4. Date of Expiry of Insurance

29/04/2020

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.

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 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 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: Chua Suat Lay Sally
Authorised Officer

Authorised Signatory

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

6389 6111

6222 1033

www.sg.cntaiping.com