





## 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             | 10/02/2020 15:41                    |
| Date Of Accident           | 08/02/2020 16:15                    |
| Exact Location Of Accident | JUNC OF ADMIRALTY RD & MARSILING DR |
| Country/State of Loss      | SINGAPORE                           |

### DETAILS OF OWN VEHICLE

|                             |   |
|-----------------------------|---|
| Vehicle Registration Number | GBB9384Z                                      |
| <b>Insured/Policyholder</b> |   |
| Name Of Registered Owner    | M/S SAFETY INNOVATORS (INTERNATIONAL) PTE LTD |
| Co Reg No                   | -   |
| Email Address               | NOEMAIL                                       |
| Mobile Phone No             |   |
| Alternative Phone No        | OFFICE-65060111                               |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | DYNA               |
| Exact Purpose for which vehicle was being used at time of accident           | AFTER WORK         |
| 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             | DMCVSN1652611903                              |
| Cover Note Number         |   |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | LYE CHEONG WOH         |
| NRIC No              | SXXXX347B              |
| Date Of Birth        | 02/01/1964             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 15/03/1984             |
| Driving Experience   | 35 YEARS AND 10 MONTHS |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-82189677   |
| Fax Number           |                        |
| Contact Number       |                        |
| EEmail Address       | NOEMAIL                |

|   |                              |
|---|------------------------------|
| Address   | BLK 359 ADMIRALTY DR #03-194 |
| Postcode  | 750359                       |
| 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

I STOP AT THE TRAFFIC JUNC OF ADMIRALTY RD & MARSILING DR DUE TO RED LIGHT, WHEN THE LIGHT TURN GREEN, I STARTED TO MOVE MY VEH A BIT, SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

#### Attachment(s)

|   |                 |
|---|-----------------|
| Are accident photos available for attachment? | YES             |
| Was there any video captured by Car Camera?   | YES             |
| Remarks/ Reasons:                             | HAVENT RETRIEVE |
| Was there any audio recorded?                 | NO              |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                            |
|-------------------------------------|----------------------------|
| Vehicle Registration Number         | SLZ3559G                   |
| Vehicle Make/Model/Colour           |                            |
| Details Of Properties               |                            |
| Vehicle Category                    | PRIVATE CAR                |
| Name of Driver                      | MOHD RADZI BIN AWANG KARIM |
| NRIC/Passport Number                | SXXXX356Z                  |
| Contact Number                      |                            |
| Address                             |                            |
| Postcode                            |                            |
| Insurance Company Name              |                            |
| Nature Of Damage                    |                            |
| No. Of Passenger (Including Driver) |                            |

**DETAILS OF INJURED PERSON 1**

|   |                |
|---|----------------|
| Name  | LYE CHEONG WOH |
| Approximate Age                                     |                |
| Injuries Sustain                                    | BODY           |
| Injured person in which vehicle?                    | GBB9384Z       |
| Were seat belts worn?                               | YES            |
| Was this injured conveyed to hospital by ambulance? | NO             |
| Address   |                |
| Postcode  |                |



## SKETCH PLAN

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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 interested parties.
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:  
NRIC/FIN No.:

SKETCH PLAN

Marsiling Dr.



A = GBB 9384Z  
B = SLZ 3559G

Admiralty Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

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.:



## 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)

|   |   |   |
|---|---|---|
| CERTIFICATE No.   | DMCVSN1652611903                              | Engine No :1KD2002511<br>Chassis No:JTFAT35Y90K201239           |
| 1. Index Mark and Registration<br>Number of Vehicle   | GBB9384Z                                      |   |
| 2. Name of Policy Holder  | M/S SAFETY INNOVATORS (INTERNATIONAL) PTE LTD |   |
| 3. Effective date of the Commencement of Insurance for<br>the purposes of the Regulations, Ordinance or Enactment | 1 SEPTEMBER 2019                              | EXCESS SECT I .....S\$500.00<br>EX ON WINDSCREEN .....S\$100.00 |
| 4. Date of Expiry of Insurance  | 31 AUGUST 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 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.

Countersigned By:

  
\_\_\_\_\_  
Authorised Officer

  
\_\_\_\_\_  
Authorised Signatory