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 <u>truthful and accurate</u> 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.

	ACCIDENT STATEMENT	
Date Of Report	25/02/2020 11:43	
Date Of Accident	24/02/2020 15:25	
Exact Location Of Accident	WOODLANDS STREET 41	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	PC6310K	
Insured/Policyholder		
Name Of Registered Owner	ACTION SUCCESS TRANSPORT SERVICE	
Co Reg No	5XXXX182X	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-96432028	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	HIACE	
Exact Purpose for which vehicle was being used at time of accident	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	BUS	
Insurance Company		
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMB1SN1752971902	
Cover Note Number		
Driver		
Name of Driver	TAN GEK CHER	

Name of Driver TAN GEK CHE
NRIC No SXXXX038G
Date Of Birth 13/09/1958
Occupation OUTDOOR
Date Of Driving Pass 19/01/1980

Driving Experience 40 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96286638

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 633A PUNGGOL DRIVE #10-675 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 **COLLISION - CHANGE/CROSS LANE**

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

9

Number of Passengers (Including Driver)

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

ON 24/02/2020 AT ABOUT 1525HRS, I WAS DRIVING MY VEHICLE (PC6310K) ON THE OUTER LANE ALONG WOODLANDS STREET 41 TOWARDS WOODLANDS AVE 1 DIRECTION. SUDDENLY, A VEHICLE (SMS1964H) WHICH WAS DASHED OUT FROM CARPARK EXIT AND ABRUPTLY CHANGE TO MY LANE. I IMMEDIATELY APPLIED MY BRAKE TO AVOID THE COLLISION BUT TO NOT AVAIL. THUS THE VEHICLE B'S RIGHT FRONT PORTION HIT ONTO LEFT FRONT PORTION OF MY VEHICLE. NOBODY WAS INJURED IN THIS ACCIDENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMS1964H Vehicle Make/Model/Colour TOYOTA

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number 93867796

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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
- (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
- 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 / aw 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 froud 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

tog complying with requirements under any regulations, laws or court orders.

9, MARSILING DRIVE #12-40

9643 2028

Policyholder's Signature Date & Time:

25/02/2020

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name NRIC/FIN No.:

SKETCH PLAN	
SKEICH PLAN	Woodlands Street 41. A: Pc 63 104 B: 5m5 1964H
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
driving my vehicle (A: PC6) would and street at town Suddenly, a vehicle (B: sms from carport exist and immediately applied my to not avail. Thus the hit ento left from part injured in this accordant	Children 2 2 male children
Dehisle (B.) Sm	m5 1464H) - No passinger or beard.
DECLARATION #12-48 /We dealar the foregoing gargetylers are true in every re # 9643 2023 # Driver's Signature Date & Time: Date & Time:	Reporting Centre Personnel's Signature



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MZ601 R SN AN0597A Cov.Type: C

MOTOR PRIVATE BUS

CERTIFICATE OF INSURANCE

plor Vehicles (Third-Party Risks and Compensation) Act (Chapter 183) Motor Vehicles (Tilid-Party Risks and Compensation) Rules, 1960 Roed Transport Act, 1907 (Malerys) Motor Vehicles (Third-Party Risks) Rules, 1950 (Maleysis)

ORIGINAL

CERTIFICATE No.

DMR1SN1752971902

Engine No :1KD2732119 ChaNo: KDH2230033206

1. Index Mark and Registration

Number of Vehicle

PC6310K

AUTOSAPE

2. Name of Policy Holder

M/S ACTION SUCCESS TRANSPORT SERVICE

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

04 August 2019

Excess Sect I S\$1,500.00 Excess Sect. II 5\$3,000.00 EX ON WINDSCREEN S\$100.00

4 Date of Expliny of Insurance

03 August 2020

5. Persons or Classes of Parsons entitled to drive"

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Notor 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:*

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER * Limitations randered inoperative by Section 8 of the Motor Vahicles (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 readings.

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 CEVECSO TRADER PTE LTD

Reg. No.: 201537467C 172 Sin Ming Drive Singapore 571720 Segapore 513170

Tel 1833 9410 Fee 5450 0076

JAMANUM By: SG MOTOR TRAILER PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

sassas

Authorised Signatory

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

Identification Card







































