

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	03/03/2020 15:14
Date Of Accident	28/02/2020 13:35
Exact Location Of Accident	ALONG JURONG TOWAN HALL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8022Z
Insured/Policyholder	
Name Of Registered Owner	ANDREW EQUIPMENT PTE LTD
Co Reg No	5XXX057I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96646616
Alternative Phone No	OFFICE-96646616

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	DMCVSN3083681902
Cover Note Number	

Driver

Name of Driver	LEE SEN HENG
NRIC No	SXXX057I
Date Of Birth	25/02/1952
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1973
Driving Experience	46 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96646616
Fax Number	
Contact Number	OTHERS-96646616
Email Address	NOEMAIL

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 - 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? NO
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: : PASSENGER
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

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 GBE8092G
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)

SKETCH PLAN

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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:

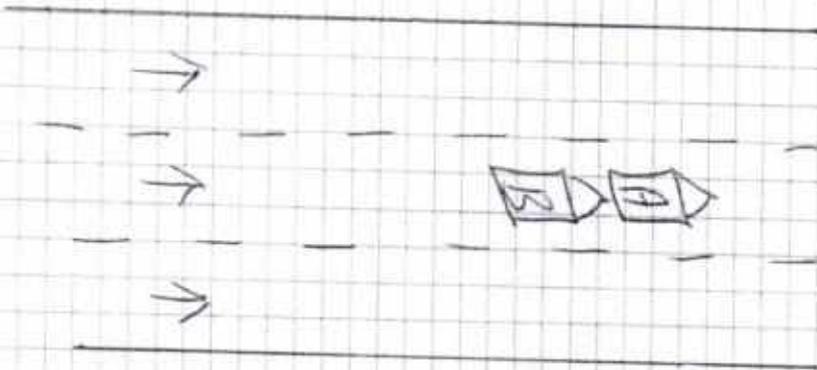
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Jurong Town Hall Road

A: GBG 8077Z

B: GBE 8092G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was stop my vehicle (A) along Jurong Town Hall Rd waiting for traffic light, suddenly I feel a strong impact from my rear portion.

DECLARATION

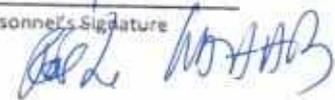
I/We declare the above particulars are true in every respect.

x  

Policyholder's Signature Date & Time:



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

 03/03/2020
 Reporting Centre Personnel's Signature Name: 
 NRIC/FIN No.:

* Email: sm@idac.com.sg Tel no: 6555 6888

* If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 28/02/2020 (dd/mm/yy) Time of Accident: 13:35 (24-HR-FORMAT)

Vehicle No.: GBG 8022Z Vehicle Make & Model: _____

Exact location of Accident: Jurong Town Hall Rd.

Policyholder's Name / IC No.: Andrew Equipment Pte Ltd

Driver's Name / IC No.: Lee Sen Heng 50157057I (As Above)

Driver's Contact No.: 96646616 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: _____ Insurance Company: China Topping

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

*No. of Passengers (Including Driver): 02

*Passenger Name: _____ Gender: Male / Female *Passenger
Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBE 8092G

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



中國太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 202203084E

K2300/C
R SN
AND421A
Cov. Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1956 (Malaysia)

ORIGINAL

CERTIFICATE No.	DHCY5N3083681902	Engine No :1K02733094
		Chassis:KDY2318030395
1. Make Mark and Registration Number of Vehicle	GG880222	AUTOSAFE
2. Name of Policy Holder	ANDREW EQUIPMENT PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Occurrence or Enactment	27 October 2019	Excess Sect 1 S\$350.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	26 October 2020	

5. Persons or Classes of Persons allowed 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.

HIRE PURCHASE CO. : HITACHI CAPITAL ASIA PACIFIC PTE LTD AS HP OWNER
* Limitations rendered inoperative by Section 9 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 MITESSÉ SOLUTIONS
Authorized Officer

Authorized Signatory