

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	14/04/2020 16:13
Date Of Accident	13/04/2020 16:10
Exact Location Of Accident	ALONG 102 NEYTHAL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7608A
Insured/Policyholder	
Name Of Registered Owner	PEST OFF PTE. LTD.
Co Reg No	2XXXXX390W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82499738
Alternative Phone No	OFFICE-82499738
Vehicle Particulars	
Manufacturer	CITROEN
Model	BERLINGO VAN 1.5 BLUEHDI EAT8 L2
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	DMCVSN3060481900
Cover Note Number	

Driver

Name of Driver	KOK WAI KIONG
NRIC No	FXXXX330U
Date Of Birth	18/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2018
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82499738
Fax Number	
Contact Number	OTHERS-82499738
Email Address	NOEMAIL

Address 25 KAKI BUKIT PLACE
 Postcode 416203
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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) 0

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 TRB2648U
 Vehicle Make/Model/Colour B2648
 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.

Andri



Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/04/2020

[Signature] 14/04/2020
Reporting Centre Personnel's Signature
Name: Rose
NRIC/FIN No.:

SKETCH PLAN

102 NEYTHAL ROAD

Scenario A



Scenario B



V.A) GB37608A

V.B) TRB26484

B2648

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle "A" GB37608A was parked stationary along 102 Neythal road. Before I left my vehicle, everything was intact and no damages on my vehicle.

upon returning to my vehicle, I saw there was a container in front of my van landed against my vehicle which resulted damages on my vehicle front portion I wish to state that I was not inside my vehicle and none was injured I then called tow truck to assist, that is all.

DECLARATION

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

Policyholder's Signature: *Arjun*
Date & Time:



Driver's Signature: *[Signature]*
(If driver is not the policyholder)
Date & Time: 30/4/2020

Reporting Centre Personnel's Signature: *[Signature]*
Name: *Redi*
NRIC/FIN No.: *14/06/2020*

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13/04/2020 (dd/mm/yy) Time of Accident: 16:10 (24-HR-FORMAT)
Vehicle No.: GBJ 7608 A Vehicle Make & Model: CITROEN BERLINGO VAN 1.5 BLUEHDI E
Exact location of Accident: 102 NEYTHAL ROAD
Policyholder's Name / IC No.: PEST OFF PTE LTD 201611390W
Driver's Name / IC No.: KOK WAI KIONG F1682330U (As Above) ☐
Driver's Contact No.: 8249 9738 Company Contact No.:
Driver's Address: 25 Kaki Bukit Pl, Singapore 416203
Insurance Company: CHINA TAIPING Email address (if any):

Relationship between Owner & Driver: EMPLOYEE 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): 00

Passenger Name:

Gender:

Passenger Name:

Gender:

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: TRB 2648 U

Driver's Contact No.: Insurance Company (If any): B2648

2. Driver's Name / IC No.: Vehicle No:

Driver's Contact No.: Insurance Company (If any):

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

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



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200209084E

M2300/C
E SN
AN0646A
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, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No. DMCVSN3060481900 Engine No. :10Q3840002817
Chano:VR7EFYRZAKJ554180

1. Index Mark and Registration Number of Vehicle GB37608A AUTOSAFE

2. Name of Policyholder PEST OFF PTE. LTD.

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 07 August 2019 EXCESS Sect. I S\$350.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance 06 August 2020

5. Persons or Classes of Persons entitled to cover*

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.

D. 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. : SING INVESTMENTS & FINANCE LTD AS HP OWNER

* 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: _____
Authorised Officer

Authorised Signatory