## 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	06/05/2020 16:29
Date Of Accident	16/04/2020 12:00
Exact Location Of Accident	ALONG CTE TWDS CITY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBK1513Z
Insured/Policyholder	
Name Of Registered Owner	138 TRANSPORT AND LOGISTIC PTE LTD
Co Reg No	201533519H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83219322
Alternative Phone No	OFFICE-83219322
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCVSNW00005322000
Cover Note Number	
Driver	
Name of Driver	CHAN SIN KAI
NRIC No	S6947094G

Name of Driver CHAN SIN K
NRIC No S6947094G
Date Of Birth 06/01/1969
Occupation OUTDOOR
Date Of Driving Pass 23/06/1995

Driving Experience 24 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83219322

Fax Number

Contact Number

EMail Address NOEMAIL

Address 15 BOWMONT GARDENS

Postcode 459864

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 NO COLLISION

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

NO

2

Was any other material or property damaged? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : PASSENGER

GENDER: : FEMALE

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

#### **Circumstances of Accident**

ON 16/04/2020 AT ABOUT 1200 HRS, I WAS TRAVELLING ALONG CTE TWDS CITY. I WAS TRAVELLING ALONG THE THIRD LANE WHEN VEHICLE B (SKZ9393P) CUT INTO MY LANE, AS THE TRAFFIC WAS CONGESTED AT THAT TIME DUE TO ACCIDENT AHEAD. I PROCEED TO MOVE SLOWLY AND CAUTIOUSLY. SOON I HEARD A TAP SOUND. I WASN'T SURE IF SOMEONE HAD KNOCK ONTO MY VEHICLE. AFTER AWHILE BOTH ME AND THE FRONT VEHICLE CAME DOWN TO CHECK IF THERE WAS AN ACCIDENT. WHEN WE CHECK BOTH OUR CARS ARE ABOUT HALF METER APART.AND THAT THERE IS NO DAMAGES ON BOTH VEHICLES SO WE DIDN'T EXCHANGE PARTICULARS. ON 22/04/2020 I RECEIVED A LETTER FROM CHINA TAIPING TO LODGE AN ACCIDENT REPORT. I WISH TO STATE THAT THERE IS NO ACCIDENT AND NO CONTACT TO BOTH VEHICLE, HENCE I WILL NOT ACKNOWLEDGE THIS CLAIM MADE AGAINST ME.I ALSO WISH TO STATE THAT I COULDN'T REMEMBER THE TIME OF ACCIDENT. IT IS TO MY BEST KNOWLEDGE.

## 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 SKZ9393P

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)

#### **Accident Sketch Plan**

#### SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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:
  - 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

NRIC/FIN No.:

NRIC/FIN

#### **Accident Sketch Plan**

# SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 64 2020 12:00 HES was travelling citu TRAVEL Along WHEN all WA CONG AULIDUS MAD ONLU ME TNI THELL OUR METER Mas EXCHANGE Elven MON MCH OF THE 1 IME MU 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:

Name: ( NRIC/FIN No.:

Reporting Centre Personnel's Signature

GIARMC SketchFlanForm\_V5

#### Accident Sketch Plan



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

Motor Commercial

MZ301/C

N SN

CERTIFICATE OF INSURANCE

AN0678A

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 1) Motor Vehicles (Third-Party Risks and Compensation; Rules, 1960 Road Transport Act, 1987 (Materyal) Motor Vehicles (Third-Party Risks; Rules, 1969 (Valaysia)

Cov. Type:C

CERTIFICATE No.

DMCVSNW00005322000

Engine No.: HR16154435D

1. Index Mark and Registration

G8K1513Z

Cha. No.:VM20138613

Number of Venicle

2. Name of Policy Holder

138 TRANSPORT AND LOGISTICS PTE. LTD.

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

16/01/2020

Excess Sect !

\$\$350.00

EX ON WINDSCREEN. \$\$100.00

4. Date of Expiry of Insurance

15/01/2021

5. Paranta or Classes of Persons entitled to drive?

(1) Whilst the vehicle is being used in connection with the Policyholder's business Any person provided he is in the Policyholder's employ and is driving on their order or with their

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes 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 racing, pace-making, reliability trial or speed-testing. 
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. 
(3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED AS HP OWNER.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compansation) Act (Chapter 189) and Section 95 of the Road Transport Act 1967 (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: EZY-1 SERVICES PTE LTD Authorised Officer

Authorised Signatory

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

Q63896111

96222 1033

www.sg.cntaiping.com

## **Driving License**









## Accident Photo









## **Accident Photo**



