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#### 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 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.

- 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.

<ol> <li>by the lodgement of this report to the insurers, you hereby consideresaid.</li> </ol>	sent to the archiving of this report at the centre and to copies of the report being made available
The state of the state of	ACCIDENT STATEMENT
Date Of Report	20/04/2020 18:35
Date Of Accident	17/04/2020 17:10
Exact Location Of Accident	SLIP ROAD OF KJE TOWARDS CHOA CHU KANG DRIVE
Country/State of Loss	SINGAPORE
material services and the control of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX7487Z
Insured/Policyholder	
Name Of Registered Owner	FRENCH FOOD FACTORY PTE LTD
Co Reg No	2XXXXXX91-N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98348636
Alternative Phone No	OFFICE-98348636
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LITEACE
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

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

NO

Policy Number

DMCVSN1929461900

Cover Note Number

Driver

Name of Driver CHEN WEITU NRIC No SXXXX741B Date Of Birth 18/11/1962 Occupation OUTDOOR

Date Of Driving Pass

29/06/2018

Driving Experience

1 YEAR AND 9 MONTHS MALE

NOEMAIL

Gender

(LOCAL) +65-98348636

EMail Address

OTHERS-98348636

Page 1 of 15

Mobile Number

Fax Number

Contact Number

Address

BLK 209 ANG MO KIO AVENUE 3

#05-1590

Postcode

560209

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

2

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

NO

ambulance?

.

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

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

SGL3061H

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

DEVEYAN S/O SENTHILKUMAR

NRIC/Passport Number

SXXXX317D 97966302

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the dalms process.
- 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.
- 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.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- My insurer, my workshop and the General Insurence 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;
  - investigating the accident and/or my daims;
  - (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 daims.
- (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.

Policyliolder's Signature

Date & Time:

Unver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature (MA)

Names

NRIC/FIN No.:

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Date & Time:	(If driver is not the policyhol Dete & Time)	in any	RIC/FIN No.:	VIV.

: 17 6 4/2020 Accident Time: S. lopus (24-HR-FORMAT) Date of Accident Road of KIE towards thy a thy leany Phile Accident Place Vehicle Reg. No (Car plate No.) GX 7487Z . Toyota Liteace van Vehicle Make/Model Insurance Company : china Taifing Policy No. Om CVSN 929461900 Owner or Company Names/IC NO: French Food Factory Pfe Ltd 98348636 Owner's HP \_\_\_\_\_Company Tel Owner or Company Contact No. DRIVER'S Name & IC no. : Chen wei T. /527517418. : 18/11/1962 DRIVER'S License Pass Date 29 Jun 2018 DRIVER'S Date of Birth Relationship bet. Owner & Driver : Spouse \ Parents \Children\ Sibling \ Employee\ Others: \_\_\_ : BIK 209 Ang mo kio ALR 3 HOS-1540 (5) 560 209. DRIVER'S Address :1) 9653 6668 DRIVER'S Contact No./ Alt No. DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc) Juvey Email Address Weather & Road Surface (CLEAR & DRY) RAINING & WET \AFTER RAIN & WET Reporting Type : Reporting Only (Claim Other Party)\ Claim Own Ins Number of Passengers (including Driver): \_\_ Was there any video Captured by car camera: YES (NO) Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose Other Party Driver's Particulars (if any) Vehicle Reg No: SGL 3061 H Vehicle Reg No: Vehicle Make Model: Houda Vehicle Make\Model: Name DRIVER: DEVE YOU S/6 SENTHILKUMAL Name DRIVER: IC No. DRIVER: 59025317 Q IC NO. DRIVER: DRIVER'S Contact & add: 9796 6307 DRIVER'S Contact & add:\_\_\_\_



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

MZ300/CE SN ANGOSSA Cov. Type: F

Servicing Agent: Cowell Insurance Agency Pte Ltd | tel.5339 2592 Triven & S Burn Road #09-09 contactus@cowell.com.sg

# CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSN19294619D0

Engine No :3C3987785 Chassis No: CR425008212

1. Index Mark and Registration Number of Vehicle

GX7487Z

2. Name of Policy Holder

FRENCH FOOD FACTORY PTE LTD

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

4. Date of Expiry of Insurance

25 JULY 2020

26 JULY 2019

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 FERMITTED 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 CR 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 EUSINESS.
- (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIPE 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, PELIABILITY TRIAL OR SPEED TESTING.
- (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIPE PURCHASE CO. : MONEYMAX LEASING PTE LTD AS HP CMINER \* 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