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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
- 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.
- 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.

and County.		
	ACCIDENT STATEMENT	
Date Of Report	27/04/2020 14:14	
Date Of Accident	26/04/2020 07:00	
Exact Location Of Accident	GEYLANG ROAD BEFORE LORONG 21 GEYLANG	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF8180E	
Insured/Policyholder		
Name Of Registered Owner	VISION CREATIVE PTE. LTD.	
Co Reg No	2XXXXX286N	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98571667	
Alternative Phone No	OFFICE-98571667	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	DYNA-3.0 D (M)	
Exact Purpose for which vohicle was being used at time of accident	25.5 d 1.500(m) 20x (bet. 10 d M)	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
f 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	DMCVSN3034191900	
Cover Note Number		
Driver		
Name of Driver	TEV LIAN CUEONO	

Name of Driver TEY LIAN CHEONG

NRIC No SXXXX870J Date Of Birth 24/01/1976 Occupation OUTDOOR Date Of Driving Pass 25/11/2002

Driving Experience 17 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98571667

Fax Number

Contact Number OTHERS-98571667

EMail Address NOEMAIL Address

BLK 278 TAMPINES STREET 93

#04-53

Postcode

520278

OWNER

Was driver an employee of the Insured's Company NO 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

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)

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

SHD168J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAX

Name of Driver

NRIC/Passport Number

Contact Number

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 claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 6. 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 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 "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
- 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.

Signatura

Date & Te

Driver's Signature tit driver is not to e policyholderi

Date & Time:

NRIC/FIN No.:

SKETCH PLAN S Gaylog Road.	
(A) GEF SIROZ (B) SHO 1683 Parking Inte.	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
On 25/04/2020 at @ 2100 hs, I parked my vehicle (GBF 8180E) in the parking let no. 20 along Royling Road before Lor 21 Geylong Road. On 26/04/2020 at @ 0700 hrs. mg worker's fished saw my vehicle was het by a taxi (240 1683). He took some photos and forward to my worker and then my worker forward the protive to me.	
We declare the foregoing particulars are true in every respect.	x
olicyholder's Sigharure Driver's Signature (If driver is not the policyholder) Date & Time: Date & Time: Reporting Centre Personnel's Senature Name: NRIC/FIN No.:	H

Vehicle No.	GSF 8180E Model/Make Toyota Dyng.
Date of Accident	26 /09/2020
Time of Accident	0700 HRS
Location of Accident	Geylang Rand before Lor 21 Reylang.
Exact purpose use during accid	
Name of Owner	Vision Creative PIE LId.
Telephone No.	H/P: 9857 1667 .Home: Office:
NRIC	201501286 N.
Address	9008 Tamperes 91 93 #04-53, Tamperes ladietrial Bark A (3) 5
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	Chana Tuifang
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	DMCVSN 3034/9/900.
Name of Driver	As Above If No. TEY LIAN CHEONG.
NRIC.	3 7686 € 70 □ Any Passengers : N-A
Date of birth	24/01/1976
Occupation c	Outdoor Indoor
Driving License Pass Date	25/11/2002.
Gender 4	Male / Female
Contact No.	H/P: 987 1667 · Home: Office:
Address	BLK 278 Tangenes St 22 \$104-214 (2) 520278.
Driver have any own vehicle (
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
	No, If Yes, Who?
Any Injuries (Name And Contact No.	110, 1110, 1110.
Name And Contact No.	
Police Report (No. If Yes, Where?
Vehicle B No.	SHO 168 J Any Passengers: Not pure.
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear Portion
Camera Recorder	Yes (No).
Email Address	
The state of the s	
PARTICULAR WORKSHOP	N-5/
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	JUSTEPH TON . 6741 0510
FAX NO	



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE ISINGAPORE) PTE LTD.

111300/C N 53 AND679A COMPREHENSIVE AUTOSAFE

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 (Mal

199690 3360	decrease a second and administration	res_ roug [xteraysia]
CERTIFICATE No.	DHCV5N3034191900	Engine No :IEDZe00023 Chassis No:EOY2318024004
Index Mark and Registration Number of Vehicle	GBF818GE	
2. Name of Policy Holder	N/S VISION CREAT	DE ETE. ATD.
3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20 JUNE 2019	EX SECT. 1
4 Date of Expiry of Insurance	19 JUNE 2020	
5 Persons or Classes of Persons entitled to drive *		
ANY PERSON WHO IS DRIVING ON THE POLICYS	OLDER'S ORDER OR V	ITH THEIR PERMISSION.
PROVIDED THAT THE PERSON DRIVING IS FERN REGULATIONS TO DRIVE THE MOTOR VEHICLE O COURT OF LAW OR BY REASON OF ANY ENACTHS	IN HAS BEEN SO BERN!	WITH THE LICENSING OR OTHER LAWS OR TYPED AND IS NOT DISQUALIFIED BY ORDER OF A THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.
6. Limitations as to use: *		
(1) DEE IN CONNECTION WITH THE POLICYHOL (2) DEE FOR THE CARRIAGE OF PASSENGERS (POLICYHOLDER'S BUSINESS. (3) DEE FOR SOCIAL, DOMESTIC OR PLEASURE	OTHER THAN FOR HIP!	OR REMARD: IN COMNECTION WITH THE
THE POLICY DOES NOT COVER.		
(2) USE FOR HIRE OR REWARD ON BACING, PA (2) USE WHILET DRAWING A TRAILER EXCEPT	CE-MAKING, RELIABIL THE TOWING OF ANY C	ITY TRIAL OR SPEED TESTING. WE DISABLED MECHANICALLY PROPELLED VEHICLE.
*Limitations rendered incperative by Section and Section 95 of the Road Transport Act, 1:	n 8 of the Motor Vehicles (7	Third-Party Risks and Compensation) Act (Chapter 180)
I/We hereby Certify that the policy to which (Third-Party Risks and Compensation) Act (Chapter 18	this Certificate relates is iss (9) and Part fV of the Road	Transport Act, 1987 (Malaysia), Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.
		Jansaan
Countersigned By:	11	

Authorised Signatory

Authorised Officer

Territie v.

0%

25%

50%

Vehicle Scheme

Vehicle Model

Engine No.

Vehicle Attachment 3

Trailer Chassis No.

Passenger Capacity

Secondary Colour Original Registration

Date

Fee Rate

Maximum Laden Weight 3425 kg

Open Market Value \$31,860.00

Minimum PARF Benefit 50.00 Additional Registration 5.00%

Power Rating

75%

Normal

DYNA 3.0 M

TKD2600023

20 Jun 2016

100%

Register New Vehicle (Acknowledgement) Vehicle Particulars

Vehicle No.

GBF8180E

Vehicle Type.

B31 - Goods (Open) Lony (Metal

Body)/Pickup

Vehicle Attachment 1

No Attachment

Vehicle Attachment 2.

Vehicle Make.

Chassis No

Propellant:

TOYOTA

KDY2318024004

Motor No.:

Engine Capacity

Diesel 2982 cc

Maximum Power Output -

First Registration Date: 20 Jun 2016

Unladen Weight. Primary Colour.

1800 kg

No

Blue

Manufacturing Year 2016

PARF Eligibility:

No. of Transfers:

Actual ARF Paid

Owner Particulars

Owner Name

Owner ID Type: Company

Owner ID

201501286N

\$1,593.00

Registered Address

Private Residential (Condo Apt or House) / Shopping / Office

VISION CREATIVE PTE LTD

Type:

Complexes Registered Block/House 9008

Registered Street Name TAMPINES STREET 93

Registered Unit No.

04 - 53

Registered Building Name

TAMPINES INDUSTRIAL PARK A

Registered Postal Code 528843

COE No / Expiry Date 2016062005000991X / 19 Jun 2026

COE Bid Category

C - Goods Vehicle & Bus

POP Pad

\$39,384.00

Transaction Details

Business Transaction Ref No

20160620155447973205

Business Transaction

Date:

Business Transaction Timar

20 Jun 2016 15 54 47

Message