

## 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	18/05/2020 14:35
Date Of Accident	13/05/2020 13:30
Exact Location Of Accident	TAMPINES STREET 11 BLK 137 CAR PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YJ1319B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NGEE BENG TRADING
Co Reg No	38111900M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98910292

### Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85UH4AA-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	NO
Policy Number	DMCVSN3077161902
Cover Note Number	

### Driver

Name of Driver	CHOO WEI KUAN
Passport No/FIN	F8441459W
Date Of Birth	17/01/1981
Occupation	OUTDOOR
Date Of Driving Pass	29/11/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98910292
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 613B PUNGGOL DRIVE #05-847
Postcode	822613
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	SIDE SWIPE
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?	
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

AS PER SKETCH PLAN ATTACHED.

#### 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	SHC8797X
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM KIAN TAT RANOAL
NRIC/Passport Number	S1564564D
Contact Number	91994439
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

**SKETCH PLAN**

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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
- (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.

**NGEE BENG TRADING**

Signature

Policyholder's Signature

Date & Time:

Driver's Signature

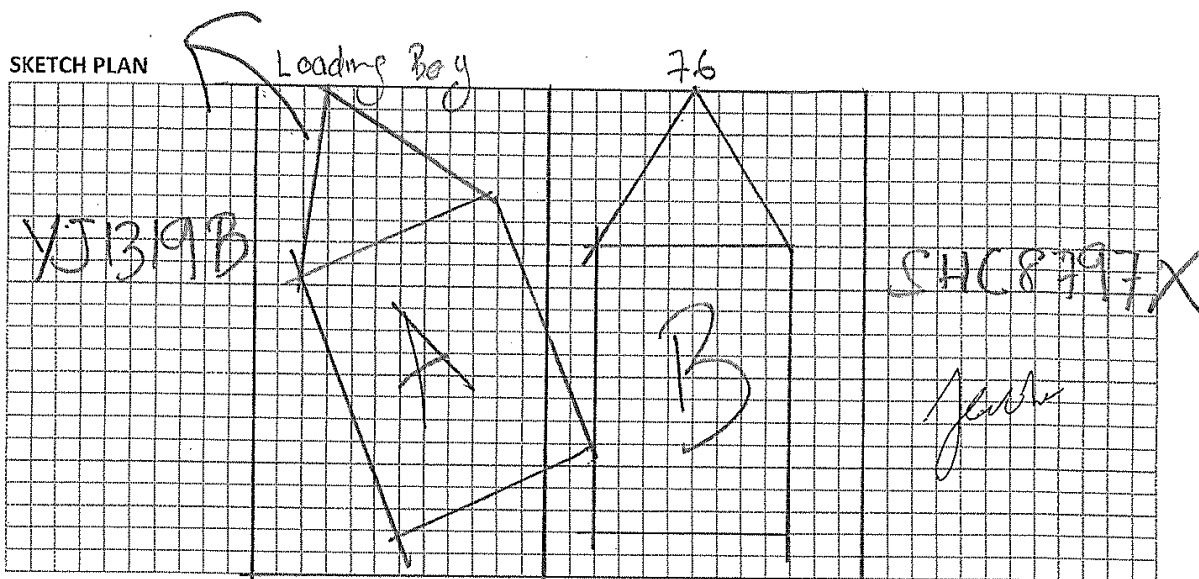
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 13/05/20 C 1330 hrs as I driving my lorry YJ1319B out of the parking lot, my right rear scratch, taxi SHC8797X left rear fender. We exchanged particulars & took some photos.

\* Reporting staff assist driver to write the report as he cannot write in Chinese or English.

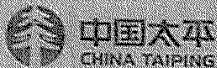
DECLARATION **NGEE BENG TRADING**

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:

Reporting Centre Personnel's Signature  
Name: **Sally**  
NRIC/FIN No.: **1842**



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PT

3 Anson Road #10-00 Springleaf Tower Singapore 079908  
Tel: 6339 8111 Fax: 6222 1033  
Website: www.ctaiping.com  
Co. Reg. No. 200203084E

ORIGINAL

THE SCHEDULE

Agency AN0584A Class of Policy MOTOR COMMERCIAL VEHICLE Policy Number ..... DMCVSN30771611  
Account AN0584A Issued on ..... 07/10/2019 in SINGAPORE Replacing Policy no. DMCVSN30771611  
Client 3148314 Acceptance Date 07/10/2019

Period of Insurance from 15/10/2019 to 14/10/2020, both dates inclusive

Insured's Name .... NGER BENG TRADING  
Address ..... BLK 475 TAMPINES STREET 44  
#01-113  
SINGAPORE 520475

Business/Occupn... TRADING

Premium .....	Base Annual Premium .....	S\$1,918.00	
	Less 10% Loyalty Discount .....	S\$191.80-	
	Less 20% Autosafe Scheme .....	S\$345.24-	
	No Claim Discount .....	20.00%	S\$276.19-
	Windscreen @ \$2,000.- .....		S\$100.00
	Total Annual Premium .....	S\$1,204.77	Premium Due S\$1.2
			Premium GST S\$
			Total Due S\$1.2

\*\*\*\*\*  
\* REF 02.01.2019, THERE WILL BE NO REFUND FOR CANCELLATION IF THERE \*  
\* IS A WINDSCREEN CLAIM DURING THE POLICY PERIOD. \*  
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Risk No. 001 MOTOR COMMERCIAL VEHICLE  
ORIGINAL REGISTRATION DATE: 15-10-2009  
1. Registration YJ1319B Make/Model ISUZU NHR65 WITH HOOD  
Type of Cover Comprehensive No. of seats 2 Body Type ..... LORRY  
Engine No. 4JJ1819942 Capacity cc's 0 Yr of Manuf/Regn 2009/2009  
Chassis No. JFANHR85E97100104  
Tonnage ..... 2.66 Certificate Ref WZ300/C  
Sum Insured. Market value at the time of loss  
Excess Sect I ..... S\$550.00  
EX ON WINDSCREEN ..... S\$100.00

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 37, 72 & W(\$2,000/-)

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/she to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of S\$2,000.00 shall apply for accident loss of

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INSURED VEH



INSURED VEH





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