

## 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	12/06/2020 12:10
Date Of Accident	11/06/2020 13:30
Exact Location Of Accident	BLK 682 HOUGANG AVE 4 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB7897Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEW GEN LOGISTICS PTE LTD
Co Reg No	201939770H
Email Address	JACEY@NGL.COM.SG
Mobile Phone No	(LOCAL) +65-87181801
Alternative Phone No	OFFICE-87181801

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D DX (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	GOODS VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNW00017872000
Cover Note Number	

### Driver

Name of Driver	SEE ZHENG KUN
NRIC No	S9705839C
Date Of Birth	16/02/1997
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87181801
Fax Number	
Contact Number	
EEmail Address	SEEZHENGGKUN@GMAIL.COM

Address	BLK 127 TAMPINES ST 11 #10-438
Postcode	521127
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
Road Surface	WET

#### 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)	2
Passenger 1	NAME: : GOH JING YI GENDER: : FEMALE

#### 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	SHC7883L
Vehicle Make/Model/Colour	CITYCAB TAXI YELLOW COLOUR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM KOK POH
NRIC/Passport Number	S1537174I
Contact Number	96915533
Address	BLK 151 SERANGOON NORTH AVE 2 #04-45
Postcode	550151
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	0

SKETCH PLAN

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. 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
- (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.



Policyholder's Signature  
Date & Time:

*[Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

12 106 / 2020

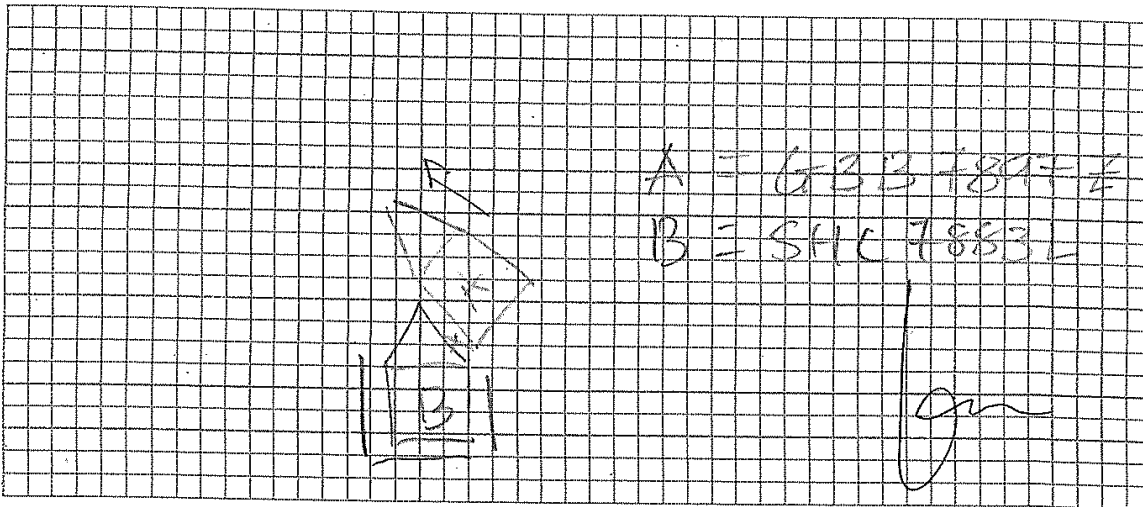
11 am



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

*[Signature]*  
1842

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11<sup>th</sup> June 2020 at around 1:30pm, while exiting a parking Lot I turned too early and accidentally hit a taxi who was parked and no one was inside. I drove out of the carpark but came back to the taxi as the carpark was crowded. I took photos and exchanged particulars with the other driver ~~and~~ confirmed that he wasn't injured as he was not in the car.

DECLARATION

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

Policyholder's Signature  
Date & Time: 12/06/2020

GIARMC SketchPlanForm\_V3

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

12/06/2020  
11 am

Reporting Centre Personnel's Signature  
Name: Jany  
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) PTE. LTD.

Motor Commercial

M2301/C

### 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)

N SN

AN0528A

Cov. Type: C

CERTIFICATE No.	DMCVSNW00017872000	Engine No.: 1KD1979863	
		Chs. No.: KDH2010053069	
1. Index Mark and Registration Number of Vehicle	GBB7897Z	AUTOSAFE	=====
2. Name of Policy Holder	NEW GEN LOGISTICS PTE LTD (NON-DRIVER)		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12/03/2020 (10:31:51)	Excess Sect I.	S\$500.00
		EX ON WINDSCREEN.	S\$100.00
4. Date of Expiry of Insurance	11/03/2021		
<p>5. Persons or Classes of Persons entitled to drive*</p> <p>(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 permission.</p> <p>(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.</p>			
<p>6. Limitations as to use:-</p> <p>(1) Use in connection with the Policyholder's business.</p> <p>(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>(3) Use for social, domestic or pleasure purposes.</p> <p>The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>(3) Use for the carriage of passengers for hire or reward.</p>			
<p>HIRE PURCHASE CO.: PIONEER AUTO AS HP OWNER</p> <p>* 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.</p>			

**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: \_\_\_\_\_  
NSK INSURANCE AGENCY  
Authorised Officer

\_\_\_\_\_  
Authorised Signatory

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

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

SCENE PHOTO - TP VEH





SCENE PHOTO - TP VEH



SCENE PHOTO - TP VEH





INSURED VEH



**INSURED VEH**



INSURED VEH





INSURED VEH



INSURED VEH





INSURED VEH



INSURED VEH



**INSURED VEH**



**INSURED VEH**



