

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	26/06/2020 16:08
Date Of Accident	25/06/2020 09:30
Exact Location Of Accident	ALONG UPPER EAST COAST ROAD BF TURNING TO PALM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD387P
Insured/Policyholder	
Name Of Registered Owner	HIROHISA VENDING PTE LTD
Co Reg No	201712439N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92725837
Alternative Phone No	OFFICE-92725837

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-2.8 D 3L (M)

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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCVSN3079331900
Cover Note Number	

Driver

Name of Driver	LIN HTIN KYAW
Passport No/FIN	G8368664N
Date Of Birth	09/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	29/05/2017
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92725837
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 436 HOUGANG AVENUE 8 #04-1513
Postcode	530436
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	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAIN
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?	NO
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

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	SMQ2213X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FATIMA MINHAS
NRIC/Passport Number	S7675534E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

Policyholder's Signature

Date & Time: 26/6/2020



Driver's Signature

(If driver is not the policyholder)

Date & Time:

26-06-2020

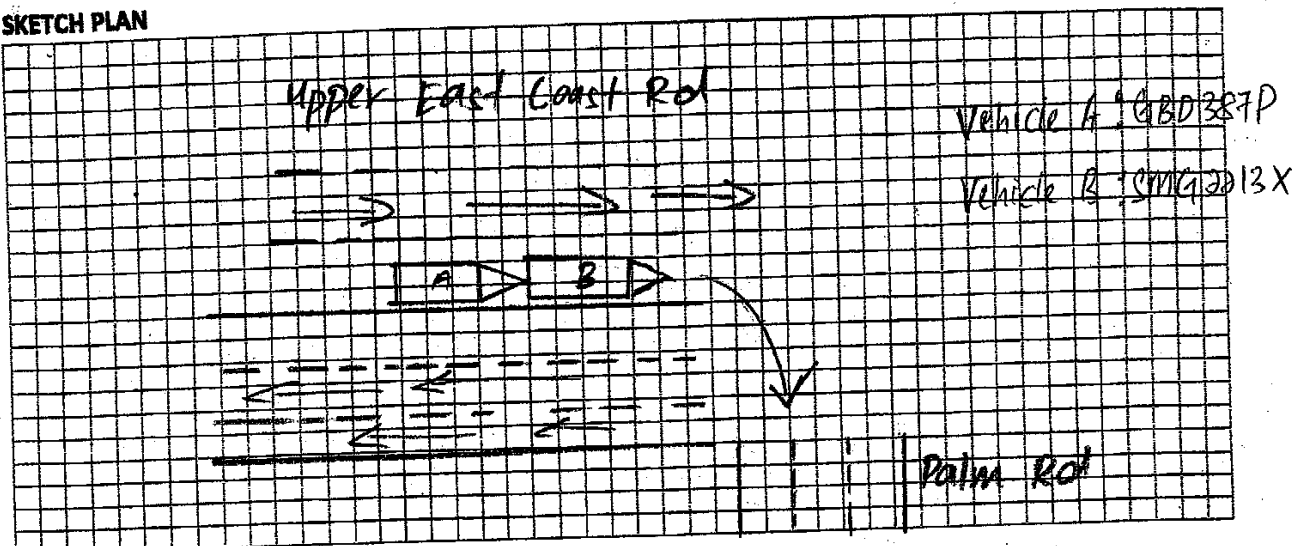
16:00

Reporting Centre Personnel's Signature

Name: NOVA

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along upper east coast Rd when the incident took place. I was driving vehicle A and wanted to go straight along upper east coast Rd when suddenly vehicle B stopped in front of me as the vehicle in front of vehicle B stopped and I did not manage to stop in time and hit vehicle B. only slight damaged on both vehicles.

DECLARATION

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

Policyholder's Signature
Date & Time: 26/6/2020

GIARMC SketchPlanForm_V3

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

26-06-2020
16:00

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



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

MZ300/C
N SN
AN0676A
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 (Malaysia)

CERTIFICATE No.	DMCVSN3079331900	Engine No :1KD2390728 Chassis No:JTFAT35YX0K202948
1. Index Mark and Registration Number of Vehicle	GBD387P	
2. Name of Policy Holder	M/S HIROHISA VENDING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	08 NOVEMBER 2019	EX SECT. IS\$350.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	07 NOVEMBER 2020	
5. 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 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 HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

* 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.

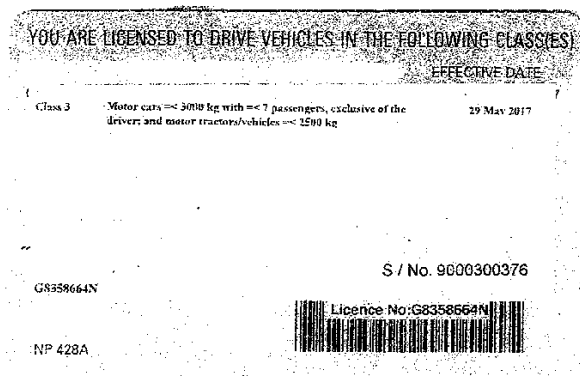
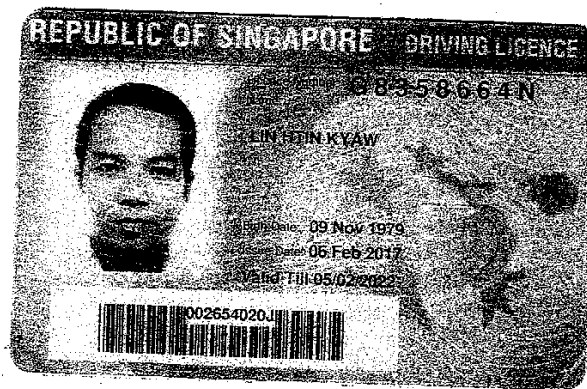
Tey Shing Yi

Countersigned By:

Authorised Officer

Authorised Signatory

Driving License Pg. 1





中国太平保险(新加坡)有限公司
CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.
 3, Aikson Road #15-00 Singapore Tech, Singapore 070003
 Tel: 6355 6111 Fax: 6225 1633
 Website: www.ctaiping.com
 Co. Reg. No: 200208584E

PLEASE EXPLAIN CLEARLY THE CIRCUMSTANCES UNDER WHICH THE ACCIDENT TOOK PLACE.

SKETCH:

Refer to sketch plan

I was driving along upper east coast rd when the incident took place.
 I was driving vehicle A and wanted to go straight along upper east coast rd
 when suddenly vehicle B stopped in front of me as the vehicle in front of
 vehicle B stopped and I did not manage to stop in time and hit vehicle B
 only slight damaged on both vehicles.

NOTE:- Every communication you receive in connection with this matter should be forwarded to the Company without delay.

DATA PRIVACY STATEMENT

In accordance with the Personal Data Protection Act 2012, I consent to the collection, use, disclosure of and/or process of my personal data (whether contained in the Claim Form or otherwise obtained) by China Taiping Insurance (Singapore) Pte Ltd, its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my telephone or mobile number in the Singapore's Do Not Call Registry)

Yes, I have read and agreed to the above Data Privacy Statement.

Signature of Claimant

Name: LIAM JAYEN
 NRIC/FIN/Passport No 6095763TT

26/6/2020

Date

Insured Signature

Driver Signature

NAMED DRIVERS:-

- a. _____
 b. _____
 c. _____
 d. _____

ENDORSEMENTS:-

- a. _____
 b. _____
 c. _____

PERIOD OF INSURANCE:-

FROM: _____ TO: _____

EXCESS:-

- a. Section I :-
 Section II :-
 b. Unnamed Driver :-
 TOTAL =
 NO CLAIM BONUS =



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.

3 Raffles Road #16-00 Singapore Tower Singapore 078000

Tel: 6553 0111 Fax: 6553 1005

Website: www.ctaiping.com

Co. Reg. No. 200206364E


MOTOR ACCIDENT ADVICE FORM

(Applicable to Windscreen Claim)



Agency				Claim No		
Name	Hirohisa Vending Pte Ltd			Policy No	DMCVSN3079331900	
Address	8 Jalan Kilang Timor, Keluaran 01-04S(159305)			Contact Nos (H) (HP)	92705837	
Occupation		Registration No	2017 12439K	Make		
Year Model		C.C./ Tonnage		Amount Insured		
Date of Accident	25-06-2020			Time	9:30 to 10:00	
Place	Along Upper East Coast Rd Turning To Palm Rd			Approximate Speed		
Name of Police Station Reported To						
Name of Person driving your vehicle	Lin Htin Kyaw		Age		Address	
Licence No	618358664N	Date of Expiry		Relationship to owner	Employee	
If Assured was not driving, does driver own a motor vehicle? If so, please state:				Contact Nos		
Your Car No	Name of Insurance Co	Occupation of Driver		(H)		
				(HP)		
a. Registration Number(s) and details of damage to the other vehicle(s) involved						
SMG 2213 X.						
b. Any other property						
Name	Address		Extent of Injury			
Lin Htin Kyaw	8 Jalan Kilang Timor, Keluaran 01-04 S(159305)					
Passenger's Name	Address		Other Witness Name	Address		
8) Have you obtained an estimate for repair? If so, give name of repairers and amount of estimate.						
No liability attaches this Company UNLESS the vehicle is inspected after accident and the estimate for the cost repairs approved.						

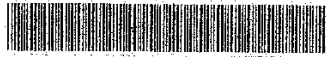
S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
HIROHISA VENDING PTE. LTD.

 Name
LIN HTIN KYAW

S Pass No.
O 9228865 Sector:
SERVICE

 **K0786035**

VISIT PASS
Immigration Regulations
14-09-2018

Name
LIN HTIN KYAW

FIN
G8358664N

Date of Birth
09-11-1979 Sex
M

Nationality
MYANMAR

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

