

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 Submission 05/11/2020 11:10 (SGT)
Date of Accident 23/06/2020 17:20 (SGT)
Exact Location of Accident EWART PARK
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD4071M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AH SOON ENGRG & TRADING
Company Reg No 53267081K
Email Address NOEMAIL
Mobile Phone No -
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Scania
Model P380CA6X4MNZ
Variant -
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? No - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNA00000561900
Cover Note Number -

DRIVER

Name of Driver TONG CHEE KIN
Passport No/FIN F8433825R
Date Of Birth 04/06/1980
Occupation Outdoor

Date Of Driving Pass	24/05/2002
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Office) +65-91232699
Alt. Phone Number	-
Email Address	CKTONG5858@GMAIL.COM
Address	APT BLK 714 TAMPINES STREET 71 #12-208
Address complement	-
Postcode	520714
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver 1	-
Insurance Company of Other Vehicle Owned by Driver 1	-
Vehicle Registration Number of Other Vehicle Owned by Driver 2	-
Insurance Company of Other Vehicle Owned by Driver 2	-
Vehicle Registration Number of Other Vehicle Owned by Driver 3	-
Insurance Company of Other Vehicle Owned by Driver 3	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	No Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	Yes
Was there any audio recorded?	No

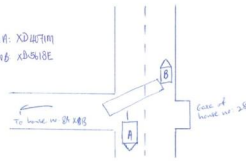
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD5618E
Vehicle Manufacturer	-
Vehicle Model	HINO
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

Contact Number -
Address
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

Vehicle A: XD-0271M
Vehicle B: XD-0418E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/06/2020, 5:20 pm, I received a call from Mr. Pauls to tow a vehicle that is stuck on the side of the Road (B). When I arrived I saw that the person involved was stuck on the grass while trying to reverse its car down into the side road. My vehicle (A) reversed & tried to push the car back but the vehicle will not move so I consulted the job & left. There were no damages to any vehicle & the vehicle to be towed when I left. The person in charged told me they will call a crane to come & hook the vehicle out.

DECLARATION

(We declare the foregoing particulars are true to the best of our knowledge)

Participant's Signature
Date & Time:

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

Reporting Officer's Signature
Name: Pauls
Date & Time:

SKETCH PLAN

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- Please report **specifically** the details of the accident to report up the claims process.
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- Information provided must be as **truthful and accurate as possible**. Any verbal misrepresentation or withholding of material fact may allow insurance companies to **repeal their policy benefits**.
- The cause 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 to the Claims Investigation Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of the report will be made available upon application by interested parties.
- By the signature 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 thereafter.
- Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that

- My insurer, my workplace and the General Insurance Association of Singapore ("GIAS") may/are permitted to collect, use, disclose and/or process my personal data/personal information of and on the (i) event and any other personal information provided by me or generated by my insurer (collectively the "Personal Information") and disclose and/or use such Personal Information to all existing and/or future insurers in the accident claim process who have mutual obligations involved in this accident shall be collectively referred to as the "Insurers"; the Insurers' Insurance Clause form, the Information Authority of Singapore and any relevant government agency (collectively such as the parties), for the purpose(s) of:
 - 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 claims;
 - issuing and/or dealing with my instructions or responding to any requests by me;
 - administering my claims including the recovery of any applicable, statutory, monetary, capital or welfare claim, which could involve disclosure of certain personal data about me to third parties (other than the Insurers) or the relevant state or government body and/or any other party;
 - complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- all personal data/information which is provided in this accident and the Insurers' Insurance Clause form, 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/are be disclosed by any of the Insurers, and/or risk to third party service providers or agents/including their Insurance Clause form, which may be used outside of Singapore, for one or more of the above purposes.
- my Personal Information will also be collected and used to complete claims history for the purpose of fraud detection, investigation and management in general and all claims cases.
- the information is collected under (i) there may be shared, disclosed
- to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, litigation, law enforcement and government agencies at reasonably required for the purposes stated; or
- for complying with government order, law regulations, law of court orders.

Policyholder's Signature
Date & Time:

Insurer's Signature
OF SIGNATURE (INSURANCE PROVIDER)
Date & Time:

Insurer's Signature
Date & Time:



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

MZ301/C

N SN

AN0580A

Cov. Type: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)

CERTIFICATE No. DMCVSN00000561900

Engine No.: 6409155

Cha. No.: YS2P6X40002044492

1. Index Mark and Registration
Number of Vehicle

XD4071M

2. Name of Policy Holder

AN SOON ENGRG & TRADING

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

08/11/2019
(17:56HRS)

Excess Sect I . S\$1,500.00

Excess Sect. II S\$1,500.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

07/11/2020

5. Persons or Classes of Persons entitled to drive*

(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.

(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.

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 racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO. : TATCO CREDIT PTE LTD AS HP OWNER

* 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.

Issued By: Ho Li Hwa Irene
Authorised Officer

達高企業
TATCO ENTERPRISE
250/252 JALAN KAYU
SINGAPORE 799475/78
TEL: 6482 0153 FAX: 6481 1903

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

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