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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 1. 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.
- This report will be forwarded by the insurers of the GtA Records Management Centre established by the General Insurance Association of Singapore (GtA) 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.		
THE RESERVE THE PARTY OF THE PA	ACCIDENT STATEMENT	
Date Of Report	20/07/2020 11:33	
Date Of Accident	18/07/2020 12:50	
Exact Location Of Accident	LENTOR AVENUE TOWARDS SLE (CTE/TPE) B/F BUS STOP	
Country/State of Loss	SINGAPORE	
profit the states transmitted and a second of	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBJ6350Z	
Insured/Policyholder		
Name Of Registered Owner	PREMIER ENGINEERING & TRADING PTE LTD	
Co Reg No	2XXXX932M	
Email Address	GIO@PREMIERENG.COM.SG	
Mobile Phone No	(LOCAL) +65-88627791	
Alternative Phone No	OFFICE-67587332	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	NV350	
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If 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	DMCVSNW00045242001	
Cover Note Number		
Driver		
Name of Driver	GANESAMOORTHY AMIRTHARAJ	
NRIC No	GXXXX711Q	
Date Of Birth	16/05/1984	
Occupation	OUTDOOR	
Date Of Driving Pass	31/12/2018	
Driving Experience	1 YEAR AND 6 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-88627791	
Eav Number		

OFFICE-67587332

GIO@PREMIERENG.COM.SG

Address

7, TAMPINES NORTH DRIVE 1

#04-13, T-SPACE

Postcode

528559

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

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

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

PLEASE REFER TO SKETCH AND ATTACHMENT

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 **GBG5405Y**

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- 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.
- 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 aforesald.
- 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;
 - (lv) 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:

Driver's Signature (if driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

KETCH PLAN	The second second	
Bus		A= GBJ 6350Z
1 2107		
	A 7/	B= GBG 54057
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	(B)	Lentor Ave
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	A I	as las ham
W. J	GANG	90 801010010
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

On 18.07.20 at about 12:50 hours at along Lentor Ave towards SLE (CTE/TPE) (Before Bus Stop) .While I was travelling straight on the lane 2, my front vehicle slow down and stop hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A): GBJ6350Z

Vehicle (B): GBG5405Y

G fru

qualor/rono



SINGAPORE ACCIDENT STATEMENT

Accident Date: 18/07/20 Time: 12-50 (hh:r	nm) 24 hr format
Accident Date: 18/07/20 Time: 12:50 (hh:r Location Leveter AVR fowerds 5LE (CTE/TP)	F)
(hetere Aus stop)	- /
Vehicle Number 667 6350Z	
Insured Name Act as 200 To a secret A to A	
Insured Name Premier Engineering & Truding Pte 2 NRIC/FIN 200706932M Contact Number 67	401
NRIC /FIN \$400 + 06 7 52 PV Contact Number 6+	587432
Make Nissan Model NV350	
Are you claiming under your own insurance policy for repair to your vehicle?	
() Yes If No,Pls select: (/) Third Party () Reporting	
Insurance Company China Taiping	
Type of Policy () Comphensive () Third Party Fire & Theft	() TP Only
Policy Number JMCVSNW0004524001	
Name of Driver Ganesamoorthy Amirthuraj ()Same as Insured
	7500114 05 11150144
NRIC/FIN G8497711Q Contact Number 88	(1 -11
NRIC / FIN 484977114 Contact Number 88 Date of Birth 16/05/1984	60 771
Driving Pass Date 41/12/2018	
Occupation () Indoor (\sqrt{) Outdoor} Gender () Male () Female	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Email Address gio @ premiereng. Com-59 ()NO EMAIL
Address of Driver 1, Tampine's North Drive 1,	
#04-13, T-Space, SC52853	59)
Was driver an employee of the Insured's Company? () Yes () No	
If No, Relationship of the Driver with the Insured	
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No	_
If Yes, Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	
Weather Conditions () Clear () Raining () Others Road Surface () Dry () Wet () Others	
1 7-13 () Trock / Others	
Was any foreign vehicle involved in this accident? () Yes (/) No Was anybody injured in the accident? () Yes (/) No	
Was anybody injured in the accident? () Yes (✓) No If yes, injured detail)
Was the Accident reported to the Police? () Yes (✓) No If yes DETAILS OF 3 rd party Name / Nric	attach police report
Veh B 696 54057	Contact
Veh C	
Veh D	
Veh E	
Veh F	

Inver Only



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

Motor Commercial

MZ300/C

R SN

AN0555A Cov. Type:C

CERTIFICATE OF INSURANCE

Re-visitoria (Trich Party Risks and Companyadium) A.F. (Couplet Hith Miles Vonathe Print Party Risks and Companyanium Reps., 1980. Popul Foregraph Am. 1987, Maryana Miles Valindes (Trich Party Risks) Risks, 1959 (Maryana

CERTIFICATE No.

DMCVSNVV00045242001

Engine No.: YD250524938

Cha. No.: JN1MC2E28Z0031202

Index litariums Registration filianthey or Valueta

GBJ83502

7 Name of Policy Hallow

PREMIER ENGINEERING & TRADING PTE LTD

Effective date of the Commiscoment of Interance for the purposes of the Populations Ordinance or Enactment

Excess Sect I

\$\$500:00

EX ON WINDSCREEN

S\$100.00

4 Date of Excely of Insurance

23/06/2021

5 Porsone or Classes of Persons entitled to droug*

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

6. Limitations as to use:

Use in connection with the Policyholder's business.
 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

Use for hire or reward or racing, pace-making, reliability trial or speed feating.
 Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. UNITED OVERSEAS BANK LIMITED 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 (Malaysiu), 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).

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Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By

ACER 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

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