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 <u>truthful and accurate</u> 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.
- 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

aroresaid.	
	ACCIDENT STATEMENT
Date Of Report	14/08/2020 14:52
Date Of Accident	14/08/2020 08:20
Exact Location Of Accident	MARINE PARADE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD2807G
Insured/Policyholder	
Name Of Registered Owner	SENG KIAT CONSTRUCTION CO
Co Reg No	2XXXX700K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96304649
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMPANY USE
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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DMCVSNW00068062005

Cover Note Number

Driver

Name of DriverCHEW LAI SENGNRIC NoSXXXX739FDate Of Birth01/01/1956OccupationOUTDOOR

Date Of Driving Pass 26/07/1974

Driving Experience 46 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96304649

Fax Number Contact Number

EMail Address NOEMAIL

Address

BLK 533 WOODLANDS DRIVE 14 #05-581

Postcode

790533

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

5

Insurance Company of Driver's Own Vehicle

10

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

00000

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

NO

ambulance?

YES

Was any other material or property damaged?

.....

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

SKP6755B

Vehicle Make/Model/Colour

JAGUAR / WHITE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ANDREW YONG CHONG TECK

NRIC/Passport Number

SXXXX153Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:

1 4 AUG 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

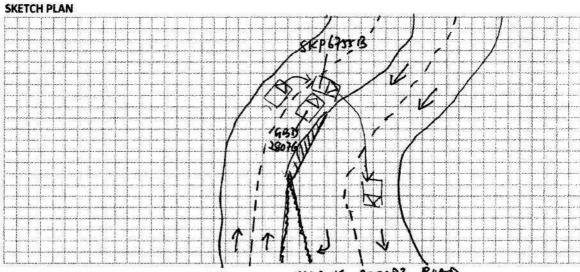
1 4 AUG 2020

Reporting Centre Personnel's Signature

Name:

Jenny Lim

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MARINE PARADE RUAD

	8-JOZO AT ABOUT 08JOAM, I WAS DRIVING ALONG MATERIAL
farcast i	SLOWLY AND SUDDENLY MANKING BY SUDDEN " TWEN FROM?
DRIVING !	Scowey and Supperay markers A SUDDEN "" TWEN FREEM?
Lett mos	17 LANG, AND 17 WAS TOO SUDDEN. I NOT ABLE TO REAC
	To Avoys THE COLLISION, HENCE HIS VEHICLE RIGHT SIDE
Comer DED	ONTO my vertice & FRONT, AFTER THE ACCIDENT my VINTILL
WMS STOC	p on 14t spott And zett sond Verbeck Acknowny move 20
OPPOSIT	DIRECT ST THE READ. AN ONE WAS INJUNES.
·	
	<u> </u>
y	

	*

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

Policyholder's Signature

Date & Time: 1 4 AUG 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 1 4 AUG 2020

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Jenny Lim

GIARMC SketchPlanForm_V3

2



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MZ300/C R SN AN0365A Cov.Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

olor 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)

ORIGINAL

CERTIFICATE No.

DMCVSN3058161904

Engine No :1KD2429520 ChaNo: JTFAT35Y90K203380

1. Index Mark and Registration

GBD2807G

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

M/S SENG KIAT CONSTRUCTION CO

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

27 August 2019

EX ON WINDSCREEN \$\$100.00

4. Date of Expiry of Insurance

26 August 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.

HIRE PURCHASE CO.: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD
*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

力 企 HIGH POWER ENTERPRISE

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: HIGH POWER ENTERPRISE

Authorised Officer

Blk 150 Bishan Street 11

#01-137 Singapore 570150 Tel: 6258 1968 Fax: 6258 7167

Email: gi@highpower.sg

Authorised Signatory

Register New Vehicle (Acknowledgement) Vehicle Particulars

Vehicle No.:

GBD2807G

Vehicle Type:

B31 - Goods (Open) Lony (Metal Body)/Pickup

E

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

-

Vehicle Make:

TOYOTA

Chassis No .:

JTFAT35Y90K203380

Motor No.:

433

Propellant:

Diesel

Engine Capacity:

2982 cc

Maximum Power Output:

Unladen Weight:

1680 kg

Primary Colour.

Silver

First Registration Date:

27 Aug 2014

Manufacturing Year:

2014

PARF Eligibility:

No

No. of Transfers:

0

Owner Particulars

Owner Name:

SENG KIAT CONSTRUCTION CO

Owner ID Type:

Business

Owner ID:

23088700K

Registered Address Type:

HDB / HUDC

Registered Block/House No.: 10

Registered Street Name:

ANSON ROAD

Registered Unit No.:

33 - 04A

Registered Building Name:

INTERNATIONAL PLAZA

Registered Postal Code:

079903

COE No. / Expiry Date:

2014082705001287E / 26 Aug 2024

COE Bid Category:

C - Goods Vehicle & Bus

PQP Paid:

\$11,044.00