### 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	14/08/2020 10:39
Date Of Accident	13/08/2020 23:55
Exact Location Of Accident	AFTER EXITING BLK104 YISHUN RING RD TURNING OUT TW
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ6988J
Insured/Policyholder	
Name Of Registered Owner	LEONG GUAN FOOD TRADING PTE LTD
Co Reg No	200309634E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93581992
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 5MT
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
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	DMCVSNW00055452001
Cover Note Number	
Driver	

Name of Driver

WANG JINGWEI

NRIC No

G7821122P

Date Of Birth

18/07/1980

Occupation

OUTDOOR

Date Of Driving Pass

29/10/2018

Driving Experience 1 YEAR AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93581992

Fax Number

Contact Number

EMail Address NOEMAIL

7 WOODLANDS LINK Address

Postcode 738722

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 - MAJOR/MINOR RD** 

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

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 1

YES

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 4 SEMBAWANG CRESCENT, POSTCODE: 757633, COUNTRY: Police Station Address **SINGAPORE** 

TEL NO: 1800-5549999 - FAX NO: 68522499 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

# **Circumstances of Accident**

ON 13/08/2020 AROUND 2355HRS.I WAS EXITING BLK 104 YISHUN RING ROAD TURNING OUT TOWARDS YISHUN RING RD. WHEN I TURNING OUT, VEHICLE B COLLIDED ONTO MY VEHICLE.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

SHD6849M Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver ONG BOON KENG

NRIC/Passport Number S1320879D Contact Number 98378524

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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 ladgment 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: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### **Accident Sketch Plan**

	SKETCH PLAN	ПП			mig	eating	BIK I	D4 YII	nun	king Rd turning tuds Yishun		
	H							tu	ds	Yishun		
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			A							8: 9HD 6949M		
SCRIBE CIRCUI	MSTANCES (	OF THE ACC	IDENT									
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ECLARATION												
ECLARATION Ve declare the force	egoling particu	ilars are true	in every	· respect.								
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GIARMC Sketch Flan Form\_V3

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### **Identification Card**





#### POLICE REPORT

### CONFIDENTIAL

Annex E

### NOTICE OF COMPLIANCE

This is to confirm that G7821122P, WANG JINGWEI HP: 93581992 has reported to the Police a non-injury traffic accident which occurred at After exiting Blk104 Yishun ring rd turning out towards Yishun Ring road on 13/08/2020 at 2356hrs.

Involving the following vehicles:-

- FASE TELES GBJ8693J (TOYOTA HIACE, Silver in colour) WANG JINGWEI, G7821122P HP: 93581992
- SHD6849M (TOYOTA, Blue in colour) S1320879D, ONG BOON KENG

Complainant was about to exit Blk 104 Yishun ring road turning out to Yishun ring road when a blue in colour Comfrt Delgro taxi collided into the driver side of the door. Nobody was injured. Both exchanged particulars.

2 This accident was reported to the Police within 24 hours of its occurrence,

Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Daryl Jerome

Date: 14/08/2020 Time: 0820hrs

S/D Ref: 11

Police Post/Unit: Sembawang Neighbourhood Police Centre

SEMBAWANG NPC 4 Sembawang Crescent Singapore 757833

Original - to be issued to informant Tel: 1880-5549999 Duplicate - to be submitted to Traffic Police 68522498

CONFIDENTIAL



### 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

AN0650A Cov. Type:C

CERTIFICATE OF INSURANCE

Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) for Vehicles (Thirt-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

CERTIFICATE No.

DMCVSN4V00055452001

Engine No.: 1KD2858798

 Index Mark and Registration Number of Vehicle

GBJ6988.J

Cha. No.:JTFAT35Y90K213522

2. Name of Policy Holder

LEONG GUAN FOOD TRADING PTE LTD

22/07/2020

Excess Sect 1. EX ON WINDSCREEN .

\$\$500.00 \$\$100.00

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

4. Date of Expiry of Insurance

21/07/2021

5. Persons or Classes of Persons entitled to prive 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 thire or reward) in connection with the Policyholder's business.
 Use for social, domestic or pleasure purposes.

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

HIRE PURCHASE CO.: MAYBANK AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Perty 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: BELL AUTO PTE LTD Authorised Officer

Authorised Signatory

Thina Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) B) Anna Dand Ate An Cadaalant Taum Cinasana A70000

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