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 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.

By the lodgement of this report to the insurers, you hereby co aforesaid.	nsent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	01/10/2020 10:03
Date Of Accident	30/09/2020 10:50
Exact Location Of Accident	AT CARPARK OF BLK 495 JURONG WEST ST 41
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD9465M
Insured/Policyholder	
Name Of Registered Owner	PEK'S ENGINEERING & CONSTRUCTION PTE LTD
Co Reg No	199407731D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62669996
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used a time of accident	at
Are you claiming under your own insurance policy for repair to your vehicle?	NO NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number DMCVSNW00067982001

Cover Note Number

Driver

Name of Driver PEK LIAN HENG NRIC No S1501794E Date Of Birth 18/11/1961 Occupation **OUTDOOR Date Of Driving Pass** 22/01/1982

Driving Experience 38 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84831158

Fax Number

Contact Number

EMail Address NOEMAIL Address APT BLK 262 BOON LAY DRIVE #04-563

Postcode 640262

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

NO

1

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

ON 30/9/20 AT ABOUT 1050HRS I WAS AT CARPARK OF BLK 495 JURONG WEST ST 41. AS I WAS ABOUT TO REVERSE IN THE PARKING LOT SUDDENLY VEHICLE B CAME OUT FROM THE PARKING LOT AND HIT ONTO MY BACK SIDE PANEL.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: OVERWRITTEN

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA3686S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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	7 0 7	A= GBO 946SM
		B = SMA 36 86S
	/A/	3 5 111 36 003
	200	
	J 34-4	
ESCRIBE CIRCUMSTANCES C	OF THE ACCIDENT	
		Carra data
on 30/9/20 at 0	about 1050 HRS I was at ca	rpark of BIK 495 Juron
West St 41. As	I was about to reverse in	the parking lot suddenly
which B kame o	ut from the parking lot as	nd hit onto my back
	5 5 7	- 0
side panel.		1
	*	
	ulars are true in every respect.	Λ
	ulars are true in every respect.	
	ulars are true in every respect.	
DECLARATION I/We declare the foregoing partic Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centra Personnel's Signature Name:

Accident Sketch Plan

SKETCH PLAN

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- 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:
 - 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



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

AN0633A

Cov. Type:C-

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 1 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980 Ruset Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00067982001

Engine No.: 1KD2542066

Cha. No.:JTFAT35Y00K204739

1. Index Mark and Registration Number of Vehicle

GBD9465M

AUTOSAFE

2. Name of Policy Holder

4. Date of Expiry of Insurance

PEKS ENGINEERING & CONSTRUCTION PTE LTD

04/08/2020

Excess Sect I. EX ON WINDSCREEN.

\$\$500.00 \$\$100.00

03/08/2021

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 ensotment or regulation in that behalf from driving the Motor Vehicle

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.
 Use for social, domestic or pleasure purposes.

(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.: 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 (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 (BINGAPORE) PTE, LTD.

Authorised Signatory

Issued By: SKYLINK INSURANCE AGENCY PTE LTD Authorised Officer

Q6389 6111

₱6222 1033

@www.sg.cntaiping.com

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 3 Anson Road #16-00 Springleaf Tower Singapore 079909

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Driving License



Driving License



























