Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 15/10/2020 14:59

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	15/10/2020 14:43
Date Of Accident	08/10/2020 13:30
Exact Location Of Accident	ALONG TOH TUCK AVE TWDS TOH GUAN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE4809H
Insured/Policyholder	
Name Of Registered Owner	RI SHEN LAUNDRY SERVICES
Co Reg No	200821429C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98350643
Alternative Phone No	OFFICE-98350643
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	STAREX-2.5 (A)
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNW000009862000
Cover Note Number	
Driver	
Name of Driver	SHARMA NEERAJ
Mark Dameit Na	C2000076W

Name of Driver

Work Permit No

G3090976W

Date Of Birth

Occupation

OUTDOOR

Date Of Driving Pass

SHARMA NEERA

G3090976W

OUTDOOR

27/12/2018

Driving Experience 1 YEAR AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82309143

Fax Number

Contact Number

EMail Address NOEMAIL

Address 48 TOH GUAN RD EAST #02-143

Postcode 608586

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 RAINING
Road Surface WET

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

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON 08/10/2020 AT ABOUT 1330 HRS, I WAS TRAVELLING ALONG TOH TUCK AVE TWDS TOH GUAN , AT THE TRAFFIC JUNCTION I COLLIDED ONTO BEHICLE B (SBA5995S).

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 SBA5995S

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

ETCH PLAN				
			A	A-GBE4809 B-SBA59955
	A	11		
escribe circumstances of on 8/10/2020 marilling Guan, At I	at ab	Gon T Hic To SBA 599	nce the	Twas Joh Collided
DECLARATION I/We declare the foregoing particular policyholder's Signature Date & Time:	alars are true in every of the state of the	e e	Reportin Name:	g Centre Personner's Signature

GURIAC Statch/flasForm_V3

Accident Sketch Plan

SKETCH PLAN

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- 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 insurers) 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.:



中国太平保险(新加坡)有限公司

Motor Commercial

MZ300/C

ANDS89A

CERTIFICATE OF INSURANCE

Verkoles (Third-Party Rass and Compensation) Facts, respector Verkoles (Third-Party Risks and Compensation) Rules, 19 Road Transport Act, 1987 (Maleysia)
 Misor Verkoles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00009862000

RI SHEN LAUNDRY SERVICES

Engine No.: D4CBF877439

1. Index Mark and Registration

GBE4809H

AUTOSAFE

2. Name of Policy Holder

Excess Sect I . \$\$500.00 EX ON WINDSCREEN . \$\$100.00

Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment. (17:15:06)

4. Date of Expiry of Insurance

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.

- (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 whist drawing a trailer except the lowing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: HITACHI CAPITAL ASIA PACIFIC 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 (Melaysia), are not to be included under these Readings.

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).

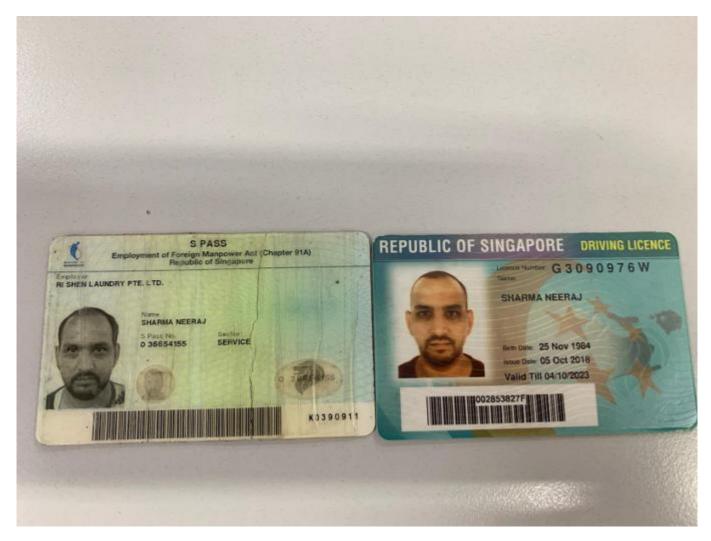
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: JZ ASSURE PTE LTR SV ZT

@www.sg.cntaiping.com

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



Driving License





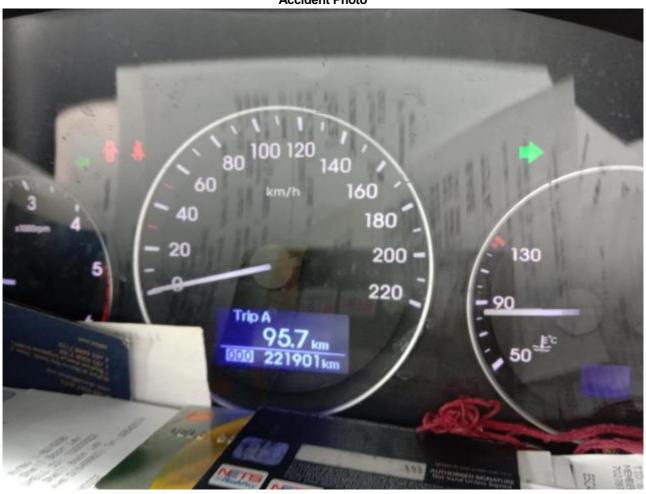












Accident Photo

