SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number EMail Address

- 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	09/10/2020 16:41			
Date Of Accident	08/10/2020 11:25			
Exact Location Of Accident	UBI TRAFFIC POLICE COMPOUND			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	GBG4808A			
Insured/Policyholder				
Name Of Registered Owner	VERMINATOR PTE LTD			
Co Reg No	201106883R			
Email Address	MARIOELFIANNO69@GMAIL.COM			
Mobile Phone No				
Alternative Phone No	OFFICE-65556464			
Vehicle Particulars				
Manufacturer	NISSAN			
Model	NV200-1.5 ABS AIRBAG 2WD 6DR EURO 5 (M)			
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE			
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	GOODS VEHICLE			
Insurance Company				
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	DMCVSNA00075272000			
Cover Note Number				
Driver				
Name of Driver	MARIO ELFIANNO BIN ISMAN @CUBINAR MARIO ELFIANNO			
NRIC No	S8323452J			
Date Of Birth	02/08/1983			

OUTDOOR

14/04/2010

MALE

NOEMAIL

10 YEARS AND 5 MONTHS

(LOCAL) +65-84686917

APT BLK 556 BEDOK NORTH STREET 3 Address

#10-934

Postcode 460556

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **CLEAR** Road Surface WET

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

Number of Passengers (Including Driver)

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

NO

NO

NO

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?

Circumstances of Accident

REFER TO THE CIRCUMSTANCES

Attachment(s)

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

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour MITSUBISHI / CANTER FEB21ER3SDEB

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver **GOH PUAY CHER**

S9607488C NRIC/Passport Number 91156637 **Contact Number**

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Page 2 of 16

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:
 - (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;
 - (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:

VERMINATI PTE LTD

Sign

Policyl

Date & Ti

(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

Reporting

NRIC/FIN N

Signature

(ii) for complying with requirements under any regulations, laws or court orders.

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

Date & Time:

Page 3 of 16

Sketch Plan #2 Pg. 1

KETCH PLAN			
			Veh A: 4844868
			VEH B: YN8976L
	E	0 -> \	
_			
ESCRIBE CIRCUMSTAN	ICES OF THE ACCIDENT		
I was inside my	vehicle and was writing	some reports wh	en sudlenly I felt an
inpact on the fre	vehicle and was witing of my vehicle. I realing my vehide. A security gua	sed the vehicle (B,) had reversed and
collided onto a	my vehide. A security gua	ard at the scene	witness the accident.
-			
CLARATION			40 4
e declare geniengeoing p	articulars are true in every respect.	4	XXXX
TSO PIELTO PA	Culli		
yholder's Signator of	Driver's Signature	Reporting	Centre Personnel's Signature
& Time:	(If driver is not the policyhol- Date & Time:	der) Name: NRIC/FIN	Centre Personnel's Signature



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

Motor Commercial

BR0046C

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Notor Vehicles (Third-Party Risks and Compensation) Rules, 1900 Road Transport Act 1997 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1659 (Malaysia)

Cov. Type:C

CERTIFICATE No.

DMCVSNA00075272000

Engine No.: K9KC400D057140 Cha. No.:VSKYBAM20Z0145575

Index Mark and Registration

GBG4808A

Number of Vehicle

VERMINATOR PTE LTD

Excess Sect I

\$\$500.00

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

EX ON WINDSCREEN .

\$\$100.00

4. Date of Expiry of Insurance

15/08/2021

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 enactment or regulation in that behalf from driving the Motor Vehicle.

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,

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.

*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 (SINGAPORE) PTE. LTD.

Issued By: Gan Li Jia Jesca
Authorised Officer

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

C 6389 6111

6222 1033

www.sg.cntaiping.com

Identification Card Pg. 1





























