

## 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 withholding 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.

### ACCIDENT STATEMENT

Date Of Report	16/10/2020 10:20
Date Of Accident	15/10/2020 14:55
Exact Location Of Accident	ALONG CENTRAL BLVD TURNING RIGHT TO SHEARES AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PZ1101J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NOBLY TRANSPORT SERVICES
Co Reg No	50116000X
Email Address	NOBLYTPT1101@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96732134

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 AT 2WD 4DR LWB
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSES
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
Fleet Policy	NO
Policy Number	DMBISNW00004252000
Cover Note Number	

### Driver

Name of Driver	CHUA HEE HUAT
NRIC No	S1647019H
Date Of Birth	15/05/1964
Occupation	OUTDOOR
Date Of Driving Pass	06/07/1984
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96732134
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 657 JALAN TENAGA #08-112
Postcode	410657
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - OWNER OF THE COMPANY
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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
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
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : AARON TAN GENDER: : MALE
Passenger 2	NAME: : JUFRI HUSNE GENDER: : MALE
Passenger 3	NAME: : REAGAN TAN GENDER: : MALE
Passenger 4	NAME: : INDRA NEINHAUS GENDER: : FEMALE

#### 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

Please refer to Sketch Plan & Attachment

#### 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	SHA9326B
Vehicle Make/Model/Colour	YELLOW
Details Of Properties	
Vehicle Category	TAXI

Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**SKETCH PLAN**

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7. 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:
  - (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.

**NOBLY TRANSPORT SERVICES**

Policyholder's Signature  
Date & Time:

16 OCT 2020

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

16 OCT 2020

Reporting Centre Personnel's Signature  
Name: Tracia Leong  
NRIC/FIN No.:

16 OCT 2020

SKETCH PLAN

Refer to attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— Refer to attachment —

DECLARATION

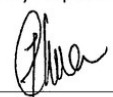
I/We declare the foregoing particulars are true in every respect.

**NOBLY TRANSPORT SERVICES**

  
Policyholder's Signature

Date & Time:

16 OCT 2020

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

Date & Time:

16 OCT 2020

  
Reporting Centre Personnel's Signature

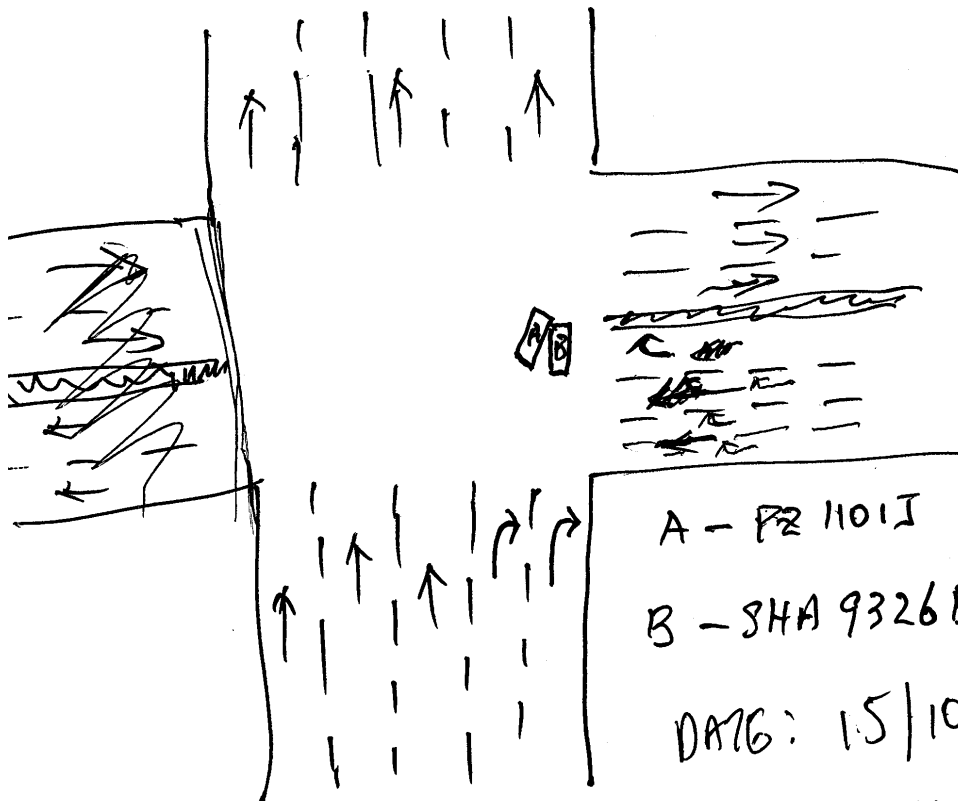
Name: Tracia Leong

NRIC/FIN No.:

16 OCT 2020

WAS TRAVELLING ALONG CENTRAL BLVD ON THE 2ND RIGHT  
 GOING TO TURN RIGHT  
 I ~~WAS TRAVELLING TO JUNCTION~~ 3 HEARES AVE. ~~STOP AT RED LIGHT~~  
 AT <sup>SO I</sup> IT WAS RED LIGHT <sup>AT</sup> STOPPED AT THIS JUNCTION, WHEN I  
 WHEN LIGHT I <sup>DRIVE</sup> ~~MOVE~~ AHEAD GOING TO MAKE A RIGHT TURN.  
 SUDDENLY A ~~TO~~ YELLOW CAB TAXI, REGISTERED NO: SHA 9326 B  
 MY VEHICLE FRONT RIGHT HAND CORNER, IT LOOK LIKE THE TAXI  
 GOING STRAIGHT INSTEAD OF TURN RIGHT, THIS CORROSION CAUSES  
 VEHICLE RIGHT HAND DOOR AND <sup>'ST' RIGHT HAND</sup> ~~THE~~ CORNER OF MY BUMPER ('ST' AND  
 SCRATCHES <sup>AA</sup> DENTED. ~~from~~ SCRATCHES

SHA 9326 B.



A - PZ 1101 J

B - SHA 9326 B (TAXI) YELLOW

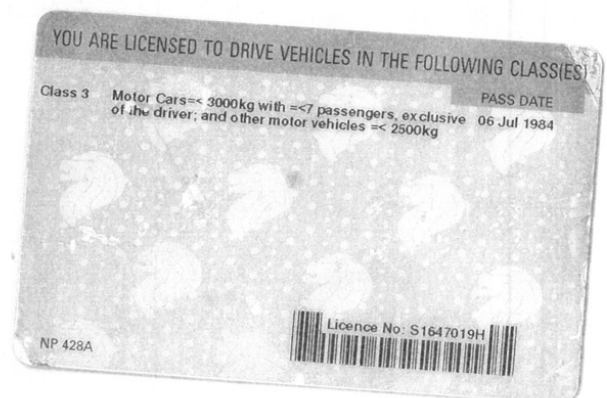
DATE: 15/10/20

TIME: 1454:13

Identification Card Pg. 1



Driving License Pg. 1







中国太平  
CHINA TAIPING

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

Motor Bus

MZ601

N SN

AN0681A

Cov. Type:C

### CERTIFICATE OF INSURANCE

Motor 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)

CERTIFICATE No.

DMB1SNW00004252000

Engine No.: 1KD2587646

Cha. No.:KDH2230026803

1. Index Mark and Registration  
Number of Vehicle

PZ1101J

AUTOSAFE  
=====

2. Name of Policy Holder

NOBLY TRANSPORT SERVICES

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

16/06/2020

Excess Sect. I. S\$2,000.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

15/06/2021

EX ON WINDSCREEN. S\$100.00

5. Persons or Classes of Persons entitled to drive\*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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:

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) 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: MULTISYS AGENCIES & SERVICES  
Authorised Officer

Authorised Signatory

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

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

Scene Photo



Scene Photo



Scene Photo



Chassis Number





Accident Photo



Accident Photo



Accident Photo





Accident Photo

