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Y No. Of	P 22867	. INC(	.)/Non-INC	( )			
Owner/Driver: (	10102	-	Tel:		)		
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Confirmed by ; (		Dates,	Time		)		
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Date Of Driving Pass

**Driving Experience** 

Mobile Number

Fax Number Contact Number

Gender

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for Investigation.
- 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.

是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	ACCIDENT STATEMENT			
Date Of Report	05/11/2020 17:08			
Date Of Accident	04/11/2020 22:00			
Exact Location Of Accident	SLE TOWARDS BKE BEFORE LENTOR EXIT			
Country/State of Loss	SINGAPORE			
Parties of the Design of the D	ETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBC285E			
Insured/Policyholder				
Name Of Registered Owner	REHOBOTH E&C PTE.LTD.			
Co Reg No	SCILINE STRANGE CONTROL AND REPORT CONTROL AND RESERVE			
Email Address	NOEMAIL			
Mabile Phone No	(LOCAL) +65-87556435			
Alternative Phone No	OFFICE-87556435			
Vehicle Particulars				
Manufacturer	NISSAN			
Model	CABSTAR			
Exact Purpose for which vehicle was being used at ime of accident	WORKING PURPOSES			
Are you claiming under your own insurance policy or repair to your vehicle?	NO			
f No, Please state action to be taken	THIRD PARTY			
/ehicle Category	COMMERCIAL VEHICLE			
nsurance Company				
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	DMCVSNW00100112000			
Cover Note Number				
Driver				
Name of Driver	TAN CHUN PENG (CHEN JUNPING)			
NRIC No	SXXXX938Z			
Date Of Birth	25/09/1983			
Occupation	OUTDOOR			

21/09/2004

MALE

16 YEARS AND 1 MONTH

(LOCAL) +65-87556435

ATHERS R7556435

Address

BLK 559 JURONG WEST STREET 42

#02-491

Postcode

640559

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

CHAIN COLLISION

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

3

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)

1

#### 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(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

SLP2296Z

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)

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### COMMERCIAL VEHICLE

#### 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 Centra 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

WEN:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person

Name:

NRIC/FIN No.:

SIE to BKE Before Leater A: 68 C 285 E 8: SLP 2296 Z C: G 23828P

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# Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 04/11/20 (dd/mm	(yz) Time of Accident: 27 : 00   34-HR-FORMAT)
	le Make & Model: Nissan Cabctar
Exact location of Accident: SLE	To BKE Before Lenter Exit
Policyholder's Name / IC No. Reho	Both e und C PTELTD
Driver's Name / IC No : Tan	hun peng (883299382) (ALAMONE)
Driver's Contact No.: 8758 643	S Company Contact No:
Driver's Address:	
Insurance Company:	Email address (if any):
Relationship between Owner & Driver: Owner / Spouse / Children / Friend / Parer.	worker , or Others specify:
What do you wish to claim? (Please TIC	
Own Insurance / Other Vehicle (7)	e one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of leb) Indoor Outdoor
Private use / Work purpose	No. of Passengers (Including Driver):
Passenger Name : Passenger Name :	Gender : Gender :
Weather condition & Road conditions!	
Clear & Dry / Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Ca	r Camera? Yes / No
	8) Injured Person* Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes! No	(If YES) Which Police Station:
	The Other Party(s) Details:
I. Driver's Name / IC No:	
Driver's Contact No:	Insurance Company (If any):
2. Driver's Name / IC No:	Vehicle No:
	Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
	Connect No:
"If no proper documents are produced, IDAC double	not file the report, Information will be discarded after one week.



Motor Commercial

MZ300/C

SN

CERTIFICATE OF INSURANCE

AN0679A

Vehicles (Third-Party Risks and Compensation) Act (Chapter 16 or Valricles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Riska) Rules, 1959 (Malaysia)

Cov. Type:C

CERTIFICATE No.:

DMCVSNW00100112000

Engine No.: ZD30269673K

Cha. No.: JN1SC2F24Z0801651

1. Index Mark and Registration

GBC285E

AUTOSAFE

Number of Vehicle

REHOBOTH E&C PTE, LTD.

Name of Policy Holder

Excess Sect 1.

\$\$500.00

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

14/10/2020

EX ON WINDSCREEN .

\$\$100.00

4. Date of Expiry of Insurance

13/10/2021

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 parmitted 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.

- fi. Limitations as to use \*
- (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

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.: ABWIN PTE LTD

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 (Malayala), 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: ABWIN PTE LTD Authorised Officer

Authorised Signatory