

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	23/11/2020 16:59
Date Of Accident	21/11/2020 17:45
Exact Location Of Accident	ALONG TUAS SOUTH AVE 3 / TUAS WEST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH148S
Insured/Policyholder	
Name Of Registered Owner	I-CUBE IDEAS & TECHNOLOGIES
Co Reg No	5XXXX947J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97680212

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCVSNW00084652000
Cover Note Number	

Driver

Name of Driver	JAKIR
NRIC No	GXXXX519P
Date Of Birth	12/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2020
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97680212
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	10 ADMIRALTY ST #05-70
Postcode	757695
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	2
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : ZHANG XUJIAN GENDER: : MALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2506J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI XIANGYANG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	JAKIR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBH148S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ZHANG XUJIAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBH148S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

GBA 1488

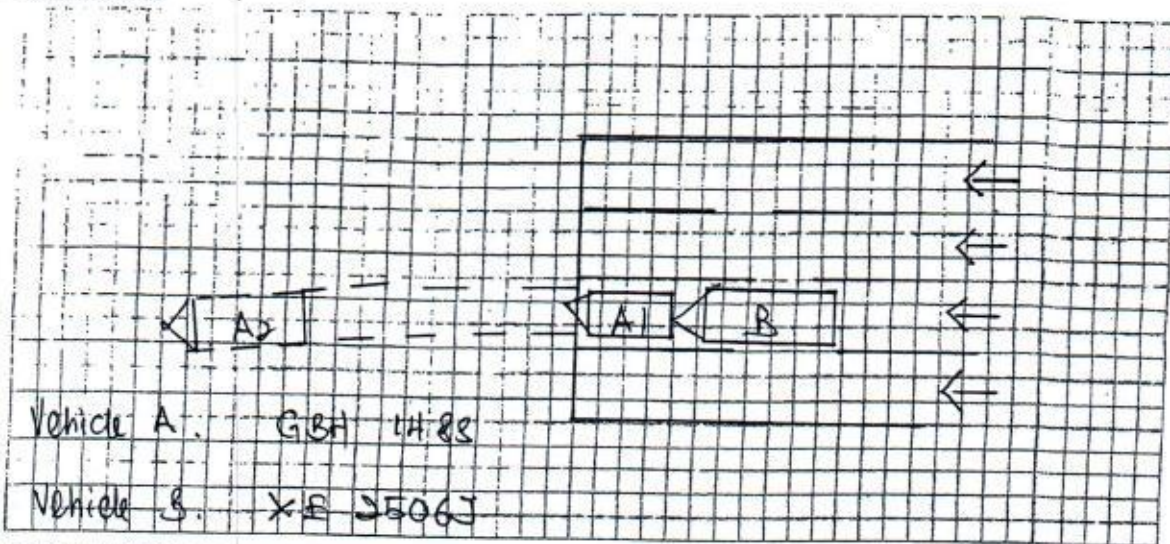


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21 Nov 2020 at 17:45 hrs. along Tase South Ave 3 towards West Road. I applied brake and stopped as the traffic turned red. Suddenly, I felt a collision impact from the rear. Vehicle B failed to stop, collided onto my stationary vehicle. Due to impact, my vehicle was pushed away from my position towards the front. My driver's door was jammed as the rear carrier was pushed and damaged the cabin. Both my passenger and I suffered injury pain after the collision.

DECLARATION

We declare the foregoing particulars are true in every respect.

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
CHINA TAIPING

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

Motor Commercial

MZ300/C

N SN

AN0444A

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.

DMCVSNW00084652000

Engine No.: ZD30257329K

Cha. No.: JN1SC2F24Z0801513

1. Index Mark and Registration
Number of Vehicle

GBH148S

AUTOSAFE

2. Name of Policy Holder

I-CUBE IDEAS & TECHNOLOGIES

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

15/10/2020

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

4. Date of Expiry of Insurance

12/09/2021

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.

6. 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

- (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).



Issued By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨西美

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

ACCIDENT STATEMENT

Date of accident: 21 Nov 2020

Time: 1745 hrs

Location of accident: Along Tuas South. Ase 3 / Tuas West ROAD

Details of Own Vehicle

Vehicle Number: GBH 1488

Insurer: CHINA TAIPIING

Policy No: DMCVSNW00084652000

Policyholder

Name: I-CUBE LOGIS & TECHNOLOGIES

Email: waiseng@yaho.com

Driver

Name: JAKIR

Email: onehub@.gmail.com

Occupation: Indoor / Outdoor

Address: 10 Admiralty Street #05-70 NorthLink Building 3 457695

Driving pass date: 25 MAR 2020

General Information

Weather conditions: Clear / Raining

Police report: Yes / No

Prosecution Letter: Yes / No

Passenger (incl. Driver): 2

Please provide ALL passengers details:-

Relationship with Policyholder: Employee

Road surface: Dry / Wet

Video Footage: Yes / No

If Yes against whom:

Passenger 1		Passenger 2	
Name:	ZHANG XUJIAN		
Gender:	Male / Female		Male / Female

Witness: Yes / No

If Yes, provide injuries details:-

Witness 1		Witness 2	
Name:			
Contact no.:			

Injuries: Yes / No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
	GBH 1488	Yes / No	Yes / No
ZHANG XUJIAN	GBH 1488	Yes / No	Yes / No

Details of Third party

Vehicle B		Vehicle C	
Vehicle no.:	XE 2506J		
Driver name:	LI XIANG YANG		
NRIC / FIN no.:			
Contact no.:			
Insurance Co.:			
Remarks: (Make/Model, Passenger, property info & etc)			

Claim Type & Acknowledgement

Claim Type: Own Damage / Third Party / Reporting Only

Workshop: FENH MOTORS

Policyholder /

driver

Signature: