





## 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 Submission	08/12/2020 12:56 (SGT)
Date of Accident	27/11/2020 15:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS AFTER LOWER DELTA ENTRANCE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ4443J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HUA FANG PLASTERCEIL
Company Reg No	5XXXX753J
Email Address	gohbeesoon@live.com
Mobile Phone No	(Phone) +65-96160218
Alternative Phone No	+65-96160218

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00098912000
Cover Note Number	-

### DRIVER

Name of Driver	GOH BEE SOON
NRIC No	SXXXX099B

Date Of Driving Pass	06/09/1978
Driving experience	42 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96160218
Alt. Phone Number	-
Email Address	gohbeesoon@live.com
Address	BLK 150 #03-787
Address complement	WOODLANDS STREET 13
Postcode	730150
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	YN7824Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKU6799Z  
Vehicle Manufacturer  
Vehicle Model  
Vehicle Variant  
Vehicle Colour  
Vehicle Category  
Name of Driver Private car  
Contact Number  
Address  
Address complement  
Postcode  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person GOH BEE SOON  
Address  
Address Complement  
Post Code  
Approximate Age Years Old  
Injuries Sustained NECK AND BACK PAIN  
Injured person in which vehicle? GZ4443J  
Were seat belts worn? Yes  
Was this injured conveyed to hospital by ambulance? No



## 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)**

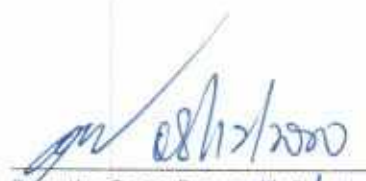

I understand, acknowledge, agree and consent that:

- (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.

HUA FANG PLASTERCELL  
140 UPPER BUKIT TIMAH ROAD  
#03-15 SINGAPORE 588176

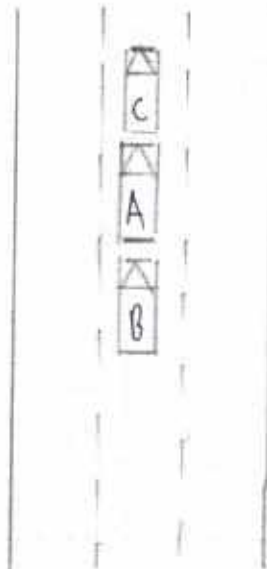
Policyholder's Signature:   
Date & Time:

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

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

SKETCH PLAN

AYE  
Twards Tuas  
Aft Lower  
Delta Ent



(A) 6Z 4443J

(B) YN 7824Z

(C) SKU 6799Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27.11.2020 at about 15:30hrs, I was travelling along AYE Towards Tuas After Lower Delta Entrance. Ahead of me, there's a vehicle slow down, I follow suit. All of a sudden, I felt an hard impact from the rear. Then I realised a vehicle YN7824Z had collided onto my rear. Due to the hard impact, my vehicle had moved forward & collided onto SKU6799Z. That's all.

DECLARATION

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

HUA FANG PLASTER  
140 UPPER BUKIT TIMAH ROAD  
#03-15 SINGAPORE 588176

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.:

July 14

# SINGAPORE ACCIDENT STATEMENT

TYPE OF CLAIMS : OWN DAMAGE ( ) 3rd PARTY ( ) REPORTING ONLY ( )

DATE OF ACCIDENT : 27.11.2020 TIME : 15:30 hrs  
LOCATION : AYE (towards Tudu Aft) Lower Rafter Entrance

VEHICLE NUMBER : 62 44430 MAKE / MODEL : NISSAN CARRAR 6  
OWNER INSURED : HUA FANG PLASTERCEIL  
NRIC NO. : 530617530 CONTACT NUMBER: \_\_\_\_\_  
INSURANCE COMP: China POLICY NUMBER: \_\_\_\_\_  
TYPE OF INSURANCE: COMPREHENSIVE (✓) TPFT ( ) 3RD PARTY ONLY ( )

## DRIVER PARTICULAR

DRIVER NAME : Goh Bee Soon NRIC NO.: 80131099B  
ADDRESS: 150 Malanda St 13 #03-747 POSTAL: 730150  
CONTACT: EMAIL: GohBeeSoon@live.com GENDER: male  
DOB: 03.07.1953 DATE OF PASS: 06.09.1978

## DRIVER SAME AS OWNER:

## (PLEASE TICK AND FILL THE RELEVANT CHOICES)

WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY (✓) YES ( ) NO

IF NO, RELATION OF DRIVER WITH INSURED:

( ) OWNER ( ) SPOUSE ( ) FRIEND ( ) RELATIVE ( ) CHILDREN ( ) SIBLING (✓) OTHERS employee

WEATHER CONDITION: ( ) CLEAR ( ) RAINING ( ) DRIZZLING

ROAD SURFACE: (✓) DRY ( ) WET ( ) SLIPPERY

WAS ANYBODY INJURED: (✓) YES ( ) NO INJURIES SUSTAINED : Neck Back Pain

WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION: \_\_\_\_\_

( ) YES (✓) NO POLICE REPORT NUMBER: \_\_\_\_\_

ANY VIDEO CAPTURED: ( ) YES (✓) NO CONVEY BY AMBULANCE ( ) YES ( ) NO

NUMBER OF PASSENGER INCLUDE DRIVER: Driver only

PARTICULAR OF PASSENGER : \_\_\_\_\_ ( ) MALE ( ) FEMALE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ( ) MALE ( ) FEMALE

## (THIRD PARTY PARTICULAR)

VEHICLE B	YN78242	NAME /NRIC:	CONTACT:
VEHICLE C	SKU67992	NAME /NRIC:	CONTACT:
VEHICLE D		NAME /NRIC:	CONTACT:
VEHICLE E		NAME /NRIC:	CONTACT:
VEHICLE F		NAME /NRIC:	CONTACT:
VEHICLE G		NAME /NRIC:	CONTACT:

## WITNESS (IF ANY)

NAME: \_\_\_\_\_ HP NO.: \_\_\_\_\_ NRIC: \_\_\_\_\_

\* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT\*



Motor Commercial

MZ300/C

N SN

AN0144A

Cov. Type: F

### 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.

DMCVSNW00098912000

Engine No.: QD32221746

Cha. No.: JN1SF4F23Z0861017

1. Index Mark and Registration  
Number of Vehicle

GZ4443J

2. Name of Policy Holder

HUA FANG PLASTERCEIL

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

26/10/2020

4. Date of Expiry of Insurance

25/10/2021

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 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.

HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED

\* 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:

LIAN HONG PTE LTD  
Authorised Officer



杨亚美

Authorised Signatory



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Business

Owner ID: 753J

### Vehicle Details

Vehicle No.: GZ4443J

Vehicle to be Exported: No

Intended Deregistration Date: 31 Dec 2020

Vehicle Make: NISSAN

Vehicle Model: CABSTAR G

Primary Colour: Silver

Manufacturing Year: 2006

Engine No.: QD32221746

Chassis No.: JN1SF4F23Z0861017

Maximum Power Output: -

Open Market Value: \$18,617.00

Original Registration Date: 13 Apr 2006

First Registration Date: 13 Apr 2006

Transfer Count: 2

Actual ARF Paid: \$931.00

### Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 12 Apr 2021

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 5

PQP Paid: \$22,831.00

COE Rebate Amount: \$1,293.00

**Total Rebate Amount: \$1,293.00**

### Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 27 Nov 2020

OK