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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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 witholding of material facts may allow insurance companies to repudiate

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 faise reporting may be referred to the Police for investigation.

G. 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

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

08/12/2020 12:56 (SGT) 27/11/2020 15:30 (SGT)

AYE, Singapore

TOWARDS TUAS AFTER LOWER DELTA ENTRANCE

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GZ4443J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No.

Email Address

Mobile Phone No

Alternative Phone No

Yes

HUA FANG PLASTERCEIL

5XXXX753J

gohbeesoon@live.com

(Phone) +65-96160218

+65-96160218

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Nissan

Cabstar

Employment

No - Claiming third party

Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance ThirdPartyFireTheft

DMCVSNW00098912000

DRIVER

Name of Driver

NRIC No

GOH BEE SOON SXXXX099B

Date Of Driving Pass	No commence	
Driving experience	06/09/1978	
Gender	42 YEARS AND 2 MONTHS	
Mobile Number	Male	
Alt. Phone Number	(Phone) +65-96160218	
Email Address	Street was to carry a naturation	
Address	gohbeesoon@live.com	
Address complement	BLK 150 #03-787	
Postcode	WOODLANDS STREET 13	
Is the driver the policyholder?	730150	
If No, Relationship of the Driver with the Insured	No	
Does Driver Own Other Vehicles?	Employee	
Vehicle Registration Number of Other Vehicle Owned by Driver	No	
The second of Cuter vehicle Owned by Driver		
Insurance Company of Other Vehicle Owned by Driver	•	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident		
Weather Conditions	Chain Collision	
Road Surface	Clear	
11.77773.77011400	Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?	217	
Number of vehicles involved in the accident	No	
Was anybody injured in the Accident?	3	
Was any injured conveyed to hospital by ambulance?	Yes	
Was any other material or property damaged?	No	
Number of Passengers (Including Driver)	Yes	
Has the driver been approached by unknown person(s)	3.	
soliciting/offering accident claims assistance?	No	
	1753	
DETAILS OF POLICE ACTION		
Was the accident reported to the police?		
	No	
Was notice of intended Prosecution given? If yes, against whom?	No	
ii yes, against whom?	52	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
A. (ASTIMENT(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 STURM		
DETAILS OF OTHER	VEHICLE PROPERTY 1	
Vehicle Registration Number	YN7824Z	
Vehicle Manufacturer	11470242	
Vehicle Model	ia i	
Vehicle Variant	=======================================	
Vehicle Colour	8	
Vehicle Category	Commercial vehicle	
Name of Driver	Commercial vehicle	
Contact Number	2	
Address	2	
	2	

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 Private car Name of Driver 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 T

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?

Was this injured conveyed to hospital by ambulance?

Yes No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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. 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.
- 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 FIUS FANG PLASTERCEIL
FIUS FANG PLASTERCEIL
140 UPPER BUKIT TIMAH ROAD
150 UPPER BUKIT TIMAH ROAD
150

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

SKETCH PLAN

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A)62 4495J

Sku 67997

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	7-2-31				

DECLARATION

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

HUA FANG PLASTER ROAD

HUA FANG PLASTER BUKIT TIMAH ROAD

140 UPPER BUKIT TIMAH 888176

140 UPPER SINGAPORE 588176

Driver's Signature

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Per

NRIC/FIN No.:

Name:

Turk

TYPE OF CLAIMS : OV	ENT STATEMENT NN DAMAGE () 3rd PARTY () REP	ORTING ONLY ()
DATE OF ACCIDENT :	27-11-120 A(E (avaid) T	uno Aff lower Reto	p Extrance
VEHICLE NUMBER : F	42 A4430 N	MAKE/MODEL HISSAN CAR	STAR C
OWNER INSURED : H	UA PANK PLASTERC		1/4, 0
NRIC NO. : 5306 175	30 CONTACT NUMBE	R:	
INSURANCE COMP:	China	POLICY NUM	BER:
TYPE OF INSURANCE:	COMPREHENSIVE () TPFT () 31	RD PARTY ONLY ()
DRIVER PARTICULA		DRIVER SAME AS OW	NER:
DRIVER NAME :	GOH BUSBON		0: 80/3/0908
ADRESS: 150 Wolfand	S CF 12 X 33-743	POSTA	1: _730(50
CONTACT :	10 11	RESOON PLIVE (um	GENDER: Mall
DOB: 03.07.195	DATE OF PASS:	06 09.1978	GENDER:
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CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter In Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

MZ300/C

SN

AN0144A

Cov. Type:F

CERTIFICATE No.

DMCVSNW00098912000

Engine No.: QD32221746 Cha. No.:JN1SF4F23Z0861017

Index Mark and Registration

GZ4443J

Number of Vehicle

Name of Policy Holder

Effective date of the Commencement of insurance for the purposes of the Regulations.

HUA FANG PLASTERCEIL

Ordinance or Enactment

26/10/2020

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

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

Please see rg

Issued By:

Autho

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Authorised Signatory

aiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) son Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111 6222 1033

www.sg.cntaiping.con

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID: Vehicle Details	753J
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: Message	\$1,293.00

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