

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	09/12/2020 14:57 (SGT)
Date of Accident	08/12/2020 17:50 (SGT)
Exact Location of Accident	Bedok South Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA6400K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	D.T. TRANSPORTER
Company Reg No	5XXXX145B
Email Address	dt_transporter@yahoo.com.sg
Mobile Phone No	(Phone) +65-98322506
Alternative Phone No	+65-98322506

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	TRANSPORTER 2.0 TDI AT 7EH137
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	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00026272009
Cover Note Number	-

DRIVER

Name of Driver	TAN YEOW SIANG
NRIC No	SXXXX588E

Date Of Driving Pass	16/01/2003
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98322506
Alt. Phone Number	-
Email Address	dt_transporter@yahoo.com.sg
Address	BLK 30 #30-332
Address complement	GHIM MOH LINK
Postcode	272030
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	Collision - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	SKZ9963U
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DAVID LEE
NRIC No	SXXXX711J
Contact Number	(Phone) +65-91550104
Address	-
Address complement	-

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

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

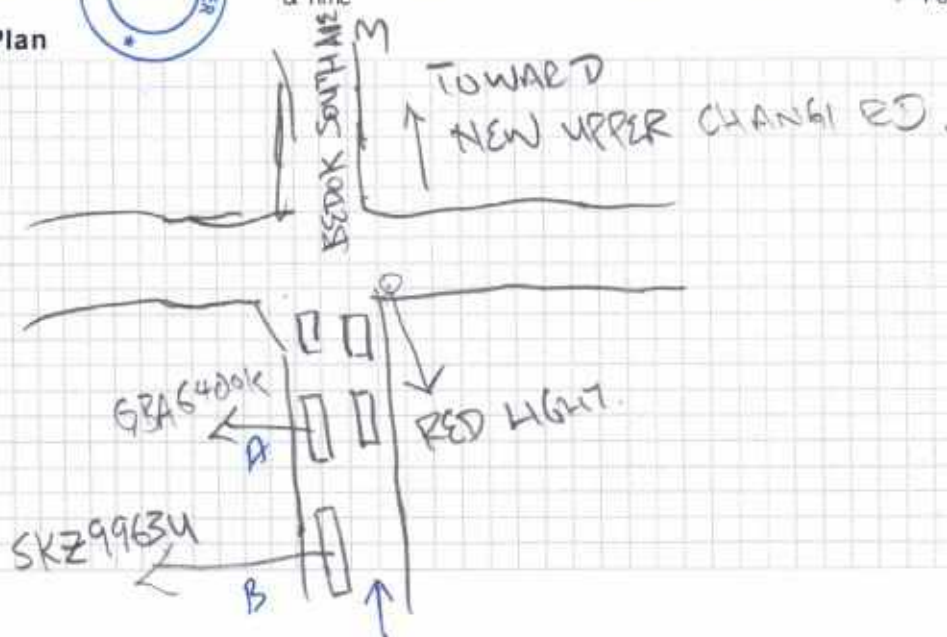
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

IT IS A WET ROAD AFTER A RAINING DAY.
I WAS TRAVELING TOWARD NEW UPPER CHANG RD.
FROM BEDOK SOUTH AVE 3. I WAS STATIONARY POSITION
AS IT IS RED LIGHT, AND WAITING FOR THE TRAFFIC
LIGHT TO TURN GREEN. AS I WAS WAITING I CHECK
MY BLIND SPOTS AND REAR VIEW MIRROR I NOTICE
A WHITE CAR SKZ 9963U WAS HAVING HIGH BEAM ON
AND THERE IS NO SIGHT OF THE CAR SLOWING DOWN.
AS UPON SEEING THIS HAPPENING I PREPARE MYSELF FOR
A BACK COLLISION FROM SKZ 9963U. I HAVE CHECK WITH
THE DRIVER OF SKZ 9963U WHETHER HE ANY INJURY. AND
HE IS PERFECTLY FINE. SO WE PROCEED WITH EXCHANGE
OF DETAILS.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time 09/12/20
1117HRS.

Driver's Signature (if driver is not the policyholder) / Date
& Time

09/12/20 1117HRS.

Witnessed by Reporting Centre
Personnel

09/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (08/12/2020) (DD/MM/YYYY), TIME: (17:50) (HH:MM)

LOCATION: BEDOK SOUTH AVE 3 TRAFFIC JUNCTION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA 400K
b) INSURANCE COMPANY: CHINA TAIPING
c) POLICY NUMBER: DMCVSNW 000 26272009
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: VOLKSWAGEN TRANSPORTER
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) TP claims
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: DT TRANSPORTER (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 530181458 CONTACT: 98322506
c) ADDRESS: 322 TAN CHING ROAD #04-74
SPORE 610322

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN YEUW SIANG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7416588E CONTACT: 98322506
c) ADDRESS: 30 GHIM MAM LANE #30-332
SPORE 272030

* d) DATE OF BIRTH: (24/05/1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 16 JAN 2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) WET ROAD
b) ROAD SURFACE: (DRY / WET / OTHERS) WET

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SK29963U MODEL: HUNDX
b) DRIVER'S NAME: DAVID LEE
c) NRIC/FIN/PASSPORT: S88017113 CONTACT: 91550104

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email = DT_TRANSPORTER @ YAHOO.COM.SG
VIDEO

Motor Commercial

MZ300/C

R BN

AN0421A

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, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW000262720.3

Engine No.: CAA149524

Cha. No.: WV1ZZZ7HZBH096686

1. Index Mark and Registration
Number of Vehicle

GBA6400K

AUTOSAFE

2. Name of Policy Holder

D.T. TRANSPORTER

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

12/05/2020

Excess Sect. I. S\$400.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

11/05/2021

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.: UNITED OVERSEAS BANK LIMITED AS HP OWNER

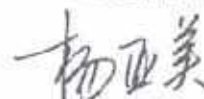
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1967 (Malaysia), are not to be included under these headings.

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, 1967 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: VITESSE SOLUTIONS
Authorised Officer



Authorised Signatory