

# 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 .....	13/01/2021 14:49 (SGT)
Date of Accident .....	13/01/2021 07:20 (SGT)
Exact Location of Accident .....	Near Singapore Wind Tunnel Facility, Singapore
Additional Location Information .....	ALONG AYE TOWARDS TUAS BEFORE CLEMENTI RD EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBC9866U
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CAPITAL CRANES GLOBAL PTE. LTD.
Company Reg No .....	201203425W
Email Address .....	CCGWEIYJ@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91173250
Alternative Phone No .....	(Office) +65-62611191

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Citan
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 .....	Yes
Policy Number .....	DMCVSNW00016952004
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TAN XUAN KAI
NRIC No .....	S9875610H
Date Of Birth .....	16/01/1998
Occupation .....	Outdoor

Date Of Driving Pass .....	10/12/2019
Driving experience .....	1 YEAR AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96338857
Alt. Phone Number .....	-
Email Address .....	XUANKAI1014@OUTLOOK.COM
Address .....	BLK 5 BEDOK SOUTH AVENUE 2
Address complement .....	#09-354
Postcode .....	460005
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 .....	Wet

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	BENG MUN HENG
Gender .....	Male

#### 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

ON THE STATED DATE & TIME, I WAS TRAVELLING SLOWLY ALONG AYE TOWARDS TUAS BEFORE CLEMENTI RD EXIT IN THE EXTREME RIGHT 2ND LANE DUE TO THE HEAVY TRAFFIC. FRONT VEHICLE STOP AND I FOLLOWED TO STOP. SUDDENLY I FELT AN IMPACT FROM THE REAR. WHEN I ALIGHTED AND REALISED IT WAS A 3 CARS CHAIN COLLISION.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBD5136P
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Cabstar
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle

Name of Driver .....	TARMIDI BIN MADI
NRIC No .....	S1475900Z
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBB856M
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	APPASAMY BALA SUBRAMANIAM
Work Permit No .....	G6733311Q
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 .....	TAN XUAN KAI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND BACK PAIN.
Injured person in which vehicle? .....	GBC9866U
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No


**SKETCH PLAN**


**IMPORTANT NOTICE**


- Please report **immediately** the details of the accident to speed up the claims process.
- This Form must be **completed by the Policyholder and/or the Authorized Driver**.
- Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **rescind entire 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.
- Any Police report may be referred to the Police for investigation.**
- The report will be forwarded by the Insurers or the Risk 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.
- By the judgment 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.
- Consent under the Personal Data Protection Act (PDPA)
 

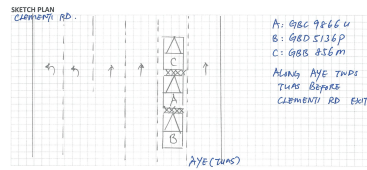
(I understand, acknowledge, agree and consent that:

  - My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/we 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 Insurer's 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;
    - investigating the accident and/or my claims;
    - carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - 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
    - complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
  - all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/we permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - 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.
  - 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.
  - 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, regulation, law enforcement and government agencies as reasonably required for the purposes stated; or
    - for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time:

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

  
 Reporting Centre's Personal Signature  
 Name:  
 NRIC/PTN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the Stated Date and Time, I was traveling slowly along AYE towards TUNAS before CLEMENTI RD EXIT in the extreme right 2nd Lane due to the heavy traffic. Front Vehicle Stop and I followed to stop. Suddenly I felt an impact from the rear. When I shifted and realised it was a 3 cars Chain collision.

DECLARATION

(We declare the foregoing particulars are true to every respect.)

Policyholder's Signature  
Date & Time

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

Reporting Centre (Insurer's) Signature  
Name  
NASCIPIN No.

























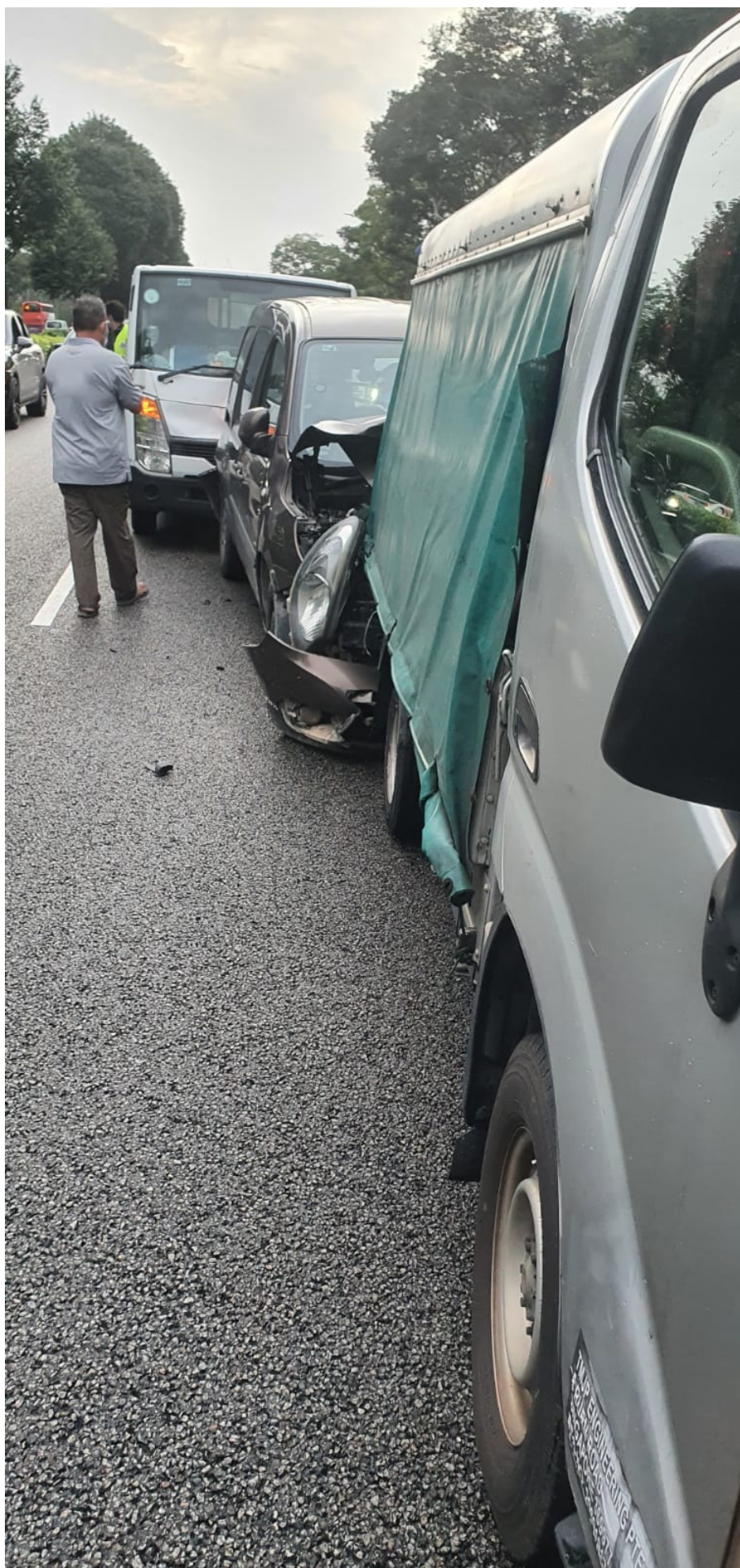














中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

R SN

DR0663A

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.

DMCVSNW00016952004

Engine No.: K9KB608D195626

Cha. No.:WDF4156052U133344

1. Index Mark and Registration  
Number of Vehicle

GBC9866U

AUTOSAFE  
=====

2. Name of Policy Holder

CAPITAL CRANES GLOBAL PTE LTD (NON-DRIVER)

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

01/04/2020

Excess Sect I . S\$450.00  
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

31/03/2021

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. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTDAS 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 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: Wang Yuzheng  
Authorised Officer

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