

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 26/02/2021 15:54 (SGT)
Date of Accident 24/02/2021 10:30 (SGT)
Exact Location of Accident Near Pioneer Rd, Singapore
Additional Location Information MERGE LANE OF PIONEER RD TOWARDS TUAS AFTER
PIONEER CRESCENT JUNCT RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE595P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HIAP LOGISTICS PTE. LTD.
Company Reg No 2XXXXX732H
Email Address SKH_HIAP@HOTMAIL.COM
Mobile Phone No (Phone) +65-62272955
Alternative Phone No (Office) +65-62272955

VEHICLE PARTICULARS

Manufacturer Scania
Model P400LA4X2MSZ
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 - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNA00012072100
Cover Note Number -

DRIVER

Name of Driver ROSLAN BIN IBRAHIM
NRIC No SXXXX349J
Date Of Birth 23/11/1968

Occupation	Outdoor
Date Of Driving Pass	27/06/2007
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92357522
Alt. Phone Number	-
Email Address	LANHASLAN68@GMAIL.COM
Address	BLK 322D SUMANG WALK
Address complement	#02-861
Postcode	824322
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE MERGE LANE OF PIONEER RD TOWARDS TUAS AFTER PIONEER CRESCENT JUNCT RD. SUDDENLY A LORRY B SIDE SWIPE ONTO MY LEFT REAR PORTION OF MY CONTAINER. THERE WAS NO DAMAGE ON MY CONTAINER AND LORRY TRUCK.

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	GBG5875Z
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ONG HOCK CHUN
NRIC No	SXXXX056G
Contact Number	(Phone) +65-92265151

Address -
Address complement -
Postcode -
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.
- (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.




Policyholder's Signature
Date & Time:



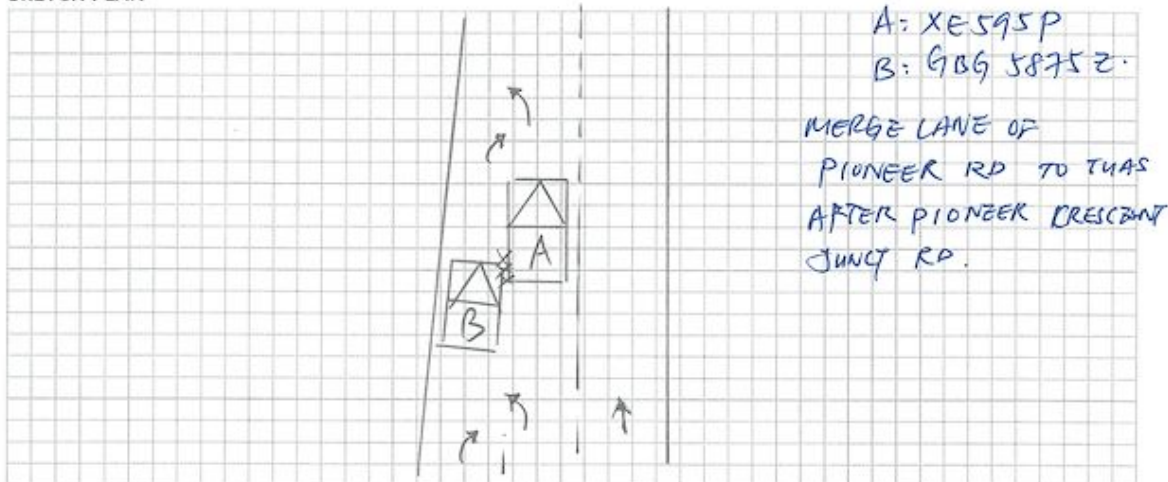
Driver's Signature
(If driver is not the policyholder)
Date & Time:





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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT
ALONG THE MERGE LANE OF PIONEER RD TOWARDS THAS
AFTER PIONEER CRESCENT JUNCTION RD. SUDDENLY A LORRY
B SIDE SWIPE ONTO MY LEFT REAR PORTION OF MY
CONTAINER. THERE WAS NO DAMAGE ON TO MY CONTAINER
AND LORRY TRUCK.


DECLARATION

I/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.:















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

Motor Commercial

MZ301/C

N SN

BR0046C

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.	DMCVSNA00012072100	Engine No.: 6862262 Cha. No.: YS2P4X20005377986
1. Index Mark and Registration Number of Vehicle	XES95P	AUTOSAFE *****
2. Name of Policyholder	HIAP LOGISTICS PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	22/01/2021 (00:00:00)	Excess Sect 1. S\$2,500.00 EX ON WINDSCREEN. S\$100.00
4. Date of Expiry of Insurance	21/01/2022	
<p>5. Persons or Classes of Persons entitled to drive*</p> <p>(1) Whilst the vehicle is being used in connection with the Policyholder's business Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>(2) Whilst the vehicle is being used for social, domestic or pleasure purposes 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.</p>		
<p>6. Limitations as to use:</p> <p>(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.</p> <p>The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. (3) Use for the carriage of passengers for hire or reward.</p>		
<p>* 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.</p>		

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: Gan Li Jia Jessica
Authorised Officer

杨亚美
Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
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6389 6111

6222 1033

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