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Owner / Driver: (Tel:)	-2
Policy No: () Period: ()	Cover Type: ()	
Confirmed by : (Date:	Tim	d:)	
Insured/Driver Liability: (%) [Note-Est Statu	(WO): N: 0-2	20%; P: 21-79%	6. P: 8d-100%		!
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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 witholding 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.
- Any false reporting may be referred to the Police for Investigation.
 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 27/03/2021 17:14 (SGT) Date of Accident 26/03/2021 18:30 (SGT)

Exact Location of Accident PIE, Singapore

TOWARDS CHANGI BEFORE BKE EXIT Additional Location Information

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Employment

No - Claiming third party

Commercial vehicle

Vehicle Registration Number **GBK2233A**

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner ENG KEE HARDWARE PTE LTD

Company Reg No 1XXXXX437R

Email Address xueyan94@gmail.com Mobile Phone No (Phone) +65-88709149

Alternative Phone No +65-88709149

VEHICLE PARTICULARS

Variant

Manufacturer Mitsubishi Model Canter

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

Transmission

CC

Auto 2998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number DMCVSNW00020002100

Cover Note Number

DRIVER

Name of Driver LAI XUEYAN NRIC No SXXXX295B

Date Of Birth 21/10/1994 Occupation Outdoor Date Of Driving Pass 15/07/2019 Driving experience 1 YEAR AND 8 MONTHS Gender Mobile Number (Phone) +65-88709149 Alt. Phone Number Email Address xueyan94@gmail.com Address 10 JLN HARMONIUM 21/16 TMN DESA TEBRAU Address complement JOHOR BAHRU Postcode 81100 MALAYSIA 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP2897P Vehicle Manufacturer Volkswagen Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver PEK CHENG XU KAMEN NRIC No SXXXX188A Contact Number (Phone) +65-97843886 Address



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

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' law yers/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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signa Time Sketch Plan	ture / Date	low)	& Time	Signatu	re (If dr	7/3/- river is no	t the policy!	nolder) / Da		With	essed	by F	Repo	rting	Cent	re	F
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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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 26/3/21 (DD/MM/YYYY), TIME: 18	: 30)(HH:MM)
LOCATION: PIE (CHANGYI) before BKE BXI	1 1500 WH 5500
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: GIBL 2233 A b) INSURANCE COMPANY: CHINA TAIPING INSURA c) POLICY NUMBER: DMCVSUW000 2000 2000 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARE e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MPV /V AN / LORRY) MOTORCYC g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYC h) PURPOSE OF USING AT ACCIDENT TIME: HOUSE OF USING ONLY THE PARTY CLAIM / REPORTING ONLY THE PARTY C	CLE / OTHERS)
A) NAME: FALLY KAK HOLD WARE PL (MALL b) NRIC/FIN/PASSPORT: 1984054371R CONTACT: C) ADDRESS:	LE / FEMALE)
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER JNAME: DN (MAL b)NRIC/FIN/PASSPORT:	E/FEMALE) 9149
*d)DATE OF BIRTH: () / 199 () (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 15 07 70 19 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	? (YES) NO)
8. THIRD PARTY VEHICLE We of passenger o) VEHICLE NUMBER: SU 287 P MODEL: VOIX Including driver) b) DRIVER'S NAME: PEK CHRUG XU. KAMEN C) NRIC/FIN/PASSPORT: S9325 188/7 CONTACT: T P. THIRD PARTY VEHICLE O) VEHICLE NUMBER: MODEL: DRIVER'S NAME: Including driver) f) NRIC/FIN/PASSPORT:	
() NRIC/FIN/PASSPORT:CONTACT:	

email = XVe yan 94@gmail.com

VIDEO =



中国太平保险(新加坡)有限公司

Motor Commercial



MEZNOUIC

BHKKKSTA

Cox Type C

CERTIFICATE OF INSURANCE

CERTIFICATE NO.

DMCV5NW90020002100

Engine No.: 4P10063670 Chia No. FEACHBA30350

1. Index Nark and Registration

Number of Vehicle

GBK2233A

Name of Policy Hold

ENG KEE HARDWARE PTE LTD

Excess Sect 1. \$5350.00

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

EX ON WINDSCREEN

\$\$100.00

4. Date of Enginy of Insurance

25/02/2022

Persons of Cleanes of Persons erabled to drive*
 Any person who is driving on the Policyholder's order or with their permission

rovided that the person driving is permitted in accordance with the licensing or other less or equilations to drive the Mictor Vehicle or has been so permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor.

於保險超紀私營有限公司

TAN INSURANCE BROKERS PTE LTD 3A/5A Aliwal Street, Chenn Leonn Building Singapore 199896 www.tib.com.sg

Tel: (65) 6742 6766 Fax: (65) 6742 6669

Use in connection with the Policyholder's business.
 Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's busines
 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 whitst drawing a trailer except the tueing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

*Limitations reintered incommittee by Section 8 of the Motor Vahicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysis), are not to be included under these heatings.

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

FOY CHINA TAIPING IN

TENUED BY: TAN INSURANCE BROKERS PTE LTD **Authorised Officer**

True Taiping Insurance (Singapore) Ptr. Ltd. (Cir. Reg. No. 200208384E) 2 Anson Road #16-00 Springleaf Tower Singapore 079909

\$26389 6111

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