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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report correctly 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 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.

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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

30/04/2021 15:59 (SGT) 28/04/2021 17:15 (SGT) Yishun Ave 1, Singapore SELETAR DAM TOWARDS YISHUN Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

GBJ3424P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No Alternative Phone No Yes

FAM AIRCONDITIONING PTE LTD

FAMAIRCOND@SINGNET.COM.SG

(Phone) +65-65871260

+65-65871260

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

Transmission

CC

Toyota

Dyna

Private use

No - Reporting only Commercial vehicle

Manual 3000

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

No

DMCVSNW00035512100

DRIVER

Name of Driver

NRIC No

KU HWEE CHAO (GU HUIZHAO)

SXXXX950F



Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender Mobile Number Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

07/03/1973

16/06/1999

21 YEARS AND 10 MONTHS

BLK 102B CANBERRA STREET #12-99

(Phone) +65-91915438

JOEKUHC@MSN.COM

Collision - Head to Rear

Outdoor

752102

Raining

Wet

No

No

Yes

1

No

No

No

2

Employee

No

No

No

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver Contact Number

Address

Address complement

**GZ377T** 

Commercial vehicle

Accident report SN09214U0005

Page 2 of 16

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

# ACCIDENT STATEMENT

ACC	IDENT DATE: 1 28	1-1-21	(DD/MM/YYY	Y), TIME:( +	: 15 )(HH:MM)	823
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*		COMPANY:	CI			
	c)POLICY NUM	BER:				
	d)POLICY TYPE:	(COMPREHENSI	VE / THIRD PAR	RTY / THIRD PAR	RTY FIRE &THEFT)	•
	e I MAKE & MOD	EL: 104219 (	14119	•		
	f)TYPE:(SALOON	COUPE/MPV	MAN/ (ORB	Y / MOTORCY	CLE / OTHERS)	
	STILL CALL	EGORT. PRIVALE	//COMMERC!	AL MOTORC	YCLE)	
	ILLOKE OF I	USING AT ACCID	ENT TIME-	MDM1		*
	IF NO. PLEASES	MING UNDER YO STATE (THIRD PAR	UP OWN INSU	RANCE (YES A)	<u></u>	
2.	INSURED / POLICE	Y HOLDER	II CLAIM / KE	PORTING ONL	yr,	28
	A)NAME:			(), (, ,	LE / FEMALE)	
	b) NRIC/FIN/PAS	SPORT:	Octobrilla de la constitución de	CONTACT:_		
	c) ADDRESS:				-80 11000	
3 0 0						
M 1	* CONTINUE TO 3	d IF DRIVER ALS	O POLICY HO	LDER		
Ano of passanga	DRIVER			70227.MA		
(Including driver)	a)NAME:			(MAL	FEMALE)	
(1)	b)NRIC/FIN/PASS c)ADDRESS:	PORT:		_CONTACT:	11915438	
	CIADDRESS.			•		VQ 40
,	*d)DATE OF BIRTH	1:( / /	1/00/M	4A4 /VVVV1		
	e)OCCUPATION:	INDOOR COUT	DOORI			
	f) YEARS OF DRIVI	NG EXPRERIENCE	:		•	•
4.	WAS DRIVER AN	EMPLOYEE OF	THE INSURE	D'S COMPANY	? (YES)/ NO)	20
	IF NO, RELATION	NSHIP OF THE D	RIVER WITH	INSURED:		
5. (	D) WEATHER CON	DITION: (CLEAR /	RAINING / O	THERS		
4 1	OROAD SURFACE	: (DRY / WET / Q	THERS			
7. 0	WAS ANYBODY IN 3)REPORTED TO P	DICE IVES AND	7		50	ă.
	IF YES, PLEASE ST	ATE WHICH POL	CE STATION:	98	81	
8. T	HIRD PARTY VEHIC	CLE ,	OL BIAHON.			
tive of passenger	a) VEHICLE NUM	BER: 02377T		_MODEL: .		
(Including driver) 1	b) DRIVER'S NAA	ΛΕ:				
( )	NRIC/FIN/PAS	SPORT:		_CONTACT:		
	HIRD PARTY VEHIC					*
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(Including driver) f	DRIVER'S NAM					
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		VIDEO = NO		**		
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### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. 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 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 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)

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' 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 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' 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), w hich may be sited outside of Singapore, for one or more of the above Purposes.

FAM AIRCONDITIONING PTE LTD

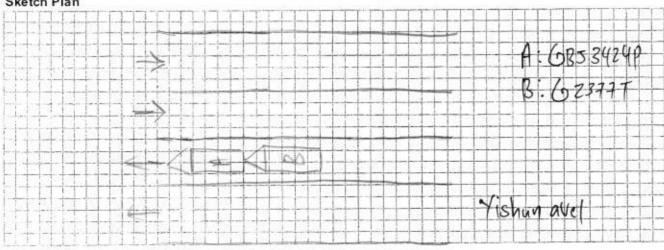
Blk 9002 Tampines St 93 #02-70 Tampines Ind. Park A Singapore 528836 Tel: 6587 1260 Fax: 6587 0261

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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### Declaration

We declare the foregoing particulars are true in every respect.

FAM AIRCONDITIONING PTE LTD Blk 9002 Tampines St 93 #02-70 Tampines Ind. Park A Singapore 528636

Tel: 6587 1260 Fax: 6587 0261

Policyholder's Signature / Date &

30/04/21.

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

A

Witnessed by Reporting Centre Personnel





Motor Commercial

M2300/C

N SN

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, 1997 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0544A Cov. Type:C

Engine No.: 1KD2851138

CERTIFICATE No.

DMCVSNW00035512100

Cha. No.:JTFAT35YX0K212914

1. Index Mark and Registration Number of Vehicle

GBJ3424P

AUTOSAFE

2. Name of Policy Holder

FAM AIRCONDITIONING PTE LTD

Effective date of the Commencement of 25/03/2021 insurance for the purposes of the Regulations. (00:00.00) Ordinance or Enactment

Excess Sect 1.

\$\$500,00

EX ON WINDSCREEN.

\$\$100.00

4. Date of Explry of Insurance

24/03/2022

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 Lew or by reason of any enactment or regulation in that behalf from driving the Motor

6. Limitations as to uso "

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 business.
 Use for social, domestic or pleasure purposes.

(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.

\*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: GRINWEIV CONSULTANCY PTE LTD Authorised Officer

Authorised Signatory