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Protorrad Wksp / INC Assign Wksp / QW: (\.		Tol:)		-
FP Particulars: Veh No: SL	u 7005m.	. INC()/Non-INC()	-
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SN09215E0003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/05/2021 10:59 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (14/05/2021 10:59 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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 This Form must be completed by the Policyholder and/or the Authorised Driver

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

14/05/2021 10:59 (SGT) 08/05/2021 11:00 (SGT) Joo Chiat Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBD3797U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address**

Mobile Phone No Alternative Phone No

SKY CITY PTE. LTD.

CHEESENG3359@GMAIL.COM (Phone) +65-98621177

+65-98621177

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

Employment

Kia

K2500

No - Reporting only Commercial vehicle

Manual 2500

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

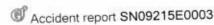
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Comprehensive

China Taiping Insurance (Singapore) Pte. Ltd.

DRIVER

Name of Driver Work Permit No CHONG CHEE SENG GXXXX701X



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?

PASSENGER 1

Name

Gender

PASSENGER 2

Name

Gender

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

27/09/1986

19/11/2012

8 YEARS AND 6 MONTHS

CHEESENG3359@GMAIL.COM

BLK 848 SIMS AVE #01-720

Collision - Head to Rear

(Phone) +65-93531441

Outdoor

400848

Employee

No

No

Clear

Dry

No

No

Yes

3

No

Male

Male

No No

2

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

SLU7005M

Vehicle Model	- 10
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	540
Address	-
Address complement	
Postcode	0.70
Insurance Company Name	(<u>19</u>
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	
200 - 100 -	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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 false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	Michigan Company
Date of accident	1405/20/80	(DD/MM/YY)
Time of accident	1100	(HH:MM)
Exact location of accident	Along Too chiat road	, constant

有证法的证据	D	ETAILS OF	VEHICLE		· 1000年,1000年1月日本出版
Vehicle registration number	G	BO 37	197U		
Vehicle make and model		14	(ia		
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗅	CRV 🗆 Motor	Van cycle 🗆	Others:
Vehicle category	Private	Comm	ercial	Motorcyc	cle 🗆
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes □ Third part cl	No Ø aim □	if no, pleas Reporting		0

	INSURANCE IN	FORMATION	
Insurance company	China	Taiping	
Policy number	DM	CVSNW 000 819120	00
Type of policy	Comprehensive 🗹	Third party fire & theft \square	TP only

	INSURED / POLICY HOLDER	
Name	SKY City PTE LTD	Male Female
NRIC / Fin / Passport number	201408106H	
Contact	98621177	
Address	1001 EUROS AVE 8 #01-	32 EVNOS

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	chong thee seng Male of	Female
NRIC / Fin / Passport number	67946701×	
Contact	9353 1441	
Address	BIK 848 SIM AUR 401-720	
	5(400848	
Email address	cheesing 3359 @ amail . com	
Date of birth	27 109 1 1986	
Occupation	Indoor Outdoor	
Driving date pass	19/11/2012	

Design of the second	GENERAL	INFORMATI	ON OF THE ACCIDEN	Talahan ay wasan ay ay ay
Was driver an employee of	Yes	No 🗆		
the insured's company?	If no, rel		the driver and insure	d:
Accident captured by camera?	Yes	No 🗹		
Weather condition	Clear	Raining	Others:	
Road surface	Dry	Wet □		
No of passenger		3		(Inclusive of driver
				(inclusive of driver
		DACCEN	ICED 1	
Name		PASSEN	NGER 1	SEE STANKES OF BUILDINGS
Gender	Male ø	Formala -		
Centaci	Male	Female		
Name	CHIEF NICH	PASSEN	IGER 2	的表现是是特别的对象的现在分词
Gender	Mala	Familia		
Gender	Male 🕫	Female		
	Carlo III			
	SE HOE	PASSEN	IGER 3	
Name				
Gender	Male 🗆	Female 🗆		
	BERTHAM	PASSEN	IGER 4	
Name				
Gender	Male 🗆	Female 🗆		
		PASSEN	GER 5	
Name				
Gender	Male 🗆	Female		
	_ marc u	remaie B		
		DACCEN	CEDC	
Name		PASSEN	GER 6	
Gender	Male 🗆	Female		
	I Widie	remale 🗆		
	57300 000	OTHER INCO	DIVITION .	
Was anybody injured?		OTHER INFO	RMATION	
Was other vehicle damaged?	Yes 🗆	No		
was other vehicle damaged?	Yes	No 🗆		
			STATION ACTION	Remines of the many that are
Reported to police?	Yes 🗆	No Ø II	f yes, please state wh	ich police station.
Police station name				
	//Pec			
	20700	WITNE	SS 1	
Name				
	PER Y	WITNE	SS 2	
Name				

Since the process and come resemble of	THIRD PARTY VEHICLE 1
Vehicle registration number	SLU 7005M
Vehicle make model	320(10037)
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	THIRD FARTT VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
The Color of the Color of the Color of the	THIRD PARTY VEHICLE 4
Vehicle registration number	THE TAIL TELL T
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	V.
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

Contact

The second of th		INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	- X	
· 50 大学 (1995年) 1995年 (1995年)		INJURED PERSON 2
Name	_	INCOMES I ENSON E
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes□	No 🗆
hospital by ambulance?		
TO A STATE OF THE	STATE OF THE	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	100000000000000000000000000000000000000	
		INJURED PERSON 4
Name		INJURED PERSON 4
Injuries sustained		INJURED PERSON 4
Injuries sustained Which vehicle person in?		INJURED PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	INJURED PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 Yes 🗅	
Injuries sustained Which vehicle person in? Were seat belts worn?		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name		No 🗆 No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained		No 🗆 No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No 🗆 No 🗆 INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆 No 🗆 INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes Yes	No INJURED PERSON 5 No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No INJURED PERSON 5 No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes - Yes -	No INJURED PERSON 5 No No INJURED PERSON 6
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes Yes Yes Yes Yes	No INJURED PERSON 5 No INJURED PERSON 6
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes - Yes -	No INJURED PERSON 5 No No INJURED PERSON 6

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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, acknow ledge, 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), 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

Sketch Plan		
	↑ V	A: GBD 37974
	B	B: 8LU7005M
		Job chief road

Describe Circumstances of the Accident

	I	was	tr	avelling	0	long	500	chial	rono	i, a	S
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Declaration

We declare the foregoing particulars are true in every respect.

Reg. 18. 17.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Commercial

MZ300/C

SN

AN0679A Cov. Type:C

N

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

CERTIFICATE No.

DMCVSNW00081912000

Engine No.: D4CBE557437

Cha. No.: KNCSJX76LF7899961

Index Mark and Registration

GBD3797U

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

SKY CITY PTE. LTD.

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

Excess Sect I

\$\$500.00

EX ON WINDSCREEN .

S\$100.00

4. Date of Expiry of Insurance

28/09/2021

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

- 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

Use for hire or reward or racing, pace-making, reliability trial or speed testing.
 Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: MAYBANK 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 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:

ABWIN PTE LTD

Authorised Officer

Authorised Signatory