

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 08/07/2021 17:46 (SGT)
Date of Accident 22/05/2021 13:20 (SGT)
Exact Location of Accident 65A Cavenagh Rd, Singapore 229620
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC1206L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Limo/TPT Service Provider
Company Reg No 53170567J
Email Address i1maxicab@hotmail.com.sg
Mobile Phone No (Phone) +65-97383166
Alternative Phone No +65-97383166

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Viano
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
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMB1SNW00001442100
Cover Note Number -

DRIVER

Name of Driver Tan Tai Yong
NRIC No S1222095B

Date Of Birth	30/01/1957
Occupation	Outdoor
Date Of Driving Pass	02/11/1976
Driving experience	44 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97383166
Alt. Phone Number	-
Email Address	i1maxicab@hotmail.com.sg
Address	8C Lewis Road
Address complement	-
Postcode	258593
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SJF8452B
Insurance Company of Other Vehicle Owned by Driver	China Taiping Insurance (Singapore) Pte. Ltd.

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Unknown
Gender	Female

PASSENGER 2

Name	Unknown
Gender	Female

PASSENGER 3

Name	Unknown
Gender	Female

PASSENGER 4

Name	Unknown
Gender	Female

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ9185X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

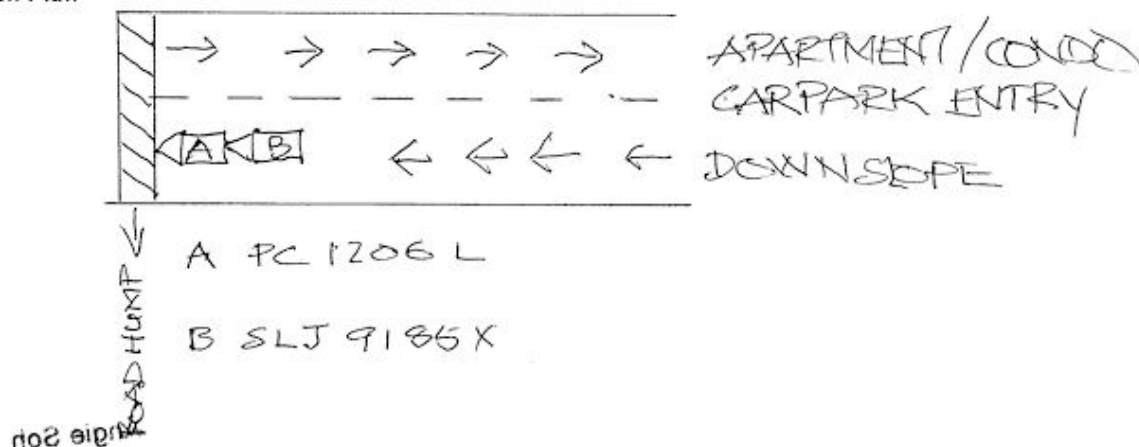
SKETCH PLAN**IMPORTANT NOTICE**

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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' 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.

SERVICE PROVIDER

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
Angie Soh**Sketch Plan**

Describe Circumstances of the Accident

As I enter into the carpark of 65A Cavenagh Road on 22/5/2021 about 1.20pm. It was a down slope to reach lobby 65A. I slowed down as there was a hump in front. As I reached the hump, I felt an impact at the back of my vehicle PC 1206L. I stopped at 65A lobby to alight my guest and vehicle SLJ 9185X was behind me. After inspecting, my vehicle got no damages and the other vehicle SLJ 9185X only have a crack at the car plate.

Angie Soh

Declaration

We declare the foregoing particulars are true in every respect.

LIMO / TPT
SERVICE PROVIDER

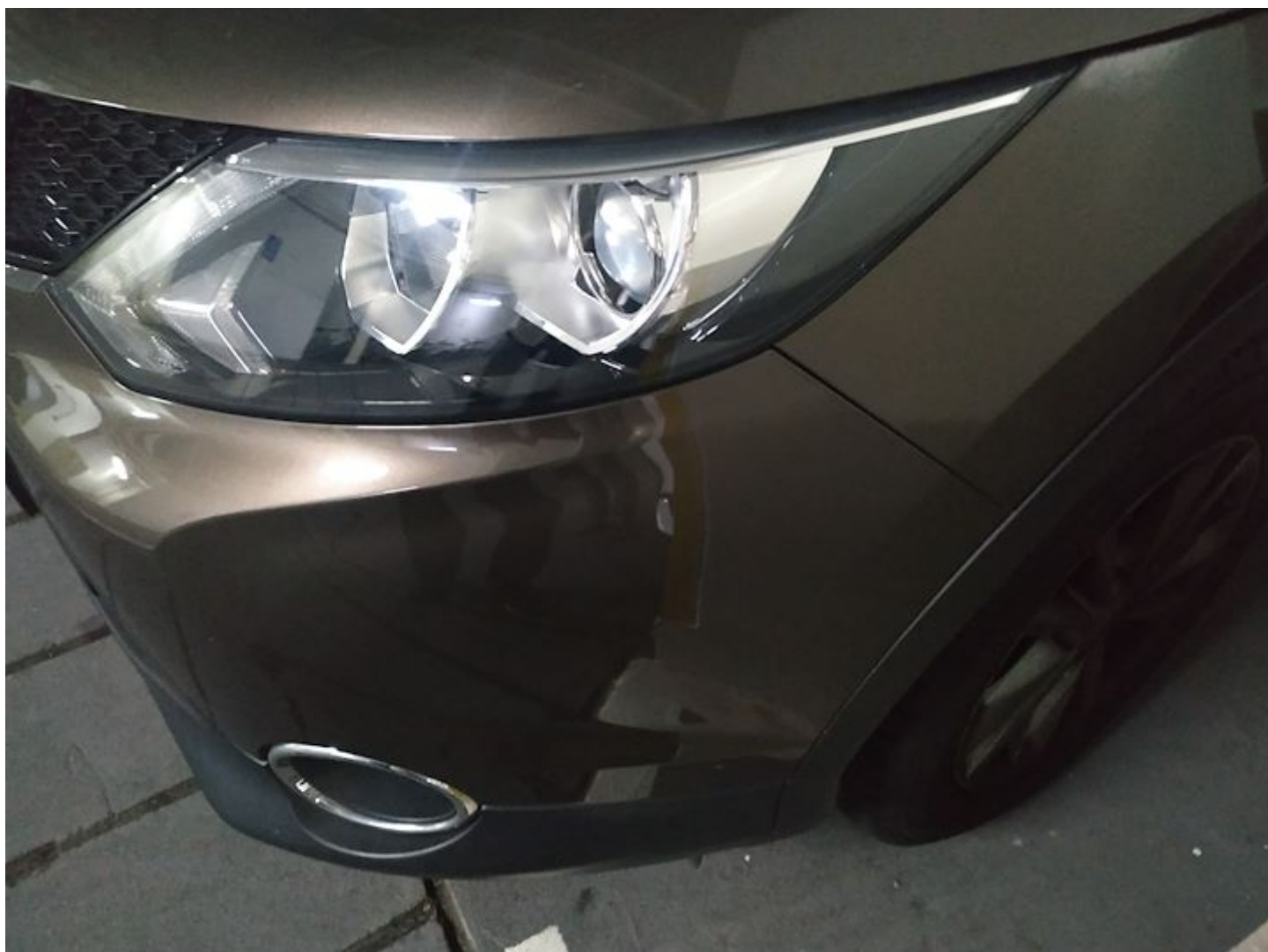
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
Angie Soh



























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

Motor Bus

MZ601

N SN

AN0707B

Cov. Type: T

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.	DMB1SNW00001442100	Engine No.: 65194030905074	Cha. No.: WDF63981523710488
1. Index Mark and Registration Number of Vehicle	PC1206L		
2. Name of Policy Holder	LIMO/TPT SERVICE PROVIDER		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	25/02/2021 (00:00:00)	Excess Sect. II	SS\$1,500.00
4. Date of Expiry of Insurance	03/02/2022		
<p>5. Persons or Classes of Persons entitled to drive*</p> <p>Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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>Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.</p> <p>The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</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:

KHC HOLDINGS LTD.
Authorized Officer

Authorized 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



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

Our Ref. : SNM21D203286/PC1206L/C02

Date : 01 Jul 2021

FINAL REMINDER

via Registered and Ordinary Mail

LIMO/TPT SERVICE PROVIDER
8C LEWIS ROAD

SINGAPORE 258593

Dear Policyholder

RE: ACCIDENT INVOLVING OUR VEHICLE NO PC1206L AND SLJ9185X ON 22 May 2021 ALONG 65A
CAVENAGH ROAD
Policy : DMB1SNW00001442100

We refer to our letter dated 13/06/2021.

We regret to inform that neither you nor your driver has filed an accident report on the above accident till to-date.

Please note that you and / or your driver is required to render full co-operation and assistance to your insurer on the above accident under the policy terms and conditions.

We would appreciate if you could report your accident at any of our authorized workshops within the next seven (7) days. Failing which, we shall direct the matter to the Traffic Police without any reference to you.

Please contact our claims department at 63896116 should you require our assistance or clarification.

(This is a computer generated letter and no signature is required.)

cc: KHC HOLDINGS PTE LTD AN0707B