# **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.

  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 15/06/2021 12:14 (SGT) Date of Accident 14/06/2021 17:00 (SGT) Exact Location of Accident Sentul Cres, Singapore Additional Location Information ALONG SENTUL CRES Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number XF1762S

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MOH SENG CRANES PTE LTD Company Reg No 198701569G **Email Address** operation@mohsengcranes.com Mobile Phone No (Phone) +65-83239709 Alternative Phone No (Office) +65-83239709

#### VEHICLE PARTICULARS

Manufacturer Hino Model FY1EUMA-KAS Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Mobile equipment Transmission Auto CC 12913

#### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNA00125972000 Cover Note Number

# DRIVER

Name of Driver **CHIN GONG JENN** Passport No/FIN G7771637N

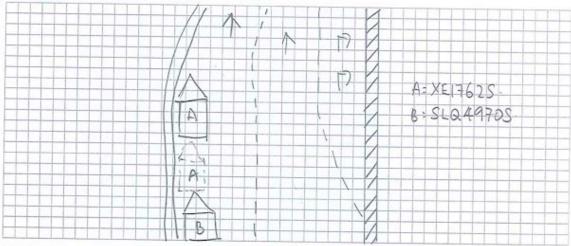
Date Of Birth 30/10/1983 Occupation Outdoor Date Of Driving Pass 14/08/2019 Driving experience 1 YEAR AND 10 MONTHS Gender Mobile Number (Phone) +65-84349856 Alt. Phone Number Email Address operation@mohsengcranes.com Address APT BLK 840 WOODLANDS STREET 82 #10-01 Address complement Postcode 730840 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** 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 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 Was anybody injured in the Accident? Nο 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) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 14/6/21 AT ABOUT 1700HRS I WAS TRAVELLING ALONG SENTUL CRES. I WAS ON HAZARD LIGHT AT THE SIDE OF ROAD AS I GOT LOST I DECIDED TO LOOK ON MY PHONE FOR THE JOB SITE. AFTER I FOUND THE JOB SITE, I START TO MOVE AND AFTER CHECKING MY BLINDSPOT I REVERSE. I DID NOT REALIZE THAT I HIT TO VEHICLE B: SLQ4970S FRONT BUMPER UNTIL THE CONSTRUCTION SITE WORKER WAVE AT ME & TOLD ME THAT I HIT ONTO VEHICLE B. \*\*I WISH TO STATE THAT AFTER GETTING DOWN FROM MY VEHICLE AND AFTER EXCHANGE PARTICULARS THERE WAS NO INJURY AT THE TIME OF INCIDENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SLQ4970S
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	_
<b>G</b>	_
· · · · ·	
Details of property damaged in accident  No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 14/6/21 at about 1700 HRS I was travelling Along Sentul Cres. I was on hazard light at the side of road as I got lost I decided to look on my phone for the job site. After I found the job site, I start to move and after checking my blind spot I reverse. I did not realize that I hit to vehicle B: SLQ 4970S front
bumper until the construction site worker wave at me of told me
that I hit onto vehicle B.
the state of state that a state of the state
I wish to state that after getting down from my vehicle and
* I wish to state that after getting down from my vehicle and after exchange particulars there was no injury at the time
of incident.
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.:

GIARMC SketchPlanForm\_V3

#### SKETCH PLAN

# IMPORTANT NOTICE

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- 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>.
- 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.
- 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.
- By the lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - 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:
  - 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.:

GIARMC SketchPlanForm V3



# 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

CERTIFICATE OF INSURANCE

tor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Moter Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

BR0046C Cov. Type:C

CERTIFICATE No.

DMCVSNA00125972000

Engine No.: E13CWA11301 Cha. No.:FY1EUM10025

Index Mark and Registration

XE1762S

AUTOSAFE

Number of Vehicle 2. Name of Policy Holder

MOH SENG CRANES PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations. (00:00:00)

Excess Sect I.

S\$2,000.00

EX ON WINDSCREEN

\$5100.00

4. Date of Explry of Insurance

5. Persons or Classes of Persons entitled to drive\*

5. Persons or Classes of Persons entitled to drive"

(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.

(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.

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

(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.

HIRE PURCHASE CO.: HONG LEONG FINANCE LTD

\* 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: Gan Li Jia Jesca Authorised Officer

Authorised Signatory

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

♠ 3 Anson Road #16-00 Springleaf Tower Singapore 079909

C 6389 6111

₩6222 1033

www.sq.cntaiping.com













