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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.

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	18/08/2021 10:40 (SGT)
Date of Accident	17/08/2021 13:20 (SGT)
Exact Location of Accident	Toh Yi Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

GBE3814Z

Nissan

INSURED/POLICYHOLDER		

Is company?	Yes
Name Of Registered Owner	ANN HUAT RENOVATION
Company Reg No	5XXXX444M
Email Address	shawntan1010@gmail.com
Mobile Phone No	(Phone) +65-82335910
Alternative Phone No	+65-82335910

VEHICLE PARTICULARS

Manufacturer

Vehicle Registration Number

Model	Nv350
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy	China Taiping Insurance (Singapore) Pte. Ltd. Comprehensive No
Policy Number Cover Note Number	DMCVSNW00111992002

DRIVER

El-Restriction of the Control of the	
Name of Driver	TAN CHEE SEAN
NRIC No	SXXXX967E

Date Of Birth	27/02/1978
Occupation	Outdoor
Date Of Driving Pass	28/04/2008
Driving experience	13 YEARS AND 4 MONTHS
Gender	A STATE OF THE STATE OF STATE
	Male (Pharma) (CF 80005010)
Mobile Number	(Phone) +65-82335910
Alt. Phone Number	
Email Address	shawntan1010@gmail.com
Address	47 LORONG MARZUKI
Address complement	-
Postcode	417123
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	110
Vermole regionation realized of earlier vermole extract by Enter	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	
Noad Surface	Wet
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?	# Page
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	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 No
	NO
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	GBC3035R
Vehicle Manufacturer	¥
Vehicle Model	-
Vehicle Variant	~
Vehicle Colour	<u></u>
Vehicle Category	- Commercial vehicle
	Commercial venicle
Name of Driver Contact Number	÷
	122
Address	· -
Address complement	-

Postcode	12
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 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.
- 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:
 - 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 :
 - (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
 - (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
 - 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. MHI

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN	Tot /1	DRIVE	
		7	
A) GBE 381	42		
B) 615C 30?	55 R		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Was

DECLARATION

I/We declare the foregoing particulars are true in every respect.

ANA HUA

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date

Reporting Centre Personnel's Signature

Name:

Email: sm@idac.com.sg Tel no: 6555 6888
*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 17 / 08 /2021 (dd/mm/yy) Time of Accident: 13: 20(24-HR-FORMAT)
Vehicle No.: GBE 38142 Vehicle Make & Model: MISSON NV350
The Vi Dr
Policyholder's Name / IC No.: Ann that Renovation 53166444M
Disorte Name /ICNO: Jan Chep Sean 57888 96 / E (As Above)
Driver's Contact No.: 82335910 Company Contact No (Company Veh Only):
Driver's Address:
Email address: Shawntan 1010@gmail .com Insurance Company: China Ta ping
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose *No. of Passengers (Including Driver):
Gender: Male / Female * Passanger
*Passanger Name: Gender: Male / Female *Passanger Name: Gender: Male / Female Vision & Read conditions? (On the day of accident)
*Passanger Name: Gender: Male / Female *Passanger Name: Gender: Male / Female Vision & Read conditions? (On the day of accident)
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Molor Commercial

MZ300/C

SN AN0397A

Cov. Type:C

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

CERTIFICATE No.

DMCVSNW00111992002

Engine No.: YD25382256A

Cha. No.: JN1MC2E26Z0005319

1. Index Mark and Registration Number of Vehicle

GBE3814Z

Name of Policy Holder

ANN HUAT RENOVATION

Effective date of the Commencement of

17/11/2020

Excess Sect 1.

\$\$350.00

insurance for the purposes of the Regulations.
Ordinance or Enactment

(00:00:00)

EX ON WINDSCREEN.

\$\$100.00

4. Date of Expiry of Insurance

16/11/2021

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 Vehicle.

6. Limitations as to use:*

(1) 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.

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.: UNITED OVERSEAS BANK LIMITED AS HP OWNER * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 96 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 (Malaysla).

Please see reverse

Issued By: INDEX AGENCY PTE LTD Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory