

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	24/08/2021 14:57 (SGT)
Date of Accident	15/08/2021 15:00 (SGT)
Exact Location of Accident	Yishun Ring Rd, Singapore
Additional Location Information	TURNING RIGHT TOWARDS YISHUN AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3162B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SHENG YUAN WHOLESALE
Company Reg No	5XXXX323A
Email Address	fishfarm68@gmail.com
Mobile Phone No	(Phone) +65-96632800
Alternative Phone No	+65-96632800

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Citan
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00075292000
Cover Note Number	-

DRIVER

Name of Driver	FAM KOK HUNG
NRIC No	SXXXX180H

Date Of Birth	23/10/1978
Occupation	Outdoor
Date Of Driving Pass	31/05/2014
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96632800
Alt. Phone Number	-
Email Address	fishfarm68@gmail.com
Address	BLK 295A COMPASSVALE CRESCENT #15-211
Address complement	-
Postcode	541295
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
Does Driver Own Other Vehicles?	No
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV3849D
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)	4

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FAM KOK HUNG
Gender	Male
Phone No	(Phone) +65-96632800
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBD3162B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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 "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.

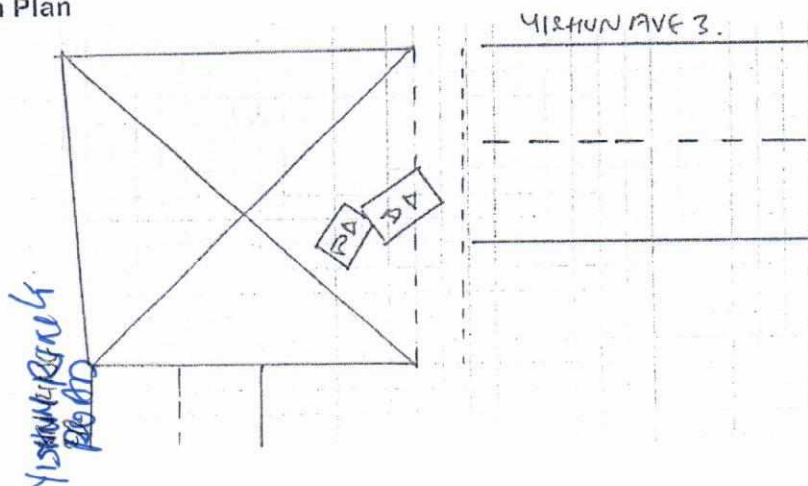
SHENG YUAN WHOLESALE

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



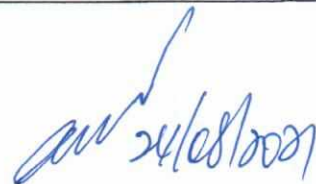
A: GBD 3162 B.
B: SMV 3849 D.

Describe Circumstances of the Accident

ON THE STATED DATE AND TIME, I WAS TURNING RIGHT. I CAME TO
A STOP AS THERE WERE PEDESTRIANS CROSSING.
OUT OF NOWHERE, VEHICLE B HIT ONTO THE REAR PORTION OF MY
VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

 24/08/2021

SHENG YUAN WHOLESALE



VEHICLE NO: GBD 2162 B.MAKE & MODEL: MERC CITANAUTO / MANUAL

DATE OF ACCIDENT	<u>15 / 08 / 21</u>			*C.C. <u>1.4.</u>
TIME OF ACCIDENT	<u>1500</u> AM / <u>PM</u>			
LOCATION OF ACCIDENT	<u>YISHUN RING RD. → YISHUN AVE 7.</u>			
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>			
NAME OF OWNER	<u>SHENG YUAN WHOLESALE</u>			
EMAIL: <u>FISHFARM68@gmail.com</u>	Office:	MOBILE: <u>9662 2800</u>		
NRIC	<u>53354323A.</u>			
CLAIM TYPE	<u>OD / THIRD PARTY / REPORTING ONLY</u>			
FLEET POLICY:	<u>YES / NO ?</u>			
INSURANCE CO.	<u>80 CHINA TAIPING.</u>			
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>			
POLICY NO.				
NAME OF DRIVER	<u>AS ABOVE / IF NO. FAM KOK HUNG.</u>			
NRIC	<u>S7869180H.</u>			
DATE OF BIRTH	<u>23 / 10 / 78.</u>			
ANY PASSENGER	<u>YES / NO :</u>			
NAME OF PASSENGER	<u>-</u>			
GENDER OF PASSENGER	<u>MALE / FEMALE.</u>			
OCCUPATION	<u>Outdoor / Indoor</u>			
DATE OF DRIVING PASS	<u>31 / 05 / 14.</u>			
GENDER	<u>Male</u> / Female			
CONTACT NO.	Mobile: <u>11</u>	Office:	Home:	
EMAIL	<u>11</u>			
ADDRESS	<u>295A COMPOSSUALE CRECENT #15-211 SCS41295).</u>			
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No.		INSURER: <u>-</u>	
RELATIONSHIP	Employee / If No: <u>DIRECTOR.</u>			
WEATHER CONDITION	<u>Clear</u> / Raining / Other:			
ROAD SURFACE	<u>Dry</u> / Wet / Other:			
ANY INJURIES	<u>No / If yes: Who? DRIVER.</u>			
CONTACT NO.				
POLICE REPORT	<u>No</u> / If yes: Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES: WHO?			
VEHICLE B NO.	<u>Smv 3849 D.</u>		Any Passenger: <u>4 CIRCUMPING DRIVER/</u>	
NAME				
CONTACT NO.				
VEHICLE C NO.	Any Passenger:			
VEHICLE D NO.	Any Passenger:			
VEHICLE E NO.	Any Passenger:			
VEHICLE F NO.	Any Passenger:			
ANY WITNESS				
WITNESS CONTACT NO.				
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>			
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>			
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>			
**WORKSHOP:	<u>REVOLUTION AUTOMOTIVE</u>			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>			



中国太平
CHINA TAIPING

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

Motor Commercial

MZ300/C

N SN

AN0899A

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

CERTIFICATE No.

DMCVSNW00075292000

Engine No.: K9KB608D314189

Cha. No.: WDF4156052U144129

1. Index Mark and Registration
Number of Vehicle

GBD3162B

AUTOSAFE
=====

2. Name of Policy Holder

SHENG YUAN WHOLESALE

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

13/10/2020

Excess Sect I. S\$450.00
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

03/09/2021

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 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 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.

HIRE PURCHASE CO. : HITACHI CAPITAL ASIA PACIFIC PTE LTD 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: INSMART ENTERPRISE
Authorised Officer

Authorised Signatory