SA1A219G0003 / Auto Insure Pte Ltd [739145] ENTRY DATE & TIME: 16/09/2021 12:50 (SGT) SUBMITTED BY: NGIAW JIE LING VERSION: 1 (16/09/2021 12:50 (SGT))

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.

- 4. The issue and acceptance of this is form by instrained 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 16/09/2021 12:50 (SGT) Date of Accident 03/09/2021 19:17 (SGT) Exact Location of Accident Marina Blvd, Singapore Additional Location Information JUCNTION OF MARINA BOULEVARD &BAYFRONT AVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number GBD7587H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **BAO LONG ENGINEERING PTE LTD** Company Reg No 201201120G Email Address baolong_xhy@yahoo.com.sg Mobile Phone No (Phone) +65-88139133 Alternative Phone No +65-88139133

VEHICLE PARTICULARS

Manufacturer

Model Dyna 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? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW000047052105 Cover Note Number

DRIVER

Name of Driver **XIA HOUYIN** NRIC No. S7467309J

Date Of Birth 17/09/1974 Occupation Outdoor Date Of Driving Pass 12/10/2010 Driving experience 10 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-93806328 Alt. Phone Number Email Address baolong_xhy@yahoo.com.sg Address BLK 429 WOODLANDS ST 41 #12-250 Address complement Postcode 730429 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 - Change/cross lane 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 vehicle 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 3/9/2021 AT ABOUT 1917HRS.I WAS TRAVELLING ALONG MARINA BOURLEVARD. I WAS TRAVELLING ON THE 3RD LANE AND I WANTED TO MAKE A LANE CHANGE FROM THE 4TH LANE, WHEN I FILTER HALF WAY VEHICLE B COLLIDED ONTO MY VEHICLE. 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 SHC8688C Vehicle Manufacturer

Taxi

Accident report SA1A219G0003

Vehicle Variant

Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Vehicle Model

Address			
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 -

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of materful facts may allow insurance companies to <u>regudiate 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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the G'A 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 aforesa'd.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to do lect, 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 purposets) 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 encuiries 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 or 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 freud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) 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 Personne 's Signature

Name:

NRIC/FIN No.:

KETCH PLAN			
			_
we or to a		V: 080 428+H	
		B= SHCRGRRC	
The second second			

] [1	
2 1 111.4	(() () () () () () () () ()		
	1		
			4
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
On 3/9/1001 at ab	out raithte 1 was th	ravelling along marina	Brulevard
		3 3	
was travelling on	the 31d laru and	I wanted to ma	ke a lanu
ehick B willded	onte my sehick.		
			1.7
		47	
			- 3
CLARATION		-	
Ve declare ste foregoing partic	ulars are true in every respect.	g age 40 total in ag	
(3(20.50.150) 3)	3 SP	Soul	\supset
licyho'der's Signature	Oriver's Signature	Reporting Central Po	ersonnel's Signature
te & Time:	(If driver is nonthe policyholder)	Name: 1	



CERTIF

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD

MZ300/C Motor Commercial

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)

AN0144A Cov. Type:C

R SN

		Engine No.: 1KD2460308
ICATE No.	DMCVSNW00047052105	Cha. No.:KDY231801781

1. Index Mark and Registration GBD7587H AUTOSAFE Number of Vehicle

BAO LONG ENGINEERING PTE LTD 2. Name of Policy Holder

 Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment
 (00:00:00) 21/04/2021 Excess Sect 1. S\$500.00 EX ON WINDSCREEN . \$\$100.00

4. Date of Expiry of Insurance 20/04/2022

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 (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.: THINK ONE CREDIT 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: LIAN HONG PTE LTD Authorised Officer

Authorised 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



















