

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	19/11/2021 12:33 (SGT)
Date of Accident	17/11/2021 17:15 (SGT)
Exact Location of Accident	Sims Ave E, Singapore
Additional Location Information	INFRONT OF UNIT 82
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1274K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SGM7 PTE. LTD.
Company Reg No	2XXXXX437E
Email Address	terence@runningman.sg
Mobile Phone No	(Phone) +65-80303112
Alternative Phone No	+65-91375500

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00087732100
Cover Note Number	-

DRIVER

Name of Driver	THNG CHIN LEONG, BERNIE (TANG JINLONG, BERNIE)
NRIC No	SXXXX132C

Date Of Birth	31/12/1975
Occupation	Outdoor
Date Of Driving Pass	03/04/2007
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91375500
Alt. Phone Number	-
Email Address	terence@runningman.sg
Address	BLK 548 BEDOK NORTH AVENUE 1 #07-430
Address complement	-
Postcode	460545
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	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
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	SLS9471Y
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	THNG CHIN LEONG, BERNIE (TANG JINLONG, BERNIE)
Gender	Male
Phone No	(Phone) +65-91375500
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBB1274K
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.



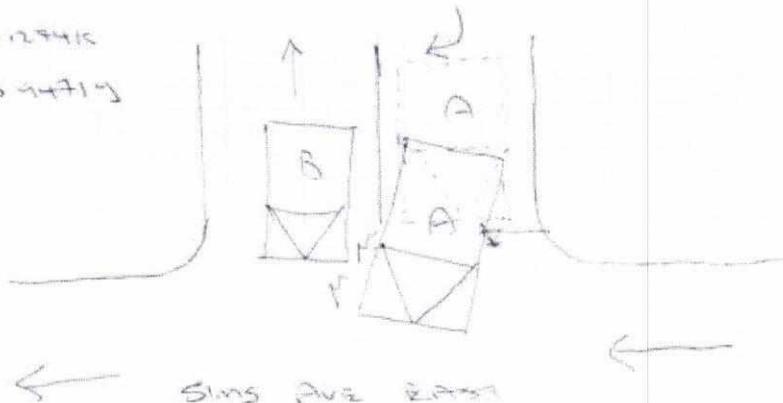
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A - 483 27415
Vehicle B - 545 44719



Describe Circumstances of the Accident

I was exiting from the unit after my delivery to Unit 82 Sims de Rose.

After stopping at the stop line, and wanted to move off after checking my mirror was clear, suddenly I felt a impact from the right front portion of my vehicle.

Alighted from the vehicle and realized, it was a vehicle with licence plate (SLS 9271Y) tried to overtake from my right, which is a single lane inward opposite direction and hit into the right front portion of my vehicle while I was at the outward lane.

Vehicle A - GBB 1274K
Vehicle B - SLS 9471Y

Declaration

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

Witnessed by Reporting Centre Personnel

VEHICLE NO:	6B31274K	MAKE & MODEL:	Toyota Hiace	AUTO / MANUAL
DATE OF ACCIDENT:	17 / 11 / 21	CC:	2982	
TIME OF ACCIDENT:	1715 HRS			
LOCATION OF ACCIDENT:	Infront of Unit 12 Sims Ave East			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	SUN7 PTE LTD			
TEL NO:	H/P: 80303112	OFFICE:	HOME:	
NRIC:	201729437E			
ADDRESS:	15 Vishnu Industrial Street 1 #01-08 W15 S (768091)			
EMAIL:	terence@sun7.com.sg			
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	YES / NO ?			
INSURANCE COMPANY:	Cigna T&A			
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO:	PMCVSA1W0007 9232-00			
NAME OF DRIVER:	AS ABOVE / IF NO: THUK CHIN LEONG BERNIE (Tanik Jimlong (Korean))			
NRIC:	S7539132L	ANY PASSENGER:	NA	
DATE OF BIRTH:	3 / 2 / 1975	LICENCE PASSED DATE:	03 / 04 / 07	
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	MALE / FEMALE			
CONTACT NO:	H/P: 91375500	OFFICE:	HOME:	
ADDRESS:	Blk 545 Bedok North Ave 1 #07-430 S (460545)			
EMAIL:				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:	INSURER:		
RELATIONSHIP:	Employee			
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:			
ROAD SURFACE:	DRY / WET / OTHER:			
ANY INJURIES:	NO / IF YES, WHO?			
NAME & CONTACT:	THUK CHIN LEONG BERNIE, 91375500			
NAME & CONTACT:				
POLICE REPORT:	NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?			
VEHICLE B REG NO:	SLS 9471 W	ANY PASSENGERS:		
NAME OF DRIVER:		CONTACT NO:		
VEHICLE C REG NO:		ANY PASSENGERS:		
VEHICLE D REG NO:		ANY PASSENGERS:		
VEHICLE E REG NO:		ANY PASSENGERS:		
VEHICLE F REG NO:		ANY PASSENGERS:		
VEHICLE G REG NO:		ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	YES / NO			
WAS THERE ANY AUDIO RECORDED?	YES / NO			
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO			
ACCIDENT PORTION:	RIGHT FRONT PORTION			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?				YES / NO
WORKSHOP PARTICULAR:	N-51 AUTOMOTIVE PTE LTD			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	IAN			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

Motor Commercial

MZ407/C

N SN

AN0663A

Cov. Type F

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.	DMCVSNW00087732100	Engine No.: 1KD1814743	Cha. No.: JTFHT02P200023212
1. Index Mark and Registration Number of Vehicle	GBB1274K		
2. Name of Policy Holder	SGM7 PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	22/07/2021 (00.00.00)	Excess Sect. II	\$S1,500.00
4. Date of Expiry of Insurance	21/07/2022		
<p>5. Persons or Classes of Persons entitled to drive*</p> <p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>			
<p>6. Limitations as to use*</p> <p>(1) Use in connection with the Policyholder's business and Hirer's Business.</p> <p>(2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business.</p> <p>(3) Use for social, domestic or pleasure purpose.</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>(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p>			
<p>HIRE PURCHASE CO. - LAKE VIEW CREDIT PTE LTD</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>			

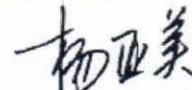
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Please see reverse



Issued By: _____
SGM7 PTE LTD
Authorised Officer *

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory