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 18/11/2021 17:04 (SGT) Date of Accident 17/11/2021 20:05 (SGT) Exact Location of Accident 7A Tuas Rd, Gul Circle, Singapore 637288 Additional Location Information **T JUNCTION** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBL3384K**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner T & K WORLDWIDE COMMERCE PTE LTD Company Reg No 200102932E **Email Address** REBECCA.TAN@TKWORLDWIDE.COM.SG Mobile Phone No (Phone) +65-91766179 Alternative Phone No +65-91766179

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 Variant DX 1.6 AUTO 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? Yes Vehicle Category Commercial vehicle

Transmission Auto CC 1597

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00057352100 Cover Note Number

DRIVER

Name of Driver TAN PEI LAN, REBECCA NRIC No. S8518108D

Date Of Birth 10/06/1985 Occupation Outdoor Date Of Driving Pass 12/08/2004 Driving experience 17 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-91766179 Alt. Phone Number Email Address REBECCA.TAN@TKWORLDWIDE.COM.SG Address 648B JURONG WEST ST 61 #13-318 Address complement Postcode 642648 Is the driver the policyholder? Nο 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 Collision - Major/Minor Rd 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? Yes Was any injured conveyed to hospital by ambulance? Yes 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? Nο PASSENGER 1 Name **PASSENGER** Gender Male PASSENGER 2 Name **PASSENGER** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT 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	YP5022Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	-
Gender Phone No	-
Phone No Address	-
	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBL3384K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	_



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

CERTIFICATE OF INSURANCE

AN0650A

Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) for Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:C

CERTIFICATE No.

DMCVSNW00057352100

Engine No.: HR16179218D Cha. No.:VM20-162700

1. Index Mark and Registration

GBL3384K

Number of Vehicle

2. Name of Policy Holder

T & K WORLDWIDE COMMERCE PTE LTD

Effective date of the Commencement of hisurance for the purposes of the Regulations. (11:33:24) Ordinance or Enactment

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

\$\$350.00

4. Date of Expiry of Insurance

16/05/2022

Persons or Classes of Persons entitled to trive*
 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.

- 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.

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.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC 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: BELL AUTO 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

C) 6389 6111

₱6222 1033

www.sg.cntaiping.com

	6ul	CIRCLE
CH PLAN	7012	CIRCLE nicle prod spin round
		A 2 GBC 3381 B = 4 PS8222
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	1	
neter Ti	18/1a	verlort.
DECLARATION I/We eclare to foregoing particulars are true in every report of the foregoing particular	espect.	Reporting Centre Personnel's Signature

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
- 7. 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)
 - (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
 - 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:
 - (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.

ature Policyhold Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:









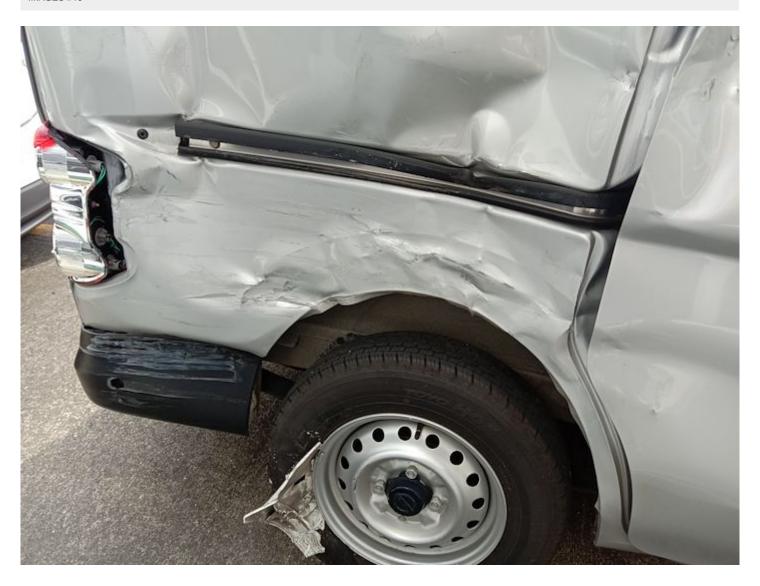


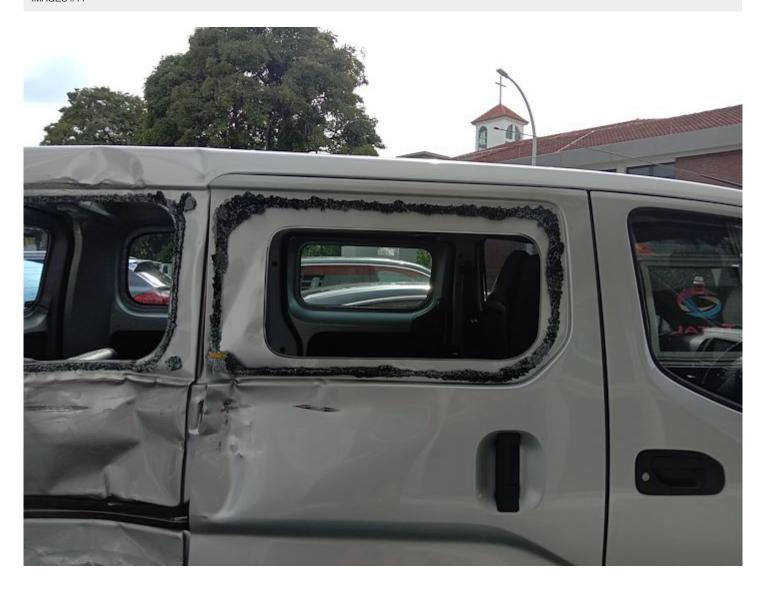










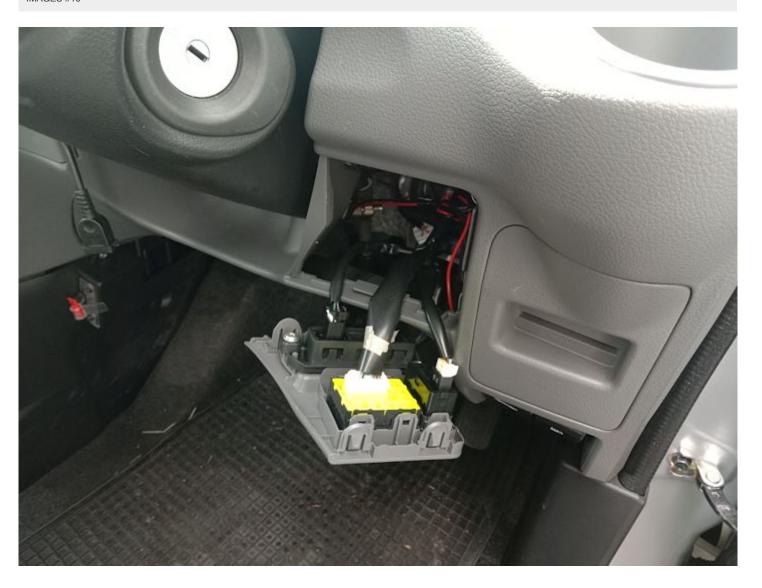


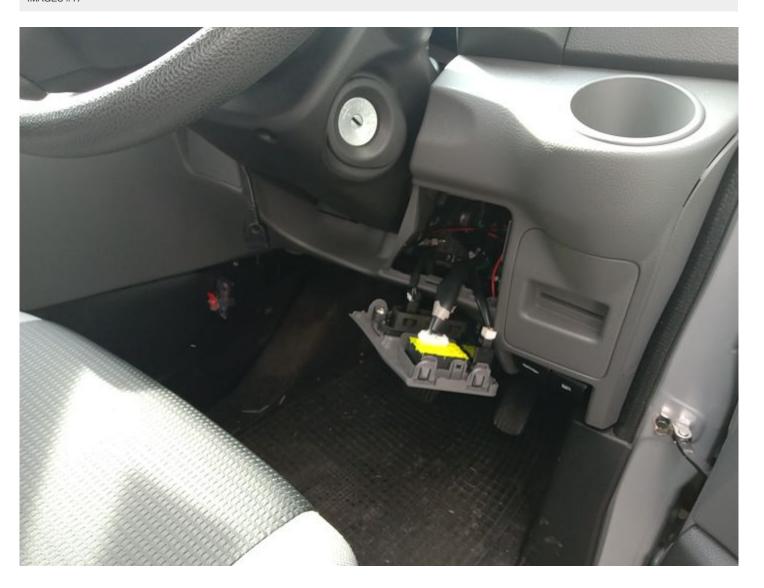


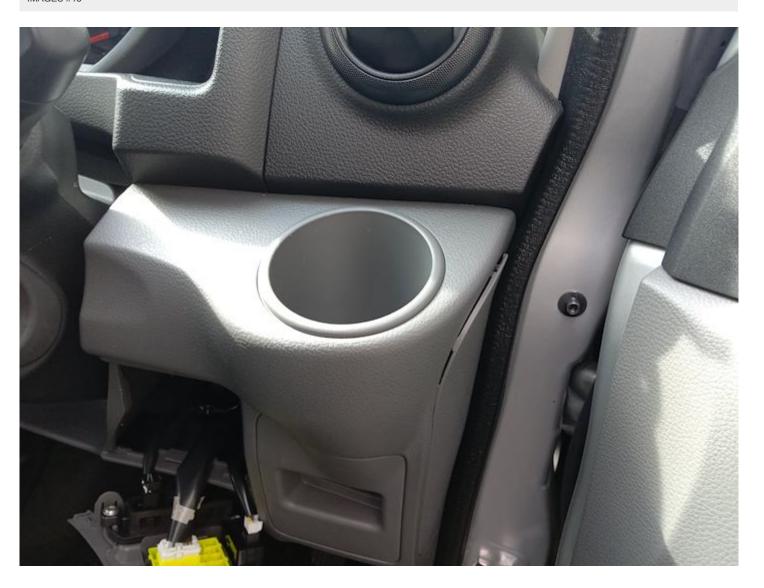
































T/20211117/2012D

Date of Expiry:

1 of 4

Report No. T/20211117/2012D

SINGAPORE POLICE FORCE

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

Chinese

Occupation:

Mechanical engineer (general)

REPORT OF A TRAFFIC ACCIDENT

ILI OILI OI				Total Control
Date/Time 17/11/202		lade:	Vide Report No.: J/20211117/0122	Station Diary No. 5008
Informan	t's Particu	ulars		
Name of I TAN PEI I			Address: APT BLK 648B JURO SINGAPORE 642648	NG WEST STREET 61 #13-318
ID Type / NRIC NO		08D	Contact No.: Home/Office:	Mobile: 91766179
Nationality		'EN	Email:	
Sex: Female	Age: 36	Date of Birth: 10/06/1985	Type of Informant: Driver	
Race:			Language:	Institution / School Name:

Driving Licence Information:

Class: 3

Type of Accident:	Injury Conveyed By Ambula	nce Drink No	Date/Time of Accident: 17/11/2021 20:05	Type of Location. T-Junction
Location: GUL CIRCLE Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		
		Traffic Control:		Traffic Volume:
Traffic Flow: Two Way		Not Controlled		Light

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBL3384K	Van				Seriously Damaged	
YP5022Z	Lorry				Seriously Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20211117/2012D

2 of 4

Report No. T/20211117/2012D

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

CONTINUATION OF REPORT

Passenger		Was St				
Name	Seah Xinrui Daphne			ID No.		S9046603H
Related Vehicle	GBL3384K (Van)			Conta	ct No.	93627563
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disci				NIL	
	ed Medical Leave N	IL	Degree of	f Injury	NIL	
Driver		Blatte In				
Name	TAN PEI LAN, REBECC	A		ID No		S8518108D
Related Vehicle	GBL3384K (Van)			Conta	ct No.	91766179
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
		IIL	Degree o	f Injury	NIL	
Passenger	The state of the s	10200			1000	E CHARLES THE STATE OF THE STAT
Name	Chong Koh Wei		ID No.		G7071741M	
Related Vehicle	GBL3384K (Van)			Contact No.		88399813
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis	charge	NIL	
	1111	IIL	Degree o			nt
Driver	Todalogi Eduro	CE CAND				PART TO THE PART OF THE PART O
Name	Chinniah Pandi			ID No).	F8073310X
Related Vehicle	YP5022Z (Lorry)		Contact No.		NIL	
Hospital/Clinic	NIL		Class Drivir Licen Expir	ng	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Dis	charge	NIL	
		100		of Injury		



T/20211117/2012D

3 of 4

Report No. T/20211117/2012D

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

CONTINUATION OF REPORT

On 17/11/2021 at around 2005hrs I was driving my vehicle bearing the plate number GBL 3384K along Gul Street 4 and I was about to make a right turn into Gul Circle. As I was making a right turn, there was a vehicle bearing the plate number YP5022Z driving towards my direction heading towards Gul Cresent. The vehicle YP5022Z was unable to stop in time and it collided onto the back of my vehicle. The right back of my vehicle GBL 3384K was heavily dented inwards and right back wheel was misaligned. The vehicle YP5022Z that collided on to me had its right front dented and glass cracked. There were a total of 3 passengers inside my car and my third passenger namely Chong Koh Wei, 8893 9813 sustained injuries on his left head, left arm, shoulder pain and back pain. Chong Koh Wei was conveyed to the hospital.

The vehicle YP5022Z that collided on to me had up to 10-12 passengers (Unsure of the exact number) and no one from that vehicle was conveyed to the hospital. The traffic police and ambulance attended to us. No government property was damaged. In total there was only 01 person whom was conveyed to the hospital and it was Chong Koh Wei. I would like to inform that I am unable to provide YP5022Z driver's phone number, however I am able to provide his boss (EDDIE) handphone number : 9677 0025. Today I am here to make a police report about this matter. With reference to J/20211117/0122, In Charge: Syatuddin TEL:65476367.