

DATE: 07/12/2021 10:22
REF ID: A6017210123537
VAL: 635, 85894
DOA: 05/12/2021 19:3

(C) ~~ITP~~ Reporting Only

'F'P Insurance

(WY) / (AY) W (V) V (A) W (V) W (V) W (V) W (V)

Printed/Print	Y/N	SFC 32238	NO()/Non-NO()
Owner/Driver			Tel

Valley No () Period () Cover Type ()

Continued by 1

DA191

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Insured/Driver List/Illegals (%) (No. of Drivers) (WFO) 110-20%, P121-70%, P100-100%

Year of Registration () Woman/ Yes () No ()

1) ၂၀၀၀၀၀ (\$ 1)) ၂၀၀၀၀၀၀ (\$ 1,000 () / \$ 2,000 (

() Written Guarantee: Customer's information strictly confidential & strictly NO to for or republish

() Total Loss Code 140 e-mail INSURANCE URGENTLY

L7/yor(h) /l'ovvvdv)) (. } Tnvosooi VNS(, } /NQ(} /TOWELL CO

1) Apply for 'Monthly Allowance' () / Country ()

2) QO Check / Performed Regular Inspection

3) Upload Recovery Photo (Regular Costs \$3,000)

injury to

NA2104602

12/12/2012

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Unruh's Portion

06 Checked by (Bhagvati Chaturvedi)

[illegible]

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	07/12/2021 10:22 (SGT)
Date of Accident	05/12/2021 19:30 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8589G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HK DISPLAY SYSTEM PRIVATE LIMITED
Company Reg No	2XXXXX986W
Email Address	estrpt66@gmail.com
Mobile Phone No	(Phone) +65-90031022
Alternative Phone No	(Office) +65-65555047

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	Partner
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	1560

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00093042000
Cover Note Number	-

DRIVER

Name of Driver	HO SOO HIAM
NRIC No	SXXXX201F

Date Of Birth	15/02/1970
Occupation	Outdoor
Date Of Driving Pass	27/08/2020
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90031022
Alt. Phone Number	-
Email Address	estrpt66@gmail.com
Address	BLK 43 CAMBRIDGE ROAD #07-16
Address complement	-
Postcode	210043
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	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	SFC3223S
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	HO SOO HIAM
Gender	Male
Phone No	(Phone) +65-90031022
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBB8589G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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. 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 :
 (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

Along Dunearn Road		A: GBB 8589 G B: SFC 3223 S
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Describe Circumstances of the Accident

On 05/12/2021, at about 19:30hrs, I was travelling along Dunearn Road. I was driving straight on the right most lane of 3 lanes. The vehicle in front of me slowed down and stopped. Noticing that, I followed suit and applied the brakes. Out of a sudden, I felt an impact from the rear. I alighted and realised vehicle B had collided onto the rear portion of my vehicle.



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 07/12/2021
Witnessed by Reporting Centre Personnel

HK Display System Private Limited

Blk 3 Ang Mo Kio Industrial Park 2A #03-10 Singapore 568050

Tel: 6555 5047 Fax: 6384 6910

06th December 2021

To Whom It May Concern

Dear Sir/Madam

RE : Van GBB8589G

This is to certify Ho Soo Hiam IC No.: S7005201F is our appointed to carry out our company appointment projects. He is entitled to use our company van to support our contractual services and drive home due to the nature of work.

Please do not hesitate to contact me at 93692849 if in doubt

Yours faithfully



Andy Ong
Director

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 5th December 2021	TIME: 1930	(hh:mm) 24 hrs Format
LOCATION Along Dunearn Road		
VEHICLE NUMBER GBB 8589 G		
INSURED NAME HK DISPLAY SYSTEM PRIVATE LIMITED		
NRIC / FIN 201809986 W	CONTACT: 6555 5047	
MAKE PEUGEOT	MODEL PARTNER	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY CHINA TAIPING		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER : DMCVSNW00093042000		
NAME DRIVER : HO SBO MIAM () SAME AS INSURED		
NRIC / FIN S700 5201 F	CONTACT: 90031022	
DATE OF BIRTH: 15-02-1970		
DRIVING PASS DATE: 27-08-2020		
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: est+rpt+66@gmail.com () NO EMAIL		
ADDRESS OF DRIVER: Blk 43 Cambridge Road #07-16 S(210043)		
Number Of Passenger Include Driver: DRIVER ONLY		
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) YES () NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO		
If YES, Injured details : DRIVER		
Convey By Ambulance: () YES () NO		
Was There Any Video Capture By Car Camera? () YES () NO		
Was There Accident Reported To The Police? () YES () NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	Contact
Veh B SFC 3223 S		
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		



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

E SN

AN0055A

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.

DMCVSNW00093042000

Engine No.: 10JBCB0055170

Cha. No.: VF37A9HTC9J229655

1. Index Mark and Registration
Number of Vehicle

GBB8589G

AUTOSAFE

2. Name of Policy Holder

HK DISPLAY SYSTEM PRIVATE LIMITED

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

26/09/2020
(00:00:00)

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

4. Date of Expiry of Insurance

28/12/2021

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. : B-T-S-C AGENCY

* 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: Tan Xin Yi Josephine
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