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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.

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 Date of Accident **Exact Location of Accident**

Additional Location Information

Country/State of Loss

13/12/2021 16:17 (SGT) 08/12/2021 19:50 (SGT) Tampines Street 81, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBJ5717G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address**

Mobile Phone No

Alternative Phone No

KAK GUAN HARDWARE & ELECTRIC TRADING

3XXXX600M

fullstop423@gmail.com (Phone) +65-97904386

+65-97904386

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Transmission

CC

Nissan

Nv200

Employment

No - Claiming third party Commercial vehicle

Auto

1597

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

DMCVSNW00046352100

DRIVER

Name of Driver

NRIC No

SEE SENG YEW SXXXX923E

Date Of Birth	30/06/1957
Occupation	Outdoor
Date Of Driving Pass	19/07/1977
- Driving experience	44 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97904386
Alt. Phone Number	-
Email Address	fullstop423@gmail.com
	BLK 879 TAMPINES AVENUE #12-256
Address complement	-
	520879
Postcode	
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry
Noad Guillaco	
OTHER INFORMATION	
OTHER INFORMATION	
title in the endiant?	No
Was any foreign vehicle involved in the accident?	2
Number of vehicles involved in the accident	
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
the driver been approached by unknown person(s)	Ne
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?	
ii yes, againet mem	
CIRCUMSTANCES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
THE REFER TO SKETCH BLAN	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT (C)	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
	No
Was there any video captured by Car Camera?	OFFICE AND ADDRESS OF THE ADDRESS OF
Was there any audio recorded?	No
	R VEHICLE PROPERTY 1
DETAILS OF OTHE	R VEHICLE PROPERTY 1
	OLIDEAESO
Vehicle Registration Number	SHD5453C

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Taxi Vehicle Category 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)	

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 material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.

KAK GUAN HARDWARF & FLECTRIC TRADING

Policyholder's Signature Date

Time:

Driver's Signature

(If driver is not the policyholder) Date

& Time:

Name:

NRIC/FIN No.:

SKETCH PLAN

TAMPINIAN SWELLT & A) GBS 5717 G

B) SHD SYSSC

(B) LS SAVINAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
At mentioned Date	and Time, 1
was driving along Tampines	st 81, suddan
Vehicel (B) come out from a	ar park BIK
and I cannot stop intime and	Lit into his
left side portion.	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

KAK GUAN HARDWARF & FLECTRIC TRADING

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date

& Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 08 / 12-12021 (dd/mm/yy) Time of Accident: 19:50 (24-HR-FORMAT)
Vehicle No.: GBT S717-G Vehicle Make & Model:
Exact location of Accident: Tampines 5+ 81
Policyholder's Name/IC No.: Lak Guan Hardwarf & Electric Trading 39077600M
Driver's Name / IC No.: See Seng Yew S1250923 E (As Above)
Oriver's Contact No. : 9790 4386 Company Contact No (Company Veh Only):
Driver's Address:
Email address: tallstop 423 Egrail - com Insurance Company: China Taping
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
Vhat do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
xact purpose for which the vehicle Vas being used at time of accident? Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose *No. of Passengers (Including Driver):
Passanger Name: Gender: Male / Female *Passanger Gender: Male / Female Gender: Male / Female
ame: Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
Gender: Male / Female Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
Gender: Male / Female Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Vas there any video captured by your Car Camera? Yes / V No
Gender: Male / Female Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Vas there any video captured by your Car Camera? Yes / No No No (If YES) Injured Person' Name:
Gender: Male / Female
Gender: Male / Female Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Vas there any video captured by your Car Camera? Yes / V No Any Injuries: Yes / V No (If YES) Injured Person' Name: Injured Person in Which Vehicle: Police Report filed: Yes / V No (If YES) Which Police Station:
Gender: Male / Female Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / No No (If YES) Injured Person' Name: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details:
Gender: Male / Female
Gender: Male / Female
Gender: Male / Female



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Commercial

CERTIFICATE OF INSURANCE

otor 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, 1950 (Malaysia)

MZ300/C

SN

AN0287A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00046352100

Engine No.: HR16143281D

Cha. No.:VM20133053

Index Mark and Registration

Number of Vehicle

GBJ5717G

AUTOSAFE

2 Name of Policy Holder

KAK GUAN HARDWARE & ELECTRIC TRADING

Effective date of the Commencement of Insurance for the purposes of the Regulations. (00:00:00) Ordinance or Enactment

30/05/2021

Excess Sect I.

\$\$450.00

Date of Expiry of Insurance

29/05/2022

EX ON WINDSCREEN .

\$\$100.00

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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Trensport 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: WEE GIAP ENTERPRISE LLP Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111

₱6222 1033

www.sg.cntaiping.com



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

whom you submitted the original Reports		
ADDENDUM		
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:	GBT 1717G	_
Original Report No: SHE SHAM YOU NIME (as shown in NRIC):	ehicle Registration No:	=
Name (as shown in NRIC): NI	RIC/FIN/Passport No:	
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appro	Singapore ()
Address: M		
Date of Accident:	Time of Accident: 19,50	
Place of Accident: Tomphell SI 87		
Insurance Company: Church Confins		
(B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and appropriate the second monts:	Nove to include additional information (WOVO 4625 MOV)	
Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signatur Name: NRIC/FIN No.:	L