

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 Actual 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 06/10/2022 16:13 (SGT)
Reported by Both
Date of Accident 05/10/2022 09:30 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information TPE towards Changi
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ7506K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Yi Plasters Pte Ltd
Company Reg No 200706288Z
Email Address vivian@yiplasters.com
Mobile Phone No (Phone) +65-94504406
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00088052202

DRIVER

Name of Driver Forkan
Passport No/FIN G2096340P
Date Of Birth 01/01/1990
Occupation Outdoor

Date Of Driving Pass	05/09/2016
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86544876
Alt. Phone Number	-
Email Address	md.forkan90@icloud.com
Address	c/o company address
Address complement	-
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 - 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	Mohamad Salim
Gender	Male

PASSENGER 2

Name	MD Tufajun
Gender	Male

PASSENGER 3

Name	Alim
Gender	Male

PASSENGER 4

Name	MD Rakibul
Gender	Male

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 the sketch plan.

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD8815Y
 Vehicle Manufacturer Mercedes
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver cHUA yEONG hIN
 NRIC No S1156543C
 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

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

- 6 OCT 2022

Sketch Plan

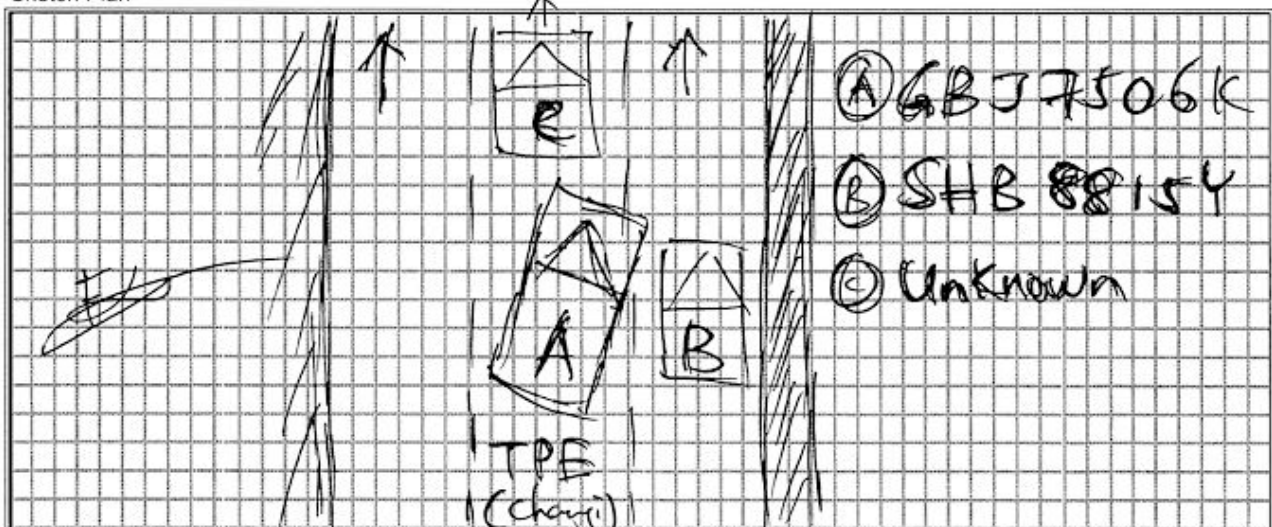
FB

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

- 6 OCT 2022

Lim Lai Poong

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



Describe Circumstance of the Accident

On 05/10/2022 at about 0930 hrs, while I was driving my motor vehicle A GBJ 7506 K along TPE heading to Changi, when I reached the flyover of Punggol Road ~~flyover~~, suddenly the motor ~~in front~~ of me stop & I managed to stopped in time. After the emergency brake my motor vehicle A GBJ 7506 K front portion slightly out of my lane. After two minutes later, a motor vehicle B SHB 8815 Y which was driving on my right lane, I try to stopped and warn him ~~but~~ to stopped but failed, his front left portion hit onto the front right portion of my stationary motor vehicle A GBJ 7506 K. No one was injured. Please email my accident report to my workshop hcaufo@singnet.com.sg.

Declaration

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

Policyholder's Signature / Date
- 6 OCT 2022

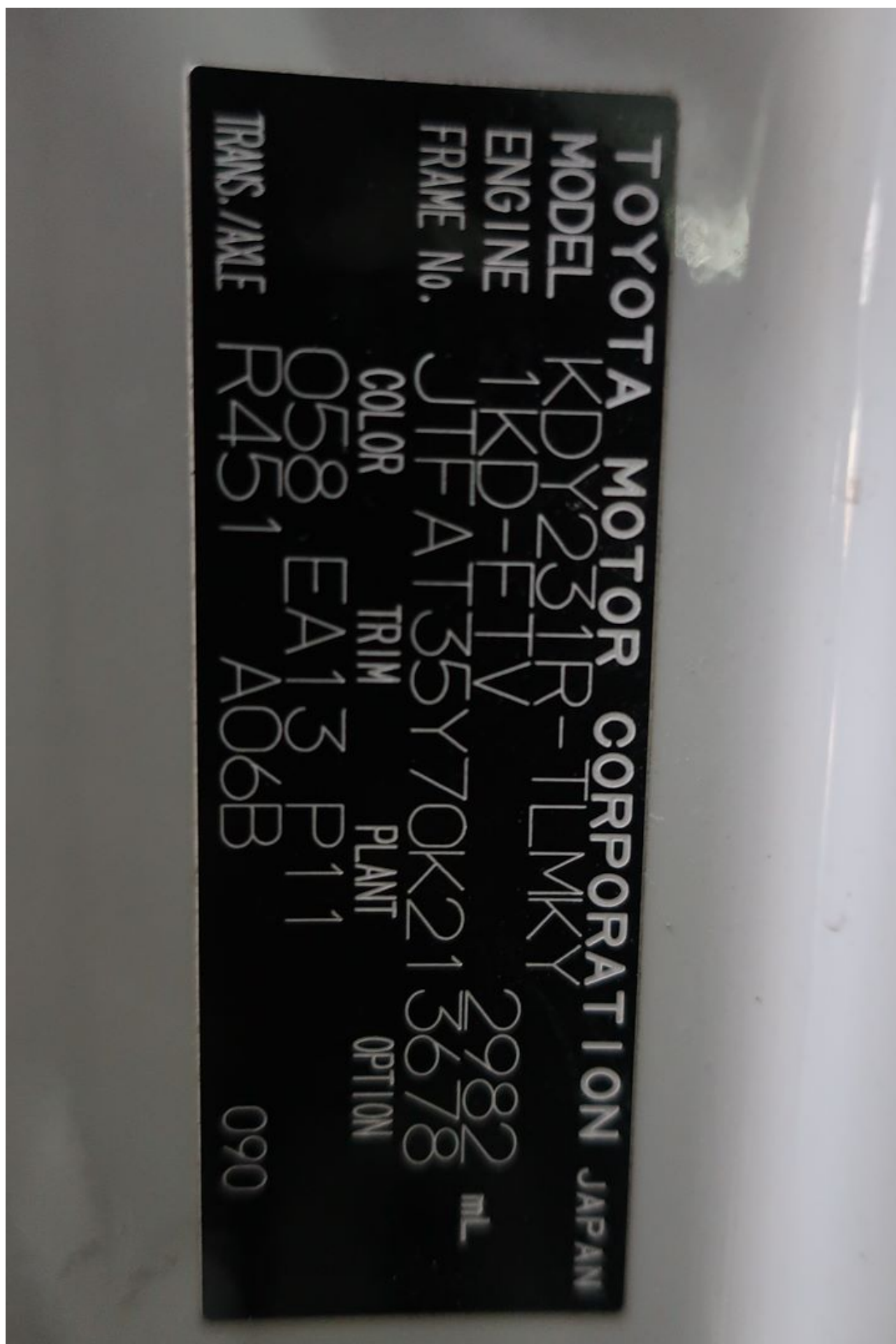
Driver's Signature (if driver is not the policyholder) / Date & Time
- 6 OCT 2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

























中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

R SN

Model 79A

Car Type C

CERTIFICATE OF INSURANCE

Motor Vehicles Third Party Risks and Compensation Act (Chapter 189)
Motor Vehicles Third Party Risks and Compensation Act (Chapter 189)
Road Transport Act 1987 (Malaysia)
Motor Vehicles Third Party Risks and Compensation Act (Chapter 189)

CERTIFICATE No.	DMCVSNW0086052202	Engine No. 1KD260038	Chassis No. JFAT35Y76K213678
1. Motor Make and Registration Number of Vehicle	GBJ7506K	AUTOSAFE	00000000
2. Name of Policyholder	HI PLASTERS PTE. LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations (Insurance Commencement)	06/08/2022 00:00:00	Excess Sect I	\$5350.00
4. Expiry date of Insurance	05/08/2023	EX ON WINDSCREEN	\$5100.00

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 on 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 towing a trailer except the towing of any one disabled mechanically propelled vehicle

HIRE PURCHASE CO. ABWIN PTE. LTD AS HP OWNER

*Limitations rendered inoperative by Section 2 of the Motor Vehicles Third Party Risks and Compensation Act (Chapter 189) and Section 15 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

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ABWIN PTE. LTD.
Authorised Officer

Authorised Signature

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

T 6389 6111

F 6222 1033

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