SA1O22B20003 / Auto Insure Pte Ltd [739145] ENTRY DATE & TIME: 02/11/2022 15:01 (SGT) SUBMITTED BY: NGIAW JIE LING VERSION: 1 (02/11/2022 15:01 (SGT))

# **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 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 02/11/2022 15:01 (SGT) Reported by Driver Date of Accident 31/10/2022 07:30 (SGT) Exact Location of Accident SLE, Singapore Additional Location Information SLE TWDS BKE Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number **GBE8035Y** 

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ALPHA RENTAL PTE LTD Company Reg No 202019190D Email Address seektop7@gmail.com Mobile Phone No (Phone) +65-92270221 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Hiace 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? No - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 2982

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNA00021512200

DRIVER

Name of Driver MIRANDA JOSEPH JUDE NRIC No S1391853H Date Of Birth 28/07/1959 Occupation Outdoor

Date Of Driving Pass 29/09/1983 Driving experience 39 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-92489120 Alt. Phone Number Email Address seektop7@gmail.com Address BLK 21 HOUGANG AVE 3 #08-239 Address complement Postcode 530021 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **STEVE** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Woodlands West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003639999 Alt. Police Station Phone No (Fax) +65-63640997 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

No

Was there any video captured by Car Camera?

Vehicle Registration Number	YQ5338H
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)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual 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 repudiate policy liability.
- 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.
- 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.
- 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")

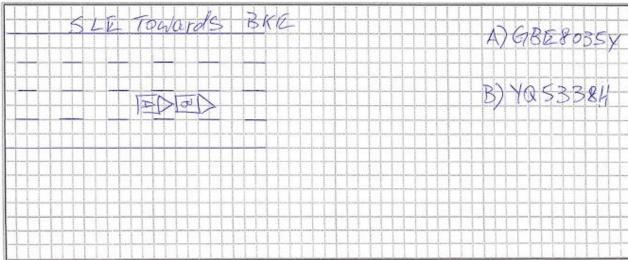
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

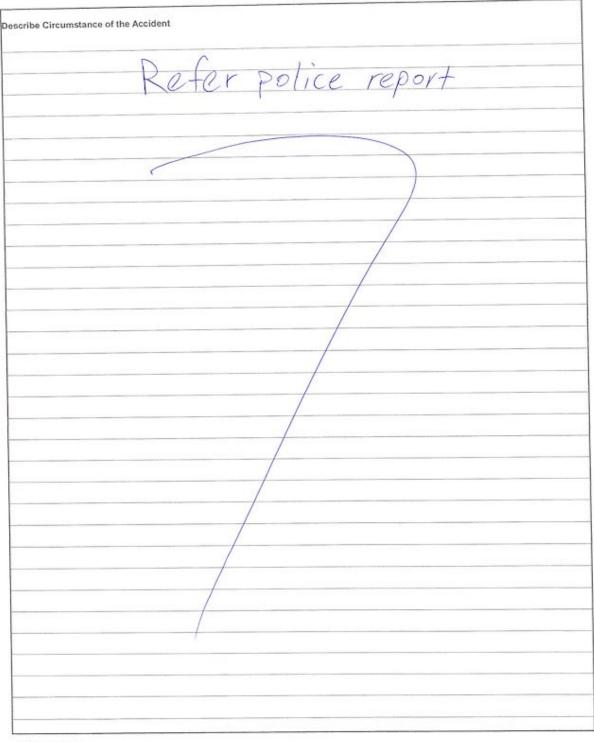
Driver's Signature (if driver is not the policyholder) / Date & Time

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

#### Sketch Plan



Accident report SA1O22B20003



Declaration

I/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 (Name as in NRIC/ID card)



# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) F

Motor Commercial

MZ407/C

BR0085A Cov. Type C

CERTIFICATE OF INSURANCE Venucles (Trind-Party Ross and Compensation) Act (Checker 15th) for Venucles (Trind-Party Ross and Compensation) Rules, 1960 (Rose Tampon Act, 1987 (Malaysia)) Motor Vehicles (Thrio-Party Ross) Hules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNA00021512200

Engine No : 1KD2579447 Cha No. KDH2015020742

1 Index Mark and Registration Number of Vehicle

GBE8035Y

AUTOSAFE

2 Name of Policy Holder

ALPHA RENTAL PTE LTD

Effective date of the Commencement of 19/02/2022 Inscrance for the purposes of the Regulations (18.17-00) Ordinance of Fractional

Excess Sect I

\$\$2,000.00

EX ON WINDSCREEN S\$100 00

Excess Sect. II S\$1,500.00

4 Date of Expiry of frourance

5 Persons or Classes of Persons entitled to drive"

5. Persons or Classes of Persons entitled to drive."
Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.
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.

 Use in connection with the Policyholder's business and Hirer's Business.
 Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Parliages. Business

(3) Use for social, domestic or pleasure purpose

The policy does not cover

(1) Use for racing, pace-making, rehability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

\* 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 those 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 Ja Hwei Authorised Officer

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

₹ 3 Anson Road #16-00 Springleaf Tower Singapore 079909

C6389 6111

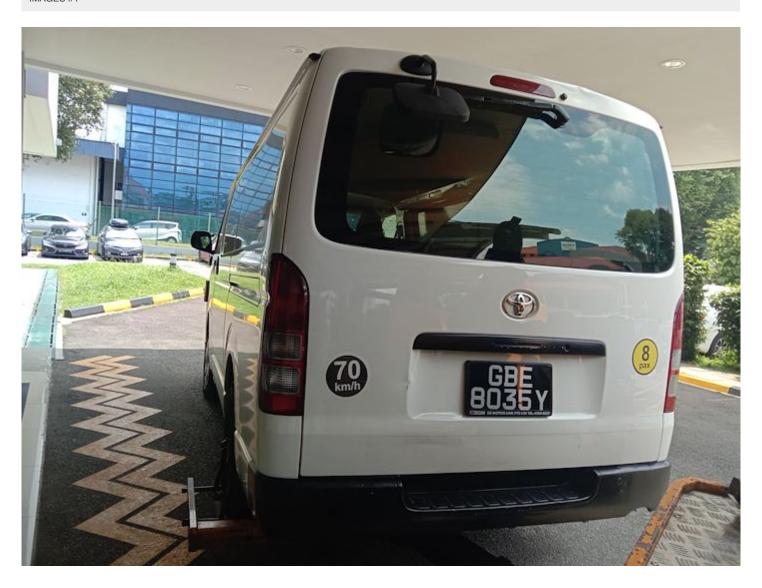
P6222 1033

@www.sg.cntaiping.com













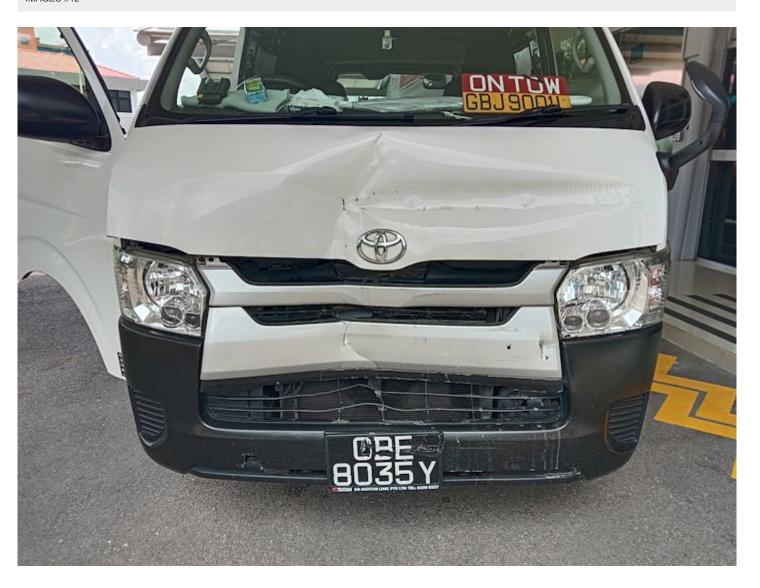
















GBZ8035Y.



T/20221102/2017

1 of 3

Report No. T/20221102/2017

Police Station Of Origin: Woodlands West N.P.C

Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

REPORT	OF A	TRAFFIC	ACCIDENT
--------	------	---------	----------

Date/Time Report Made: 02/11/2022 11:18		Made:	Vide Report No.:	Station Diary No.: 19		
Informa	nt's Particu	ulars	THE THE PARTY OF T	en en et en		
Name of Informant: MIRANDA JOSEPH JUDE		JUDE	Address: APT BLK 21 HOUGANG AVENUE 3 #08-239 SINGAPORE 530021			
	D Type / ID No.: NRIC NO / S1391853H		Contact No.: Home/Office: Mobile: 92489120			
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Male 63 28/07/1959			Type of Informant: Driver			
Race: Malayalee			Language: Institution / School Nat			
Occupation: Van driver			Driving Licence Information: Class: Date of Expiry:			

General Infon	The state of the s			T (1	
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/10/2022 07:30	Type of Location: Straight Road	
Location: SELETAR E) Weather: Clear	(PRESSWAY	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis	sion: ving Vehicles - Head	To Rear		Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE8035Y	Van				Slightly Damaged	0
YQ5338H	Lorry				Slightly Damaged	0

Details of Person Involved	The History C. Bude and a series of Ogradue 1997 States of
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Woodlands West N.P.C.

1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

T/20221102/2017

Report No. T/20221102/2017

Name	MIRANDA JOSEPH JUDE		ID No.	_	S1391853H	
Name	WII CANDA GOOLI II	JODE		10 140.		0100100011
Related Vehicle	GBE8035Y (Van)			Conta	ct No.	92489120
Hospital/Clinic	NIL		100000000000000000000000000000000000000		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days granted Medical Leave NIL Degree			Degree of		NIL	
Driver	and the section of the section of		THE STATE OF		STREET,	manning a single
Name	LEE CHEN CHERN			ID No.		G2222378Q
Related Vehicle	YQ5338H (Lorry)			Conta	ct No.	86785860
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Di			charge	NIL	
No. of Days gran	ited Medical Leave	NIL	Degree o	f Injury	NIL	

CONTINUATION OF REPORT

## Brief Details.

On the 31/10/2022 at about 0730hrs, I was driving my company van (GBE8035Y) along Seletar Expressway (SLE) towards Bukit Timah Expressway (BKE). I was driving at the third lane 50-55km per hour. At the point of time the traffic was moderate and out of sudden another Singapore registered Lorry (YQ5338H) was in front of my vehicle the driver applied jam break which I could not stop in time and hit onto his rear of the lorry. Both drivers stopped the vehicle and moved to the road shoulder to settle the matter amicably. We took photos of the damages on the vehicle and exchange for particulars.





Police Station Of Origin:
Woodlands West N.P.C.

1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

CONTINUATION OF REPORT

3 of 3 Report No. T/20221102/2017

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: L / SGT 3 MOHAMMAD MALIK BIN MOHAMMED ANIFAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/11/2022 11:18
Officer In Charge Of Case: TP / GIA / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.; 65476204	Classification Of Case:
NP168	] [