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.

 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 03/01/2023 11:02 (SGT) Reported by Date of Accident 30/12/2022 14:00 (SGT) Exact Location of Accident Gul Rd, Singapore Additional Location Information ALONG GUL ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN8477K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TAI HING PTE LTD Company Reg No 199704119Z Email Address HR@THP.COM.SG Mobile Phone No (Phone) +65-91433144 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer lsuzu Model Fvr34suqdc With Roll On/Off 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 - Reporting only Vehicle Category Commercial vehicle Transmission Manual 7790

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00093392203

DRIVER

Name of Driver SUPPAN MAHENDRAN Passport No/FIN G7742921U Date Of Birth 01/09/1987 Occupation Outdoor

Date Of Driving Pass	15/01/2020
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84386552
Alt. Phone Number	-
Email Address	HR@THP.COM.SG
Address	APT BLK 208 BOON LAY PLACE #06-173
Address complement	-
Postcode	640208
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	
Toda Guilace	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)	1
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	-
DETAILS OF POLICE ACTION	
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	
ON 30/12/22 AT ABT 1400HRS I WAS AT GUL RD. AFTER RELE	TACING MV HANDRDAVE MV VEHICLE DOLL BACKWADDE (
TOUCH ONTO VEHICLE B: YP5644D FRONT BUMPER.	EASING WIT HANDDRAKE WIT VEHICLE ROLL DACKWARDS &
TOUCH ONTO VEHICLE B. TF3044D FRONT BUMPER.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
, , , , , , , , , , , , , , , , , , , ,	
DETAILS OF OTHER	VEHICLE PROPERTY 1
DETAILS OF OTHER	
WILL BOOK AND A	
Vehicle Registration Number	YP5644D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

LEE YEW CHEONG

Name of Driver

NRIC No	S0151731G
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 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>.
- 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.
- 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.
- 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) of .
 - 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.
- (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.

(1)

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 .:

GIARMC SAMENPUMPOMILY

KETCH PLAN			
	1		
	IN	A=YN8477K	
	A	A=YN8477K 3=YP56440	Ħ
	JA JA JA		
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	at was full kd. After releasing acknowlds & touch onto vehicle	
on 30/12/22 at	abt 1400 hrs I	was Gul Rd. After releasing	
my handbrake	my vehicle roll-be	ickwards & touch onto vehicle	
3. 485644D 1	nont bumper.		
			_
			-
CLARATION			
	iculars are true in every respect.		
	1	\cap	
	99/	V.	
licyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature	
ite & Time:	(If driver is not the policyholde		



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ301/C

BR0057A

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

Cov. Type:C

CERTIFICATE No.

DMCVSNW00093392203

Engine No.: 6HK1669167 Cha. No.: JALFVR347F7000545

 Index Mark and Registration Number of Vehicle

VN8477K

AUTOSAFE

TAI HING PTE LTD

2 Name of Policy Holder

Excess Sect 1. EX ON WINDSCREEN \$\$2,000.00 S\$100.00

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

05/08/2023

5. Persons or Classes of Persons entitled to drive*

5. Persons or Classes of Persons entried to drive? (1) Whilst the vehicle is being used in connection with the Policyholder's business. Any person provided he is in the Policyholder's employ and is driving on their order or with their permission. (2) Whilst the vehicle is being used for social, domestic or pleasure purposes.

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

- (3) Use for racing, pace-making, reliability trial or speed-testing.

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

 (3) Use for the carriage of passengers for hire or reward.

* 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 INSURANCE BROKERS 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

Q6389 6111

₱6222 1033

www.sg.cntaiping.com































