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4) FT : Follow-Through Survey \$120	
For claiming against INC Only (wef 10 Jan 2005)	
19 19 19 19 19 19 19 19	*
Checked by (Engr-In-Charge): 8) NTUC Additional Services:- On:	
*NS: Coursey Car/Tpt Allowance SS	Commission of the Commission o
*Na: Repair Co-ordination \$10: *Or or Comments :- \$25 *Na: DV / Collect Excess Coordination \$5	



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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 Form by insurance companies is not an admission of policy flability 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

Reported by Dr Date of Accident 24 Exact Location of Accident Sir Additional Location Information 20	1/01/2023 17:24 (SGT) river 1/01/2023 19:30 (SGT) ngapore 18 BEDOK NORTH STREET 1, S(460208) CARPARK LOT ngapore
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DETAILS OF OWN VEHICLE

Nissan

Tomore regionation realization	***************************************	GBE3494M	

INSURED/POLICYHOLDER

Vehicle Registration Number

Is company?	Yes
Name Of Registered Owner	HTC CONSTRUCTION PTE LTD
Company Reg No	2XXXXX052D
Email Address	peipei.hitek@gmail.com
Mobile Phone No	(Phone) +65-62805383
Alternative Phone No	(Filone) +03-02805383

VEHICLE PARTICULARS

Manufacturer

Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of	
accident	Private use
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2953

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00125642202

DRIVER

Name of Driver	LAI NYOK HOW
NRIC No	SXXXX178G
Date Of Birth	10/03/1960
Occupation	Outdoor

Date Of Driving Page	
Date Of Driving Pass Driving experience	28/09/1983
Gender	39 YEARS AND 4 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-83322158
Email Address	
Address	peipei.hitek@gmail.com
Address complement	APT BLK 44 CHAI CHEE STREET
Postcode	# 13-120
Is the driver the policyholder?	461044
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Employee
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	0:4.0
Weather Conditions	Side Swipe
Road Surface	Clear
	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?	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
Translator's name	
Translator's ID	
Translator's phone number	
Translator's email	•
Original language used in the statement	•
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	
Was notice of intended Prosecution given?	No
If yes, against whom?	No
, , , ,	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	V
Was there any video captured by Car Camera?	Yes No
10	
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SCX7000S
Vehicle Manufacturer	•
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	CALVIN
Contact Number	(Phone) +65-81251541

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

- Pleas ereport correctly the details of the accident to speed up the claims process.
- This Firm must be completed by the Policyholder and/or the Actual Driver.
- 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.
- 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 lalse 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 Singatore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the odgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the reportbeing made available aforesaid.
- 8. Consert 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/dr 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 issured 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
- (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
- (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

31/01/2023

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

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card) Sketch Plan vJun2000

Describe Circumstance of the Accident
1 was after work at 208 Bedok North Street 1
HDB COUNTY FOR I I VIOLED to D 10 1011 1116 11
thoda SCX toops have have I I I
perking lot beside him. While reversing to park at the
hit his Front left portion of the vehicle
hit his front left portion of the vehicle!
· · · · · · · · · · · · · · · · · · ·
Declaration We declare the foregoing particulars

ng particulars are true in every respect.



31/01/2023

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

Actual Driver's Signature (if driver is not the policyholder)

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

v.Jun2022

ACCIDENT'STATEMENT

	ACCIDENT DATE 24 01 2023 (DD/MM/YYYY). TIME 19 . 30 (HH:MM)
	LOCATION 208 Relate No 11 ME 19:30 (HH:MM)
	Deark North Smeet 1(S460208) (oneste.
	1. DETAILS OF VEHICLE
	OIVEHICLE NUMBER: GBE 3494M
	CIPOLICY NUMBER DATE China Taiping
	CIPOLICY MILLERED DAG COLIPTO
	C)POLICY NUMBER: DMCVSNWOO125640002
	6) MAKE & MODEL: NISSON COPSTAT THIRD PARTY FIRE &THEFT
	FITYPE-(SALDON / CONTROL AUTO (MANUAL)
	FITYPE (SALDON / COUPE / MPV / VAN / LORRY) MOTORCYCLE / OTHERS) h) PURPOSE OF USING AT ACCIDENT TIME A MOTORCYCLE / OTHERS)
	D) PURPOSE OF HEILIE & T. A COMMITTERCIA MOTORCYCLE)
	I) ARE YOU CLAIMING UNITED YOU
	2 INCHES TO AN I CLAIM REPORTING ONLY
	A)NAME: HTC CONSTRUCTION OF 111
	DINRIC/FIN/PASSPORT: 201108052D CONTACT: 62805383
	CIADDRESS: CONTACT: 60860388
	* CONTINUE TO
100	Lie of passanges DRIVER ALSO POLICY HOLDER
• (Bridges I - a girame Lai Nuck Hair
	(1) SINGC/FIN/PASSPORT: 52678 TRG CONTRACTOR DE 2007 158
	8:46 (A) Chee Street # 13-120
	. DATE OF BIRTH: (10/03/0601000000000000000000000000000000
	1 ANDIO I DRIVING EVENTERIES AND
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) 5. GIWEATHER CONDITIONS (CLEAR WITH INSURED:
	5. GIWEATHER CONDITIONS (CLEAR & BANKED)
	6. WAS ANYBODY INJURED (YES TO) 7. OJREPORTED TO POLICE (YES TO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
340	
	MODEL:
(C) NRIC/FIN/PASSPORT
-	9. THIRD PARTY VEHICLE
j.11	PRSTURGE DI VEHICLE NUMBER: MODEL:
Incl	Udica did as E) DRIVER'S NAME
	NRIC/FIN/PASSPORT: CONTACT:
-	
	email = peipei hitek @gmail-com
	perper in the contract of
	fax =



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

CERTIFICATE OF INSURANCE

MZ300/C

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 (Ma

AN0613A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00125642202

Engine No.: ZD30347072K

Cha. No.:JN1SC2F24Z0857183

Index Mark and Registration Number of Vehicle

GBE3494M

AUTOSAFE

2. Name of Policy Holder

HTC CONSTRUCTION PTE LTD

Effective date of the Commencement of 09/11/2022 Insurance for the purposes of the Regulations, (00:00:00) Ordinance or Enactment 3.

Excess Sect I.

\$\$500.00

09/11/2022

EX ON WINDSCREEN .

S\$100.00

4. Date of Expiry of Insurance

08/11/2023

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:*
 - 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 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: AUTO WORLD 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