

* NY: DV / Collect Excess Coordination

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	06/02/2023 17:42 (SGT)
Reported by	Driver
Date of Accident	02/02/2023 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Driveway of Sharikat National Buildup, 6 Chin Bee Avenue
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2967S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Hup Peng Trading (2005) Pte Ltd
Company Reg No	2XXXXX027C
Email Address	huppeng@yahoo.com.sg
Mobile Phone No	(Phone) +65-94527575
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?	No - Reporting only
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	DMCVSNW00094102202

DRIVER

Name of Driver	Teo Lye Guan
NRIC No	SXXXX439H
Date Of Birth	20/05/1957
Occupation	Outdoor

Date Of Driving Pass	30/05/1984
Driving experience	38 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97517526
Alt. Phone Number	-
Email Address	huppeng@yahoo.com.sg
Address	Blk 215 Tampines St 23
Address complement	#11-47
Postcode	520215
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	Side Swipe
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to the attached statement.

ATTACHMENT(S)

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	YQ4762Y
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) -

PROFI AUTOMOTIVE

10 KAKI BUKIT ROAD 2 #01-05, FIRST EAST CENTRE, SINGAPORE 417868

TEL: 94335558 EMAIL: profi.automotive@asia.com

Date of Accident : 02.02.23 Accident Time: 1130hrs (24 HR Format)
Accident Place : Driveway at Sharikat National Building, 6 Chin Bee Ave
Vehicle Number : GBF29675 Make/Model: Toyota Dyna
Insurance Co. : CN Taiping Policy No. : DMCVSNW00094102202
Owner/Company Name & IC No. : HUP PENG TENDING (2005) P/L
Owner/Company Tel No. : 94527575
Driver Name and IC No. : Teo Lye Guan, S1268439H
Driver Date of Birth : 20.05.1957 License Pass Date: 30.05.1984
Driver Address : 5/215 TAMPAKINES ST. 23 ~~11-47~~ #11-47 S520215
Driver Contact No : 97517526 Driver Occupation: Indoor | Outdoor
Relationship of Owner & Driver : Spouse | Parents | Children | Sibling | Employee | Others: _____
Email Address : HUPPENG@YAHOO.COM.SG
Weather & Road Surface : CLEAR & DRY | RAINING & WET | AFTER RAIN & WET
Reporting Type : Reporting Only | Claim Other Party | Claim Own Insurance
Number of Passenger (Including Driver) : 01 Vehicle Usage Purpose : Private Use | Work Purpose
Was there any Video Capture by Car Camera : Yes | No
Any Injury (State, if Yes) : -

Details of Other Vehicle

Vehicle No. : <u>YQ4762Y</u>	Vehicle No. : _____
Make/Model : _____	Make/Model : _____
Driver Name : _____	Driver Name : _____
Driver Contact No. : _____	Driver Contact No. : _____

* NEW - Passenger Name & Gender :

SKETCH PLAN

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3. 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

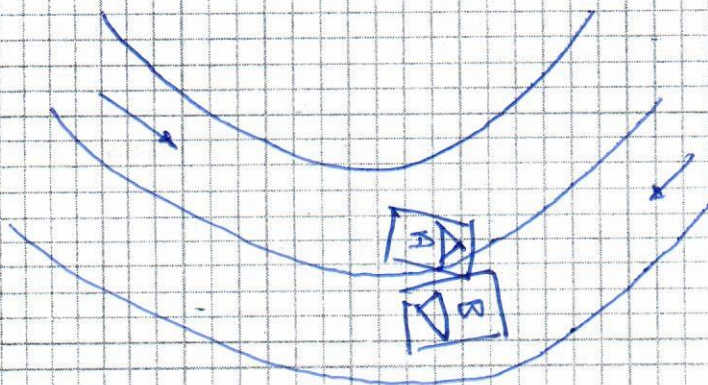
Driver's Signature (If driver is not the policyholder) / Date & Time

06/02/23 @ 15:55WJ

Witnessed by Reporting Centre Personnel

06/02/2023

Sketch Plan



K=GRF2967S

B=YQ4762Y

Describe Circumstances of the Accident

I accidentally drove out of the dividing line and graze a vehicle on the opposite direction.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

06/02/23 @ 1515hr

[Signature]

Witnessed by Reporting Centre Personnel

06/02/2023



Motor Commercial

MZ300/C

R SN

AN0478A

Cov. Type:C

CERTIFICATE OF INSURANCE

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 (Malaysia)

CERTIFICATE No.

DMCVSNW00094102202

Engine No.: 1KD2608069

Cha. No.: KDY2318024496

1. Index Mark and Registration
Number of Vehicle

GBF2967S

AUTOSAFE
=====

2. Name of Policy Holder

HUP PENG TRADING (2005) PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

23/08/2022
(00:00:00)

Excess Sect I. S\$2,300.00
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

22/08/2023

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.

Agent Assistance (IH)
Hotline: 6287 7077

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

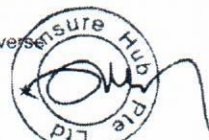
- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : ABWIN PTE LTD AS HP OWNER

* 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



Issued By:

INSURE HUB PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory