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# 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 24/03/2023 10:32 (SGT) Reported by **Actual Driver** Date of Accident 23/03/2023 17:57 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information TOWARDS SLE BEFORE PUNGGOL Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YQ8480J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner YISHUN TOWING PTE LTD Company Reg No 2XXXXX908W **Email Address** feliciatan80@hotmail.com Mobile Phone No (Phone) +65-91118480 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Model NPR75UH5A 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 vour vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 3980

#### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00139732204

#### DRIVER

Name of Driver YU QINGZHI Work Permit No 0XXXXX8582 Date Of Birth 05/09/1983 Occupation Outdoor

Date Of Driving Pass	04/10/2016			
Driving experience	6 YEARS AND 5 MONTHS			
Gender	Male			
Mobile Number	(Phone) +65-91118480			
Alt. Phone Number	Thereof to difficulty			
Email Address	- feliciatan80@hotmail.com 4015 ANG MO KIO IND PK 1 #01-502 - 569631 No			
Address				
Address complement				
Postcode				
Is the driver the policyholder?				
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	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	Chain Collision			
Weather Conditions	Clear			
Road Surface	Dry			
OTHER INFORMATION				
Was any foreign vehicle involved in the accident?	No			
Number of vehicles involved in the accident	3			
Was anybody injured in the Accident?	No			
Was any injured conveyed to hospital by ambulance?	140			
Was any other vehicle or property damaged?	Yes			
was any other vehicle of property damaged:	1			
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				
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?				
if yes, against whom?				
CIRCUMSTANCES OF ACCIDENT				
PLEASE REFER TO SKETCH PLAN				
ATTACHMENT(S)				
Are accident photos available for attachment?	Yes			
Was there any video captured by Car Camera?	No			
DETAILS OF OTH	ER VEHICLE PROPERTY 1			
Vehicle Registration Number	SKT4713P			
Vehicle Manufacturer	•			
Vehicle Model	-			
Vehicle Variant	•			
Vehicle Colour				
Vehicle Category	Private car			

Private car

Vehicle Category

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)	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLA8171P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

- 1. Please report correctly the details of the addient to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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. 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.
- 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) I/w Insurer, my workshop and the General Insurance Association of Singapore ("CNA") 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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Policyholder's Signatu	re / Date & Driver's Sig	nature (If driver is not the p		nessed by Reporting Centre
Time	& Time	OLE REEDRE	PUMGGOL	Solmor
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C SLA8171P

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

VEHICLE NO: YQ 8480,T MAKE & MODEL: AUTO / MANUAL DATE OF ACCIDENT 10312023 TIME OF ACCIDENT AM / PM LOCATION OF ACCIDENT (PE TOWARDS SLE BETORE EXACT PURPOSE USED AT TIME OF ACCIDENT EMPLOYMENT) / PRIVATE USE / PRIVATE HIRE NAME OF OWNER PAF LTD TOWING ISHUN eliciatan 80 ehotmail. com EMAIL. Office. MOBILE. NRIE 200106908 CLAIM TYPE THIRD PARTY OD REPORTING ONLY FLEET POLICY: YES / NO ? INSURANCE CO TYPE OF COVERAGE Comprehensive / Third Party / Third Party Fire & Theft POLICY NO. QINGZH AS ABOVE / NAME OF DRIVER - IF NO: NEW DERNIT DATE OF BIRTH ANY PASSENGER YES / NO : NAME OF PASSENGER GENDER OF PASSENGER MALE / PEMALE OCCUPATION (Outdoor) Indoor DATE OF DRIVING PASS 04 10CT 12016 Male Female GENDER CONTACT NO. Mobile 9111 &4&7 Office. feliciatan 80 @ hotmail.com EMAIL. 4015 ANG MO KID IND PKI #01-502 8 569631 **ADDRESS** NO / If yes - Reg No. DOES DRIVER OWN OTHER VEHICLES? Employee + If Non RELATIONSHIP WEATHER CONDITION Clear / Raining Other, ROAD SURFACE Dry / Wet / Other . No If yes : Who? ANY INJURIES No DIf yes : Who? CONVEYED BY AMBULANCE No If yes . Where? POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVEN NO/IF YES, WHO? VEHICLE B NO. Any Passenger : NAME CONTACT NO. VEHICLE C NO. Any Passenger : VEHICLE D NO. Any Passenger . VEHICLE E NO. Any Passenger : VEHICLE F NO. Any Passenger , ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? YES (NO WAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT PHOTOS TAKEN? \*\*WORKSHOP: WURKSHOP Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES (NO



Motor Commercial

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)

MZ301/C

AN0478A

Cov. Type:T

CERTIFICATE No.

Engine No.: 4HK1738417

Cha. No.:JAANPR75H97101723

Excess Sect. II

DMCVSNW00139732204

Index Mark and Registration Number of Vehicle

YQ8480J

2. Name of Policy Holder

YISHUN TOWING PTE LTD

Effective date of the Commencement of

16/12/2022

Insurance for the purposes of the Regulations, (00:00:00)

\$\$1,000.00

Ordinance or Enactment 4. Date of Explry of Insurance

15/12/2023

Persons or Classes of Persons entitled 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

(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 Vehicle.

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 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.

Agent Assistance (IH) Hotline: 6287 7077

Issued By:\_\_\_\_

INSURE HUB PTE LTD

Authorised Officer

**Authorised Signatory** 

### > Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid: COE Rebate Amount:

**Total Rebate Amount:** 

Message

The information contained herein is correct as at 24 Mar 2023

Company 908W

YQ8480J

No

06 May 2023

ISUZU

NPR75UH5A

Blue

2009

4HK1738417

JAANPR75H97101723

\$43,767.00

16 Jun 2009

16 Jun 2009

\$2,189.00

No

\$0.00

31 May 2024

C - Goods Vehicle & Bus

5

\$13,910.00

\$2,968.00

\$2,968.00

OK

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the