

## 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 .....	03/05/2023 13:26 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	02/05/2023 15:55 (SGT)
Exact Location of Accident .....	3 Tuas South Ave 3, Singapore
Additional Location Information .....	TUAS SOUTH AVE 3
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GY3795E
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	POH CHEONG CONCRETE PRODUCT PTE LTD
Company Reg No .....	199504828K
Email Address .....	PCCPPL1995@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98361765
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Frontier
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 .....	Auto
CC .....	2000

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNA00025752305

#### DRIVER

Name of Driver .....	MIA SORON
Work Permit No .....	G2282983T
Date Of Birth .....	13/06/1994
Occupation .....	Outdoor

Date Of Driving Pass .....	03/06/2022
Driving experience .....	11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84057762
Alt. Phone Number .....	-
Email Address .....	PCCPPL1995@GMAIL.COM
Address .....	48 SUNGEI KADUT ST 1
Address complement .....	-
Postcode .....	729377
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 .....	AFTER RAINING
Road Surface .....	Wet

#### 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

PLEASE REFER TO ATTACHED SKETCH PLAN

#### 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 .....	GBD922U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	HO JONG LIAN
NRIC No .....	S1401113G

Contact Number .....	(Phone) +65-82018805
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**

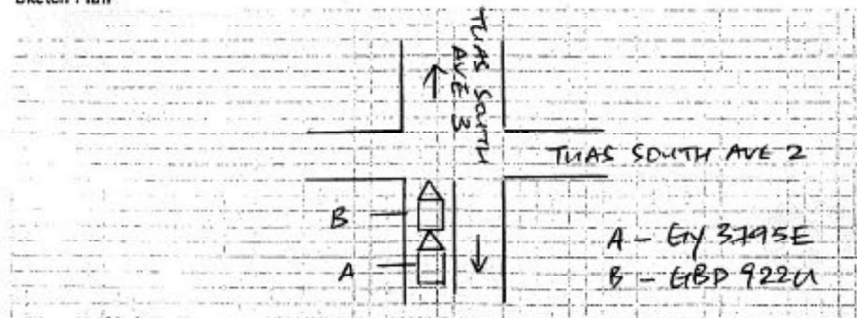
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reassess 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) 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' law firms/law firms, the Nonetary 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' law firms/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 firms/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

**Sketch Plan**

Describe Circumstances of the Accident

ON 2/5/23 @ ABOUT 3:55PM, I WAS DRIVING ALONG  
TUAS SOUTH AVE 3, IN MY VEHICLE GY 5795E.  
AS I WAS APPROACHING TRAFFIC LIGHT JUNCTION NEAR  
TUAS SOUTH AVE 2, VEHICLE GRD 922U BRAKED  
SUDDENLY. I WAS NOT ABLE TO AVOID ON TIME  
HENCE REAR-ENDED ONTO GRD 922U.  
NO INJURIES

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

Mia Seon 3/6/23  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre  
Personnel

















中国太平保险(新加坡)有限公司  
CHINA TAI-PING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ100/C

R SN

DR0555P

Cov. Type F

## CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCV/SNA00025752305	Engine No.: TD27753713 Cha. No.: JH-1AHGD2220036448
1. Index Mark and Registration Number of Vehicle	GY3795E	
2. Name of Policy Holder	POH CHEONG CONCRETE PRODUCT PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00) Ordinance or Enactment	20/04/2023	
4. Date of Expiry of Insurance	19/04/2024	
5. Persons or Classes of Persons entitled to drive?	<p>Any person who is driving on the Policyholder's order or with their permission.</p> <p>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</p>	
6. Limitations as to use*	<p>(1) Use in connection with the Policyholder's business.</p> <p>(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>(3) Use for social, domestic or pleasure purposes.</p> <p>The Policy does not cover:</p> <p>(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.</p> <p>(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>	

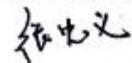
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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 TAI-PING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: \_\_\_\_\_  
b2b-Name  
Authorised Officer

  
\_\_\_\_\_  
Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079908

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☎ 6222 1033

🌐 www.sg.cntaiping.com