SS2X236A0008 / SME MOTOR PTE LTD ENTRY DATE & TIME: 10/06/2023 12:21 (SGT) SUBMITTED BY: Wen Ying VERSION: 1 (10/06/2023 12:21 (SGT))

# **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 10/06/2023 12:21 (SGT) Reported by Owner Date of Accident 15/02/2023 09:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE TOWARDS TUAS. Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBC6656D** 

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner REN & ZHANG WORLDWIDE TRADING (S) PTE LTD Company Reg No 200301824K Email Address RENZHANG@RENZHANGWWTDG.COM Mobile Phone No (Phone) +65-91000289 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Renault Model Kangoo 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

No - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Manual

CC

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00070472201

1461

DRIVER

Name of Driver LIM ZI MIN, PEARLE NRIC No S9120432J Date Of Birth 11/06/1991 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	11/11/2010 12 YEARS AND 3 MONTHS Female (Phone) +65-96495161 - RENZHANG@RENZHANGWWTDG.COM 781 UPPER CHANGI ROAD EAST #05-31 - 486069 No DIRECTOR No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  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? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
TRAFFIC JAM ON PIE AND VISIBILITY WAS LOW AS IT WAS R WITHOUT BRAKE LIGHT. I KNOCKED INTO THE REAR OF THE	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	GBE2158R

Vehicle Registration Number	GBE2158R
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)	2

#### 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 Actual 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>.
- 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 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 Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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

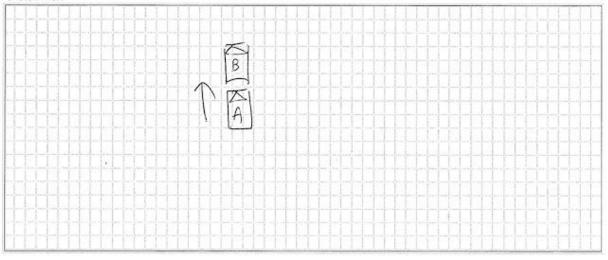
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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 Stgreuten Osre & Time

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

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

Sketch Plan



1

e Circumstance of the Accident
34. 1) LED & MUTHIC TOWN ON THE CONST ABIBITION MO
low as it was raining very heavily. Van in travt .
ocircumstance of the Accident  The 15 Febs, Thatfic jam on PIE and visibility we low as it was raining very heavily. Van in front on the 2-brake without brake light. I knocked into the year of the van. At damages
voca of the van sto domages
100. 00 110

Declaration

I/We declare the foregoing particulars are true in every respective

Policyhol & Symphire / Date & Time

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

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

2









































## 中国太平保险(新加坡)有限公司

Motor Commercial

CERTIFICATE OF INSURANCE

M2300/C

ANO729A

Cov. Type:C

DMCVSNW00070472201

Enane No : I(9KA800D123272 Cho. No: VF1FW1AC548783283

G8C6656D

REN & ZHANG WORLDWIDE TRADING (S) PTE LTD

Excess Sect 1

\$\$450.00

EX ON WNOSCREEN

\$\$100.00

18/05/2023

Any potson who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the learning or other laws or regulations to drive the Maser Velecte or has been so permitted and is not disqualified by order of a Court of Law or by reason of any exactment or regulation in that behalf from driving the Motor Vehicle.

(1) Use in connection with the Policyholder's business (2) Use for the carnage of passengers (other than for hire or reward) in connection with the Policyloricor's business. (3) Use for social, domestic or pleasure purposes.

The Policy does not cover (1) Use for fine or reward or racing, pace-making, refability trial or speed testing (2) Use whist drawing a traker except the towing of any one disabled mechanically propelled vehicle.

I/We hereby Certify that the policy to some thin Company heates is a size of the someone will be provided in the Company of the Policy of the Road Transport Act, 1987 (The Ayres)

Рассия чествуетие

ACCORD MOYOR PTE LTD

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