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.

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 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 First Submission 24/10/2024 16:40 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 24/10/2024 08:00 (SGT) Exact Location of Accident Lornie Hwy, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SLJ489D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner PHUA KIM PENG NRIC No S1536368A Email Address PHUAKPKP@GMAIL.COM Mobile Phone No (Phone) +65-92397008 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Elantra 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1600 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00154292302

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	PHUA KIM PENG \$1536368A 18/10/1962 Indoor 25/09/1985 3 Valid 39 YEARS AND 1 MONTH Male (Phone) +65-92397008 - PHUAKPKP@GMAIL.COM BLK 804 CHAI CHEE ROAD #12-622 - 460804 Yes - No
Insurance Company of Other Vehicle Owned by Driver	-
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
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	
VEHICLE IN FRONT SUDDENLY STOP. I FAILED TO STOP IN T	IME AND HIT ONTO VEHICLE B REAR PORTION.
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 Vehicle Manufacturer	SLR6353E -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN JINGZHONG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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- 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.

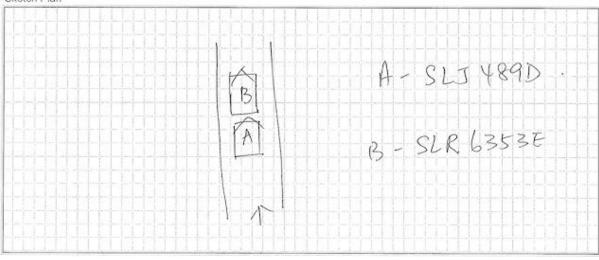


Policyholder's Signature / Date & Time

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

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

Sketch Plan



1

SIME

escribe Circumstance of the Accident						
Vehicle in front Suddenly Stopped, 1						
tail to Stop in time and hit anto Vehicle B rear portion.						

Declaration

I/We declare the foregoing particulars are true in every respect.

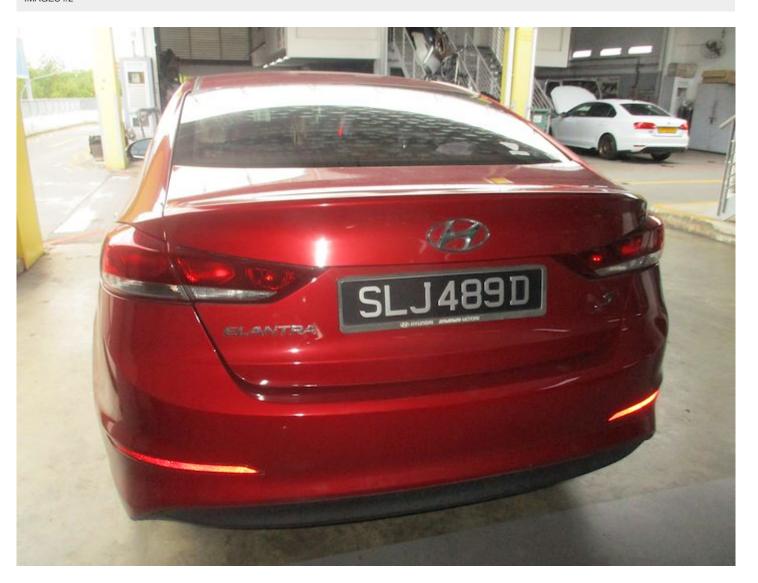
Policyholder's Signature / Date & Time

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

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

2







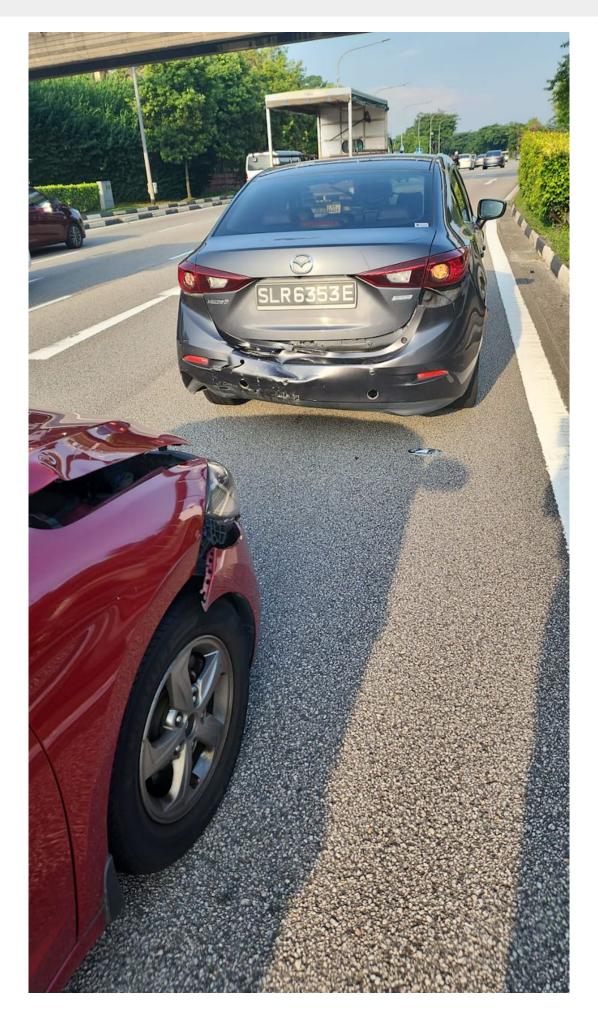


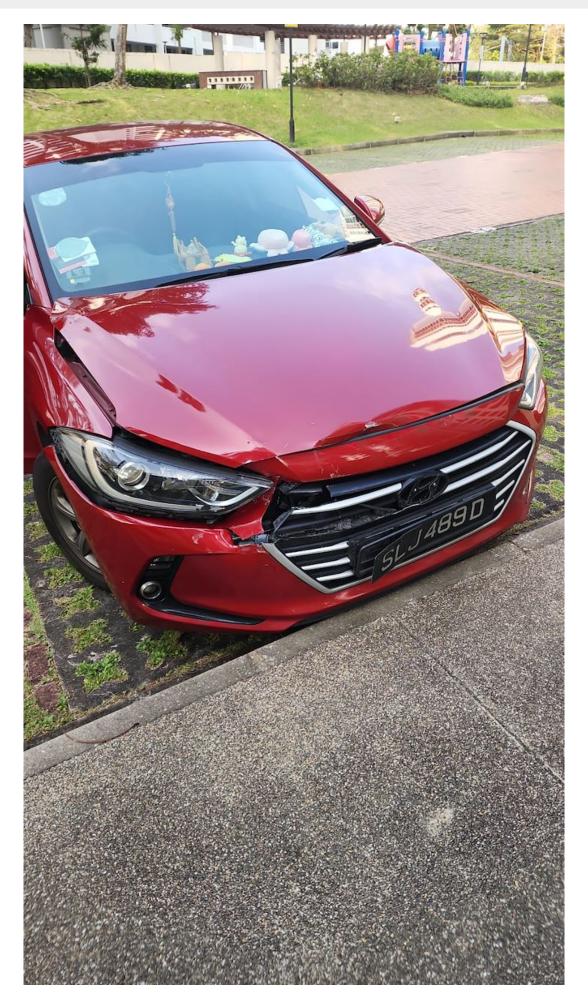




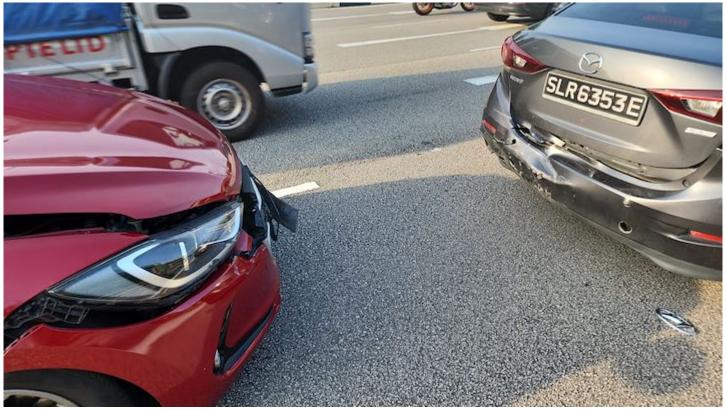














中国太平保险 (新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE_LITO

Agency : ANOS17B	Class of Policy :			Policy		DMPCSNA0015429230
Account : AN0517B		24/10/2023 in	SINGAPO	RE Replac	ing Policy No.	DMPCSNW00245892201
Client : P0768081	Acceptance Date :	24/10/2023				
Period of Insurance	: 28/11/2023 to 27/	11/2024 , both	dates i	nclusive		
Insured's Name	: PHGA KIM PENG		nice dille			
Address	: 804 CHAI CHEE ROA #12-622 SINGAPORE 460804	D				
Business/Occupation	: MANAGER- INDOOR					
Premium	: Basic Annual Prem	ium :		S\$2,139.45		
	Less 10% Loyalty	Discount		S\$ 213.95		
	Less 15% Autosafe	Scheme		S\$ 288.83		
	No Claim Discount	-50%		S\$ 818.34		
	Total Annual Prem	ium		S\$818.33		
	Premium Due			\$\$818.33		
	Premium GST			\$\$65.47		
	Total Due			\$\$883.80		
Risk No.1	Motor Private Car					
Make/Model	: Hyundai Elantra 1.6	(A)	No. of :	eats	: 5	
Registration	: SLJ489D		Body 1	уре	: Saloon	
Engine No.	: G4FGGU193116		Capacity ec's		: 1591	
Chassis No.	: KMHD841CMHU199261		Certificate Ref.		: MX1F	
Year of Manuf/Regn	: 2016/2016					
Type of Cover	: Comprehensive					
Financial Interest	: HONG LEONG FINANCE I	TD				
Sum Insured:Market	value at the time of lo	55				
Named Drivers Ex Se	ct. I		: 845	00.00		
Additional Ex Other	than Named Drivers:					
Ex Sect. I - Age <=	25		: \$\$3,000.00			
Ex Sect. 1 - Age >= 26			: 5\$5	00.00		
*An additional exce	as of \$3,000 shall appl	y for Inexperi	ienced Dr	iver with	less than 1 ye	ear Singapore Driving
Licence,						
The maximum additio	nal excess of \$3,500 sh	all apply if t	the drive	er is both	Young (Age <=2	(5) and Inexperienced
(less than 1 year S	ingapore Driving Licenc	e). Unless oti	nerwise s	stated in t	he policy.	
· Age as at date of	accident					
EX ON WINDSCREEN .			: S\$1	00.00		
						Continued on page
	Singapore) Pte. Ltd. (Co. Reg. No		1000		10-EAST-10-10-10-10-10-10-10-10-10-10-10-10-10-	
☆ 3 Anson Road #16-00 S	pringleaf Tower Singapore 079	909	© 638	96111	6222 1033	www.sg.cntaiping.co