

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 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 ability
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 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 Report | 28/03/2016 11:13 |
| Date Of Accident | 26/03/2016 13:00 |
| Exact Location Of Accident | PURVIS STREET |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SDV597G |
|-----------------------------|---------|

Insured/Policyholder

| | |
|--------------------------|------------------------|
| Name Of Registered Owner | LIM CHIOU WEE |
| NRIC No | S7243709H |
| Email Address | lilart2000@hotmail.com |
| Mobile Phone No | (LOCAL) +65-90404885 |
| Alternative Phone No | Others-90404885 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | FORD |
| Model | MONDEO 2.3L WAGON AUTO |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | Yes |
| If No, Please state action to be taken | |
| Vehicle Category | Private Car |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type Of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSN3039591500 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | LIM CHIOU WEE |
| NRIC No | S7243709H |
| Date Of Birth | 23/11/1972 |
| Occupation | Indoor |
| Date Of Driving Pass | 27/09/1993 |
| Driving Experience | 22 Years And 5 Months |
| Gender | Male |
| Mobile Number | (Local) +65-90404885 |
| Fax Number | |
| Contact Number | Others-90404885 |
| EEmail Address | lilart2000@hotmail.com |

| | |
|---|----------------------|
| Address | 22 GEYLANG LORONG 28 |
| Postcode | 398426 |
| Was driver an employee of the Insured's Company | No |
| If No, Relationship of the Driver with the Insured | Owner |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--|
| Type Of Accident | Unknown - COLLISION-HEAD TO FRONT (TP HIT INSURED) |
| Weather Conditions | Clear |
| Road Surface | Dry |

Other Information

| | |
|--|-----|
| Was any foreign vehicle involved in this accident? | No |
| Was any body injured in the Accident? | No |
| Was any other material or property damaged? | Yes |
| Was there any video captured by Car Camera? | No |
| Number of Passengers (Including Driver) | 5 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | No |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | No |
| If Yes, against whom? | |

Circumstances of Accident

I WAS PARKING, ADJUSTING TO MOVE INTO THE LOT WHEN TRANS CAB VEHICLE B (SHD 5597 X) HIT MY CAR (SDV 597 G).

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
|---|-----|

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------|
| Vehicle Registration Number | SHP5597X |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

SKETCH PLAN

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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 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' law yers/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.

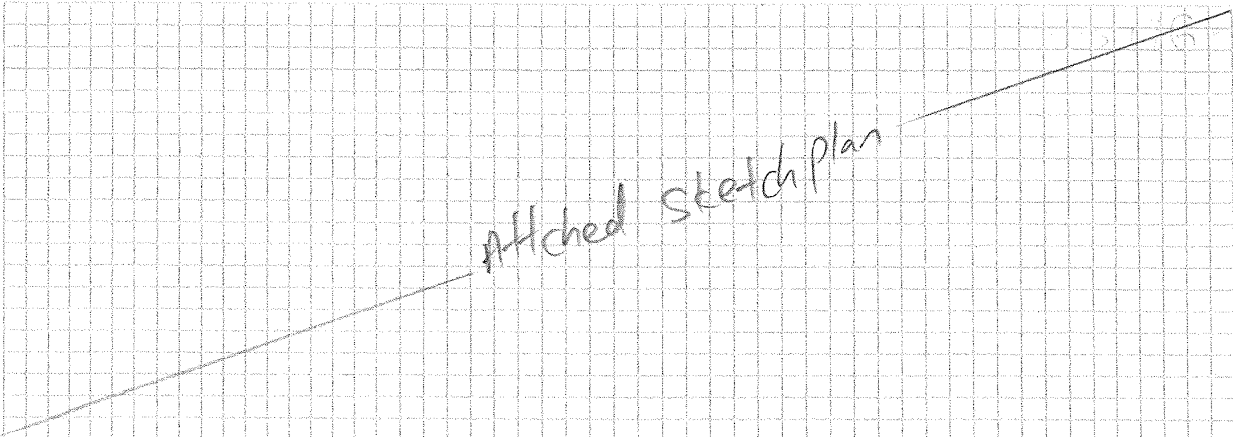
 28/3
11:30am

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

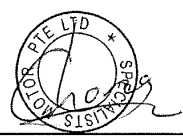
I was parking, adjusting to move into the lot when Trans cab vehicle B (SHD 5577X) hit my car (SDV 5976).

Declaration

We declare the foregoing particulars are true in every respect.

 28/3/2016 11:30am 

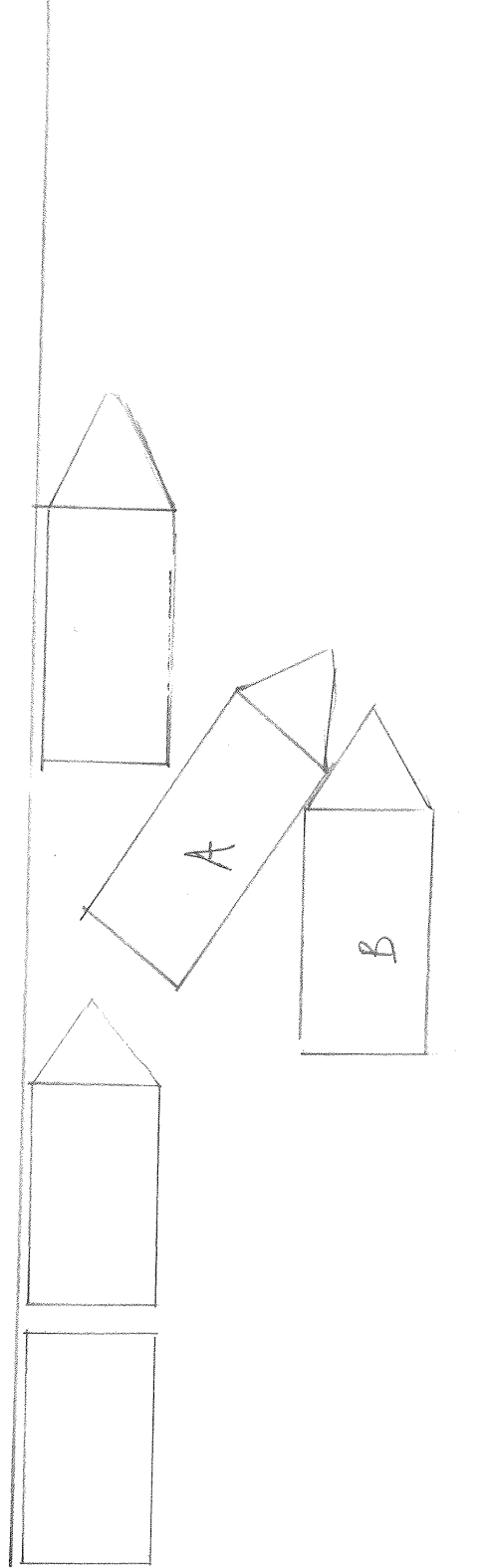
Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time




Witnessed by Reporting Centre Personnel

A: SVD 5976-
B: SHP 5597X

Purvis Street




LIM CHOW WEE
28/3/2016 11:30am

Certificate of Insurance Pg.1

15-06-15;05:40PM; Inxpress / Swee Seng

SHEN TAT

;66860087

1/



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

MX1E
N SN
AN0420A
COMPREHENSIVE
AUTOSAFE

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. | DMPCSN3039591500 | Engine No : 7P02307 Chassis No: WFOGXXGBBG7P02307 |
| 1. Index Mark and Registration Number of Vehicle | SDV597G | |
| 2. Name of Policy Holder | MR LIM CHIEW WEE | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 17 JUNE 2015 | NAMED DRIVERS EX SECT. I.....S\$1,000.00 IN ADDITION TO NAMED DRIVERS EX: |
| 4. Date of Expiry of Insurance | 16 JUNE 2016 | EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN.....S\$100.00 |
| 5. Persons or Classes of Persons entitled to drive * | | |

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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.

6. Limitations as to use: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : MAYBANK 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



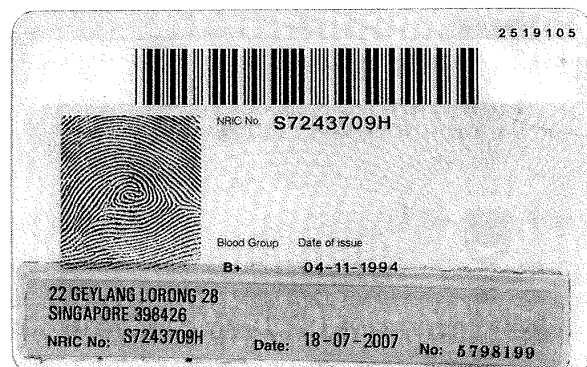
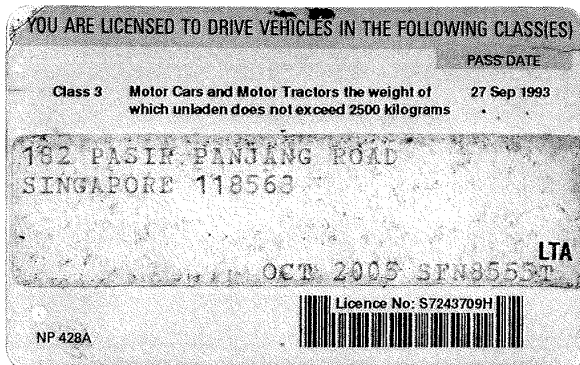
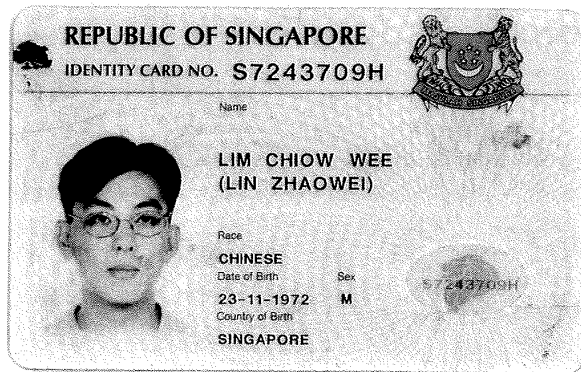
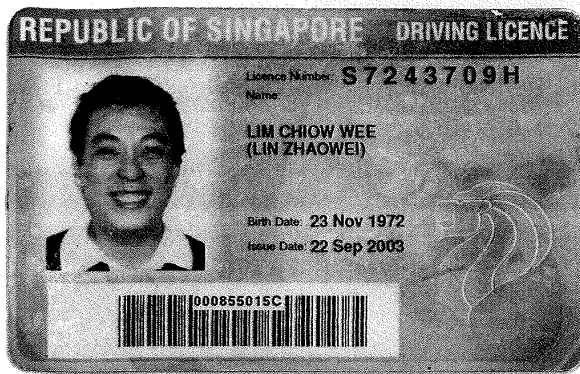
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.


Countersigned By:

Authorised Officer

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com



| | | | |
|---|--|---|--|
|  | | SINGAPORE POLICE FORCE | |
| | | CASE CARD | |
| Report Number: | | Selamat Bin Elias | |
| Classification: | | Minor SHD 5597X | |
| Actions Taken | | | |
| <input type="checkbox"/> Police Advisory Issued | | <input type="checkbox"/> Community Mediation | |
| <input type="checkbox"/> Magistrate's Complaint | | <input type="checkbox"/> Investigation Branch | |
| Others: | | A/20160326/0091 | |
| Officer's Name: | | Contact Number: | |
| AP 2/10/16 | | 6557 5078 | |

| | |
|---|---|
|  |  |
| Magistrate's Complaint http://goo.gl/40RIZq | Mediation Referral http://goo.gl/9U7P0C |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

