

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	04/12/2017 13:20
Date Of Accident	02/12/2017 17:00
Exact Location Of Accident	SERANGOON ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKK4061J
Insured/Policyholder	
Name Of Registered Owner	ZHANG QI
NRIC No	S8579042J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81868698
Alternative Phone No	OFFICE-81868698
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	DMPCSN1602491701
Cover Note Number	
Driver	
Name of Driver	ZHANG QI
NRIC No	S8579042J
Date Of Birth	08/12/1985
Occupation	INDOOR
Date Of Driving Pass	20/10/2009
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81868698
Fax Number	
Contact Number	OFFICE-81868698
EEmail Address	NOEMAIL

Address	12 ADIS ROAD #06-20
Postcode	229976
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	COLLISION - HEAD TO REAR
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6799Z
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Name of Driver	LOW KEE SIANG
NRIC/Passport Number	S1176265D
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

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' 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.

Yik Chan
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272
Email: chantone.yik@cyclecarriage.com.sg

Zhang

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

I slowed down and stopped behind Car C (taxi), seconds later, Car B (taxi) came from the back and knocked into the back of my car, the impact caused my car to roll forward knocking into car C slightly.

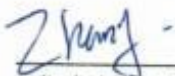
Damages to my car are the front, back, boot cannot close and the cup holder as during impact, my hand hit the bottle which was placed in the cup holder.

Declaration

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)



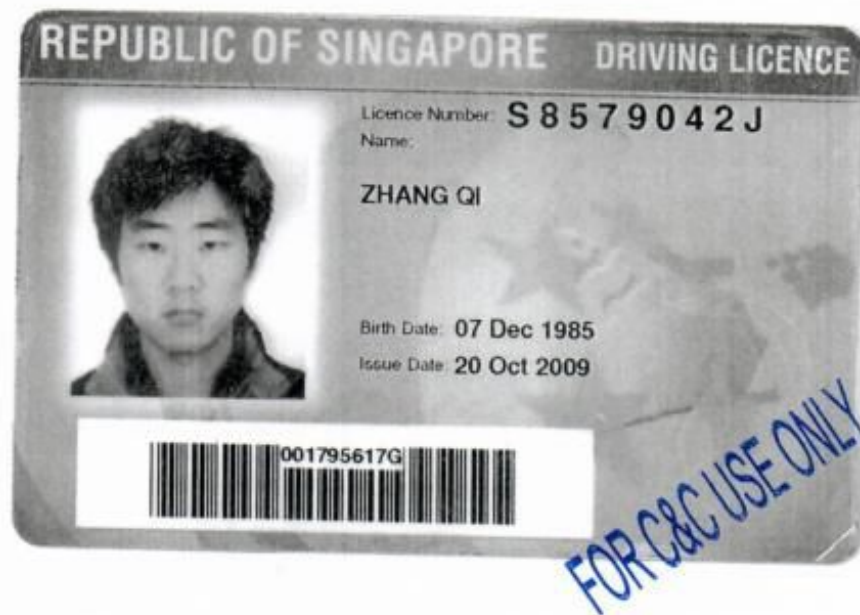
Policyholder's Signature
Date & Time

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

Yik Chan Hoe
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272
Email: chenhe-yik@yicourrriages.com.sg

Witnessed by Reporting Centre
Personnel

Sketch Plan #3





中国太平
CHINA TAIPING

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

3 Aram Road #16-00 Springvale Tower Singapore 079909
Tel: 6349 0111 Fax: 6222 1033
Website: www.ctg.taiping.com
Co. Reg. No. 200208394E

ORIGINAL

ENDORSEMENT

Agency	BR0070A	Class of Policy	MOTOR PRIVATE CAR	Policy Number DMPCEN1602491701
Account	BR0070A	Issued on 29/12/2016 in SINGAPORE	Endorsement No. ENM1766/1
Client	3184718	Acceptance Date	29/12/2016		
		Effective Date	09/01/2017		

Period of Insurance from 09/01/2017 to 08/01/2018 , both dates inclusive

Insured's Name....	SHANG QI
Address.	12 ADIS ROAD
	#06-20
	ADIS VILLA
	SINGAPORE 219976

Premium	Base Annual Premium.....	\$22,760.33		
	Less 5% Loyalty Discount.....	\$1138.03-		
	No Claim Discount	20.00%	\$324.50-	
	Windscreen @ \$2,000.-		\$2100.00	
	Total Annual Premium	\$22,198.02	Premium Refund	\$148.28
			Premium GST	\$10.38
			Total Refund	\$158.66

Risk No. 001 MOTOR PRIVATE CAR
1. Registration BEK4061J

It is hereby declared and agreed that as from above effective date, the
No Claim Discount allowed is amended to read as 20% and not as otherwise
stated.

In consideration of which, a refund premium as stated above is due to the
Insured.

Other terms and conditions remain unchanged.

Signed for and on behalf of the Company

Handwritten signature

Authorized Signature

Accident Photo



Accident Photo



Accident Photo



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Accident Photo



A close-up photograph of the rear section of a red Ferrari Formula 1 car. The image focuses on the rear wing and the sidepod area. The rear wing is black with a series of vertical fins. On the sidepod, the Ferrari logo (a shield with a horse) is visible, along with the text "FERRARI" and "FORMULA 1". The car's bodywork is a vibrant red.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

