#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT	
Date Of Report	12/01/2018 09:04	
Date Of Accident	12/01/2018 07:45	
Exact Location Of Accident	CAR PARK OF BLK 457 JURONG WEST ST 41	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGV6064C	
Insured/Policyholder		
Name Of Registered Owner	TAN MENG HONG	
NRIC No	S7775329Z	
Email Address	MHTAN_11@YAHOO.COM.SG	
Mobile Phone No	(LOCAL) +65-97635570	
Alternative Phone No	OFFICE-97635570	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	VIOS-1.5 (A)	
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	REPORTING ONLY	
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	DMPCSN3122331701	
Cover Note Number		
Driver		
Name of Driver	TAN MENG HONG	

Name of Driver TAN MENG HONG

NRIC No S7775329Z

Date Of Birth 11/11/1977

Occupation INDOOR

Date Of Driving Pass 14/06/1997

Driving Experience 20 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97635570

Fax Number

Contact Number OFFICE-97635570

EMail Address MHTAN 11@YAHOO.COM.SG

Address BLK 457 JURONG WEST ST 41

#04-762

Postcode 640457

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 - MAJOR/MINOR RD

Weather Conditions RAINING
Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

ON 12/01/2018 AT ABOUT 0750 HRS. WHILE MY VEHICLE IS PARK IN PARKING LOT BLK 457 JURONG WEST. I WANT COME OUT FROM PARKING LOT. I THEN CHECK MY BLIND SPOT TO MAKE SURE THAT WAS TRAFFIC CLEAR. I THEN MOVE OUT MY VEHICLE. SUDDENLY A TAXI (SHC3044T)COME. I COULDN'T STOP IN TIME AND TOUCH ONTO FRT LEFT SIDE.

#### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHC3044T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 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 Police for investigation.
- 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 lodgment 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)

l 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 12/1/15

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

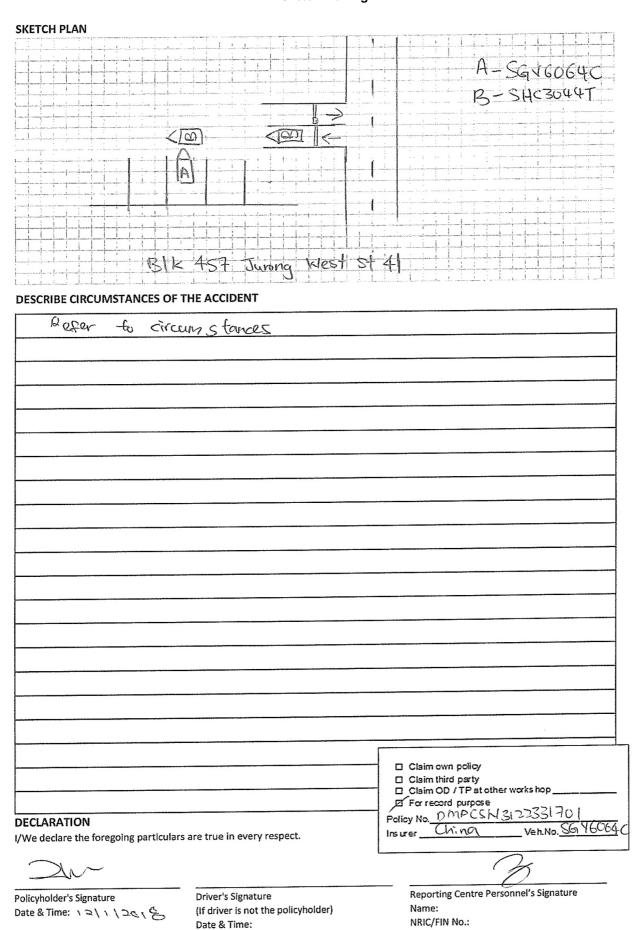
Name:

NRIC/FIN No .:

I AM AWARED THAT MY IN SURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

GRANDIC SketchPlattForm\_V3

### Sketch Plan Pg. 2



GIARMC SketchPlanForm\_V3



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

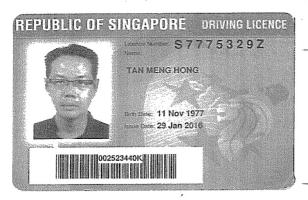
MX1FR SN ANO444A Cov.Type: C AUTOSAFE

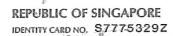
CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE	No	DMPCSN3122331701	Engine No:1NZX548111 Chassis No:MR053HY9305002172	
	and Registration			
Number of Ve		SGV6064C		
2. Name of Pol	icy Holder	TAN MENG HONG		
3. Effective dat	e of the Commencement of Insurance for of the Regulations, Ordinance or Enactment		NAMED DRIVERS EX SECT. I	
4. Date of Expl	ry of Insurance	20 DECEMBER 2018	EX SECT. I - AGE <= 25	
5. Persons or C	Classes of Persons entitled to drive *		EX ON WINDSCREEN	
(A) TH	E POLICYHOLDER.			
(B) AN	Y OTHER PERSON WHO IS DRIVING O	N 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 \$\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.				
	and Section 95 of the Road Transport Act,	1987 (Malaysia), are not policy to which this Certifi	cate relates is issued in accordance with the	
	Road Transport Act, 1987 (Malaysia).  Please see reverse	y Risks and Compensant	in Act (Chapter 109) and Factive of the	
	1 10000 300 1040130		For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
	* CK		Junaan	
Countersigned	By: Authorised Officer		Authorised Signatory	
	3 Anson Road #16-00 Springleaf Tower Sing	apore 079909 Tel: 638	9 6111 Fax; 6225 3592 Website: www.sg.cntaiping.com	
	Albort Koau # 10-00 Springled Tower Sing	apore or oddo i et. Ooc	COLL CAN OFFE CASE TICHOUS HILLINGS OF INCIDENCE	

# IC,CI,DL Pg. 2









TAN MENG HONG

明 Pace CHINESE

Date of Britis 11-11-1977 M Country of Beth MALAYSIA



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) EFFECTIVE DATE

Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NBC No. S7775329Z

MALAYSIAN

Slood Group. Date of issue 22-03-2001

PT BLK 457 JURONG WEST STREET 41 #04-762 BINGAPORE 640457 USB MED 144

Date: 11/01/2011

No: 6711691

8393090

NP 428A

# **Accident Photo**













# **Accident Photo**

