Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 07/02/2018 16:40

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 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	07/02/2018 16:08		
Date Of Accident	01/02/2018 03:30		
Exact Location Of Accident	EXPRESSWAY (KL-MUAR) MALAYSIA		
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM		

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGL3534K	

Insured/Poli	cyholder
--------------	----------

Name Of Registered Owner LARRY TAN CHIN GUAN

NRIC No S6999002I Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-88699933

Alternative Phone No OFFICE-88699933

Vision Auk b

Vehicle Particulars

Manufacturer TOYOTA

Model

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?

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 DMPCSN3050241700

Cover Note Number

Driver

Name of Driver LARRY TAN CHIN GUAN

 NRIC No
 \$69990021

 Date Of Birth
 15/04/1969

 Occupation
 INDOOR

 Date Of Driving Pass
 27/07/2009

Driving Experience 8 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88699933

Fax Number

Contact Number OFFICE-88699933

EMail Address NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number

ABP9963 (PRIVATE CAR)

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

NO

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

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

THOMSON NPP 25 SIN MING ROAD

Police Station Address

ROAD: 25 SIN MING ROAD #01-180, POSTCODE: 570025, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

ABP9963

Vehicle Make/Model/Colour **Details Of Properties**

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

,No. Of Passenger (Including Driver)

Name LARRY TAN CHIN GUAN Approximate Age Injuries Sustain Injured person in which vehicle? SGL3534K Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

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 Authorised Driver.
- 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 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. 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.
- 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)

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)
 - (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:

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

	Sketch Pl	an #2 Pg. 1			
SKETCH PLAN					•
		endering a description of the			
DESCRIBE CIRCUMSTANCES (· .		
	-Refer ettenhed	paties	a something		
			£*		
			· .		
<u></u>					
			 	<u></u>	<u> </u>
			· · · · · · · · · · · · · · · · · · ·		*
					
		, , , , , , , , , , , , , , , , , , , 			
					······································
					
	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
					
		· · · · · · · · · · · · · · · · · · ·			
ECLARATION Ve geclare the foregoing particula	are are true in many				
The foregoing particula	no are true in every respect,				
my				1	
icyholder's Signature	Driver's Signature		Reporting Cont	re Personnel's Signate	
te & Time:	(If driver is not the policyho Date & Time:	ilder)	Name: NRIC/FIN No.:	en v eracitizat z Pillutaja	ne
reer recommended of Na			THEOLOGIES PROJ.		



E/20180207/2052

1 of 2

Report No. E/20180207/2052

POLICE REPORT (NP299)

Police Station Of Origin Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999

Date/Time Report Made 07/02/2018 13:40	Vide Repo	rt No.		Station Diary No.
Name Of Informant LARRY TAN CHIN GUAN	Address APT BLK	397 YISHUI RÉ 760397	N AVENUE 6#	<u> 38</u> 12-1162
ID Type / ID No. NRIC NO / S6999002I	Contact No Home/Office).	Mobile	
Nationality SINGAPORE CITIZEN	Email Addr	ess	88699933	
Occupation HAWKER ASSISTANT	Sex Male	Age 48	Date of Birth 15/04/1969	Race Chinese
Institution/School Name	Language English			Totaliose
Date/Time Of Incident 01/02/2018 03:30	Location Of Expresswar MALAYSIA	y (KL-Muar)		

On 1st February 2018 at 3.30am, I was driving my vehicle registration number: SGL3534K from KL to Singapore at the expressway. While I was driving in the middle lane, there was a strong impact from my legicear portion and my vehicle suddenly flipped and overturned for many times. My vehicle was being dragged forward for almost 50-100 metres away. Due to the impact, I felt pain all over my bodies and I felt giddiness.

1

Signature Of Officer Recording The Report:		Signature Of/Informant:
E / Staff Sgt MOHAMAD FAI	RID BIN JAMAL	and and and and and
Signature Of Interpreter: Not applicable	1	Date/Time: 07/02/2018 13:40
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch Insp PANG YIN CHENG		Classification Of Case:
Contact No.: 63910000	SINGAPORE	18024 C
Authentication Stamp	A STATE PORCE	Admit 1994
	SIGNATULE.	F all
	The second secon	





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180207/2052

I realised that there was another vehicle registration number: ABP9963 had collided to my vehicle. I do have inbuilt video captured the occurrences and I remembered that I placed in my vehicle as my vehicle need to tow back to Singapore.

Malaysian Police officers came to scene. At that point of time, I unable to speak well and I couldn't understand their language. I tried to search my wallet for my identification and my driving license however I was surprised that both of my cards were placed in my passport which kept by them without my permission. Ambulance came to scene however I refused to convey as I couldn't understand their language barrier.

My family came to scene and brought me back to SGH. I wished to state when I wished to report to my insurance company, I discovered that my inbult video which was placed in my vehicle went missing. Besides that, my mobile phone missing too.

I wished to state that there was a passer-by came to us and told us that the driver was at fault. He tried to control the vehicle however it was not working.

I am lodging this report for insurance claimed.

ignature Of Officer Recording The Report	Signature Of Informant:
ignature Of Interpreter: lot applicable	Date/Time: 07/02/2018 13:40
Officer In-Charge Of Case: // Tanglin Police Divisional Investigation hsp PANG YIN CHENG Contact No.: 63910000	Classification Of Case:
nsp PANG YIN CHENG	