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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	13/03/2018 10:22	
Date Of Accident	12/03/2018 18:00	
Exact Location Of Accident	ALONG PIE AFR JLN BAHAR EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLP3842R	
Insured/Policyholder		
Name Of Registered Owner	NG KOK KIONG	
NRIC No	S1778180D	
Email Address	KKNG016589@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-96470972	
Alternative Phone No	OFFICE-NOPHONE	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	COROLLA ALTIS-1.6 CVT (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	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	DMCPSN1737301700	
Cover Note Number		

Driver

Name of Driver

NG KOK KIONG

NRIC No

S1778180D

Date Of Birth

29/08/1966

Occupation

INDOOR

Date Of Driving Pass

01/08/1993

Driving Experience 24 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96470972

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address KKNG016589@GMAIL.COM

Address BLK 418 CHOA CHU KANG AVE 4

#04-290

Postcode 680418

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

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON 12/03/2018 AT ABOUT 1800 HRS. WHILE I WAS TRAVELLING ALONG PIE AFTER JLN BAHAR EXIT. HAVE ONE VEHICLE IN FRONT OF ME APPLY BRAKE. I ALSO STOP IN TIME. SUDDENLY I FEEL AN IMPACT FROM MY REAR. I NOTICED THAT VEHICLE B HIT ONTO REAR OF MY VEHICLE.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLV7893K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TOH LAI HUAT

NRIC/Passport Number S8432601A

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)

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.
- (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: 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.

GIARIVIC SKELCHPLANFORM_V3

Sketch Plan Pg. 2

SKETCH PLAN		
	After Jh Bahar	A-SLP38450 B-SLY7893L
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
DECLARATION /We declare the foregoing part Policyholder's Signature paté & Time:	oculars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time:	Claim own policy Claim third party Claim OD / TP at other works hop For record purpose Policy No. DM PCS N1737301700 Insurer Chin S Veh.No. SLP38428 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

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

MX1FE SN AN0055A Cov.Type: C

Servicing Agent: Cowell Insurance Agency Pte Ltd | tel..63392592 Trivex @ 8 Burn Road *09-09 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)

contactus@coweii.com.sg			
CERTIFICATE No.	DMPCSN1737301700	Engine No :12RY333452 Chassis No:MR053REH104558378	
Index Mark and Registration Number of Vehicle	SLP3842R		
2. Name of Policy Holder	MR NG KOK KIONG		
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	1 JUNE 2017 t	NAMED DRIVERS EX SECT. I	
4. Date of Expiry of Insurance	31 MAY 2018		
5. Persons or Classes of Persons entitled to drive *		EX ON WINDSCREEN	
(A) THE POLICYHOLDER.			
(B) ANY OTHER PERSON WHO IS DRIVING O	N THE POLICYHOLDER	'S ORDER OR WITH HIS PERMISSION.	
		ANCE WITH THE LICENSING OR OTHER LAWS OR ERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A N IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.	
TRIAL, SPEED-TESTING, THE CARRIAGE OF OR USE FOR ANY PURPOSE IN CONNECTION OF EXCESS WHICHEVER IS APPLICABLE FOR LO	E OR REWARD TUITIO GOODS OTHER THAN WITH THE MOTOR TRA SSES OCCURRING OUT ST SS500 WILL APPL	N DRIVING TEST RACING FACE-DARKING, RESERVED IN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS DE. SIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS/THEFT) Y TO THE INSURED AND NAMED DRIVERS IN THE EVENT	
HIRE PURCHASE CO. : UNITED OVERSEAS B * Limitations rendered inoperative by Section and Section 95 of the Road Transport Act,	on 8 of the Motor Vehicles	s (Third-Party Risks and Compensation) Act (Chapter 1997	
provisions of the Motor Vehicles (Third-Part Road Transport Act, 1987 (Malaysia).	policy to which this Certifi y Risks and Compensatic		
Please see reverse		For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
The South Control of the Control of		Junaa	
Countersigned By: Authorised Officer		Authorised Signatory	
3 Anson Road #16-00 Springleaf Tower Sing	gapore 079909 Tel: 63	89 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com	

IC,CI,DL Pg. 2





HAULI

Licence Number: S 1 7 7 8 1 8 0 D

THORIE MINERAL

NG KOK KIONG

Brith Date 29 A*Ig 1966





NG KOK KIONG

黄 國 强

CHINESE

29-08-1965

SINGAPORE

5483057

NRIC No. S1778180D



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0ate of issue 11-06-2015

Address APT BLK 418 CHOA CHU KANG AVENUE 4 404-290 SINGAPORE 680418 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen closs not exceed 2500 kills grams

Of Aug.

















