### 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	12/03/2018 10:19
Date Of Accident	10/03/2018 15:30
Exact Location Of Accident	JURONG WEST ACTIVE SG SPORTS CENTRE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN3541U
Insured/Policyholder	
Name Of Registered Owner	CHENG HAIDONG
NRIC No	S7084572E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91381486
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	t .
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	DMPCSN1732331700
Cover Note Number	

### Driver

Name of Driver

CHENG HAIDONG

NRIC No

S7084572E

Date Of Birth

Occupation

Date Of Driving Pass

CHENG HAIDONG

S7084572E

04/07/1970

INDOOR

09/04/2008

Driving Experience 9 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91381486

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address NOEMAIL

Address BLK 656C JURONG WEST ST 61 #04-315

Postcode 643656

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 SIDE SWIPE
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 YES

NO

2

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : CHENG JIA YI

GENDER: : FEMALE

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## **Circumstances of Accident**

ON 10/03/2018 AT AROUND 1530HRS, I WAS REVERSING MY VEHICLE INTO THE PARKING LOT AT JURONG WEST ACTIVE SG SPORTS CENTRE. WHILE I HALF WAY REVERSE PARKING SUDDENLY I FEEL AN IMPACT ON MY LEFT THEN NOTICED THAT VEHICLE B JUST DASH IN FRONT MY VEHICLE AND COLLIDED ONTO MY VEHICLE FRONT LEFT PORTION.

### 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 SHD897M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver NEO KWONG ENG

NRIC/Passport Number S1413767Z Contact Number 96847893

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

### SKETCH PLAN

### **IMPORTANT NOTICE**

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.

# Sketch Plan Pg. 2

KETCH PLAN		
Jurong West Active Ma Sport Centre.		(4) SW 35414
		B) SHD 897M.
Anna Anna and Anna a		
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
Delic la Act	udent Circumstances.	
rafu to AU	dand Ch Contra in	
		☐ Claim own policy
		Claim third party     Claim OD / TP at other works hop
		For record purpose
CLARATION	devices are true in every respect	Policy No. DIMPCON 17 12 351 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ve declare the foregoing part	iculars are true in every respect.	
Miss it		
	Driver's Signature	Reporting Centre Personnel's Signature
dyholder's Signature e & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

QUARNIC SketchPlanForm\_VS



## 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tei: 6389 6111 Fax, 6222 1033 Websitte: www.sg.cntapnig.com Co. Feg. No. 2002083945

ORIGINAL

THE SCHEDULE

OKIGINAL	•								
Agency	AN0420A	Class of Policy			E	Policy	Number	DMPCSN173	32331700
Account	AN0420A	Issued on		in SINGAPORE		_			
Rient 3209710 Acceptance Date 27/04/2017					Replacing Cover Note 60011409				
Period o	f insuranc	e from 1547 hours	on 27/04/20	017 to 2400 hours	on 26/04/	/2018			
Insured'	s Name		MR CHENG HA	AIDONG					
Address.			BLK 656C J	RONG WEST STREET	61				
			#04-315						
			SINGAPORE 6	43656					
Business	/Occupn	SELF EMPLOYED							****
Financia	l interest	MAYBANK AS HP OW	NER						
Premium		Base Annual Prem	ium		S\$2,008	3.60			
	Less 5% Loyalty B	Discount		S\$100	.43-				
		Less 35% Autosafe			S\$667	7.86-			
		No Claim Discount			S\$496				
		Promotion Discour			s\$200				
		Total Annual Pres	nium		S\$544		remium Due		S\$544.15
						_	Premium GST		S\$38.09
						,	Total Due		S\$582.28
Risk No. 001		MOTOR PRIVATE CAR							
1 Page	istration	Original Registra	ation Date:	28 Apr 2017 Make/Model	HOMDS W	TEZET. 3	L.5X (A)		
_		Comprehensive		No. of seats	5		Body Type	. SUV	
		L15B4033754		Capacity cc's	1496		r of Manuf/Reg		17
_		RU11113748							
					c	ertificate Ref	. MX1F		
	Market value at th	e time of 1	oss						
Additional Ex Ex Sect. I - A Ex Sect. I - A		Ex Sect. I		s:	\$500.00				
		Other than Named	Drivers:						
		Age <= 25 S\$3,000.00							
		Age >= 26		s	\$500.00				
		te of accident							
		en	• • • • • • • • • •	s:	\$100.00				
Name	ed Drivers	THE INSURED							

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W) - PARALLEL IMPORT VEHICLE

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop, CAR CITY AUTO CENTRE FTE. LTD. or SNG AH TEE MOTOR & PANEL SERVICE for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

One Time Waiver of Excess Clause-Own Damage Claim (Insured & Named Drivers only)-FOR FI VEHICLES ONLY Notwithstanding anything contained to the contrary, we will waive up to the first \$\$500.00 (for

Continued on page 2



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7084572E





CHENG HAIDONG

程 海 东 Race CHINESE

Date of birth Sex 04-07-1970 M

h Sex 57084572E 1970 M

Country of birth

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIESI

CI Class J Motor cars =< 3000 kg with =< 7 passengers, exclusive of the like Oct 2006

Class J Heavy motor cars and motor tractors > 2500 kg 09 Apr 2008

5 / No. 9000090335

S7084572E

Date of issue 20-10-2006

APT BLK 656C JURONG WEST ST 51 #04-315
SINGAPORE 643656
NEIC No. S7084572E
Date 18/11/2007
Not. 5.856.248















