#### 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	24/03/2018 09:36
Date Of Accident	23/03/2018 10:45
Exact Location Of Accident	ALONG CLEMENTI AVE 6 TOWARDS COMMONWEALTH AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX8123G
Insured/Policyholder	
Name Of Registered Owner	TEO BEE LAN @ TAN SIEW GEOK
NRIC No	S1167281G
Email Address	ADMIN@KENSTON.CON.SG
Mobile Phone No	(LOCAL) +65-98765828
Alternative Phone No	OFFICE-64554355
Vehicle Particulars	
Manufacturer	BMW
Model	M3-4.0 (M)
Exact Purpose for which vehicle was being used a 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	DMPCSN1747641700
Cover Note Number	

#### Driver

Name of Driver YEO KIM SENG
NRIC No S1116031Z
Date Of Birth 05/06/1955
Occupation INDOOR
Date Of Driving Pass 13/06/1978

Driving Experience 39 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96179289

Fax Number

Contact Number

EMail Address NOEMAIL

Address 41 VERDE CRESCENT SINGAPORE 688396

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

...

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)

talla of Dalina Antion

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO THE DOCUMENT ATTACHED.

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 SHD6748X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver GOMES DARIN CHRISTOPHER

NRIC/Passport Number S7711255C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### 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.
- 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.
- 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:
  - 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 Gentre Personnel's Signature

Name:

NRIC/FIN No .:

### Sketch Plan #2

KETCH PLAN		
A: SJX 8123 G B: SH10 6748X		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	taran and in this but
Plc reten to	the statch plan	#3.
	9	
DECLARATION  1/We declare the foregoing parti	iculars are true in every respect.	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholde Date & Time:	Reporting Centre Personnel's Signature er) Name: NRIC/FIN No.:

GIARMC SketchPlanForm\_V2

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#### Sketch Plan #3 Pg. 1

# SKETCH .PLAN # 3

I MR YEO KIM SENG NRIC: S1116031Z WAS THE ABOVE DRIVER OF SJX8123G @ THE TIME OF ACCIDENT

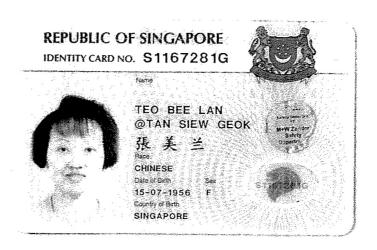
On 23 March 2018 at about 10.45am, while I was driving along Clementi Ave 6 towards Commonwealth Ave in the inner lane, suddenly I saw an object on the road side. I swerve the steering to avoid hitting it and resulted in hitting a Taxi vehicle no. SHD 6748X driven by Mr. Gomes Darin Christopher travelling on the outer lane. The side of the left door was slightly dented (see sketch below) as shown in the attached photographs. My car was not damaged.

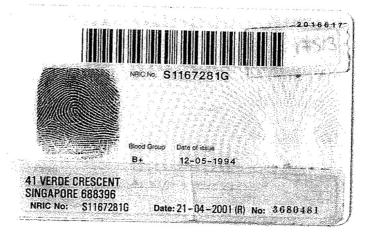
Nobody was injured.

I

Page 5 of 14

### OWNER'S NRIC Pg. 1

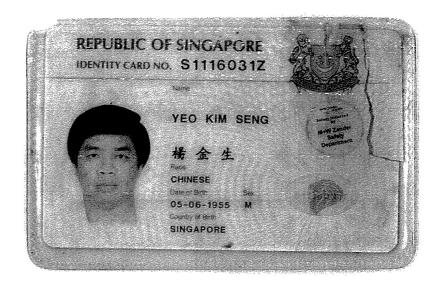




#### **DRIVER'S DRIVING LICENCE**









#### **CERTIFICATE OF INSURANCE Pg. 1**

' CERTIFICATE OF INSURANCE

Page 1 of 2



## 中国太平保险(新加坡)有限公司

MX1/BN SN AMO613A Cov.Type: 0

### 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	DMPCSN174764)750	Engine No :201442235658498. Chassis No:WESWD92960FY3667:
Index Mark and Registration     Number of Vehicle	SJX8123G	
2 Name of Policy Holder	MEM TEO BEE LAN 6	TAN SIEM GEOR
<ol> <li>Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment</li> </ol>	14 JULY 2017 f	EXCESS SECT. 1 :00TSIDE SINGAPORE:\$54,000.00 EXCESS SECT. 1 :00TSIDE SINGAPORE)\$510,000.00 EX ON WINDSCREEN\$550.00
Date of Expiry of Insurance	13 JULY 2018	
5. Persons or Classes of Persons entitled to drive *		
AS PER NAMED DRIVER(S) STATED BELOW.		
BURN ATTONE TO BETTE THE MOTOR VEHICL	E OR HAS BEEN SO I	DANCE WITH THE LICENSING OR OTHER LAWS OR PERMITTED AND IS NOT DISQUALIFIED BY OFFER OF A DN IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.
THE INSURED & YEO HAN WEI ALVIN 4	YEO KIM SENG DRO	IVING ONLY
6. Limitations as to use: *		
USE FOR SOCIAL, DOMESTIC AND PLEASURE THE POLICY DOES NOT COVER USE FOR HIS TRIAL, SPEED-TESTING, THE CARRIAGE OF OR USE FOR ANY PURPOSE IN CONNECTION	RE OR REWARD TUIT! F GOODS OTHER THAN	ON DRIVING TEST RACING FACE-MAKING, RELIEBILITY SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS
* Limitations rendered inoperative by Section 95 of the Road Transport Act.	ion 8 of the Motor Vehicl 1987 (Malaysia), are no	es (Third-Party Risks and Compensation) Act (Chapter 189) t to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

Countersigned By

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Websiter www.sg.cntaiping.com

http://sgportal.cntaiping.com//chinainsB2B/Spool/AN0613A-SJX8123G-DMPCSN174... 10/7/2017









## THIRD PARTY VEHICLE PHOTO



