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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.

- The issue and acceptance of this norm by insurance companies is not an admission of policy nature, or the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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

Date Of Report 05/04/2018 15:59 Date Of Accident 05/04/2018 13:40 CARICHILL RO INFRONT ASCOTT ORCHARD SINGAPORE SINGAPORE Vehicle Registration Number SKG8331A Insured/Policyholder Name Of Registered Owner ST19333F NOEMAIL Mobile Phone No OFFICE-96202686 Vehicle Particulars Manufacturer Mench of accident String of such residency of repair to your vehicle? If No, Please state action to be taken Third Toyle Office Policy Number Insurance Company Name of Insurance Company Cover Nate Number Name of Driver Name		ACCIDENT STATEMENT
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BLK 194 BISHAN ST 13 #12-539 Address

Postcode Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES 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)

Details of Police Action

NO 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

I WAS TRAVELLING STRAIGHT ALONG CAIRNHILL RD ON THE EXTREME LEFT LANE, WHILE APPROACHING THE ASCOTT ORCHARD SINGAPORE BUILDING, SUDDENLY VEH B (BEARING NO SHC4836T) DASHED OUT FROM THE SAY BUILDING TO THE MAIN RD AND HIT ONTO MY VEH RIGHT HAND SIDE.

NO

1

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES

HAVENT RETRIEVE Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHC4836T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

LEONG KUM HONG Name of Driver

S1383255B NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:
 - 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) Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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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.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

om you submitted the Original Report. ADDENDUM

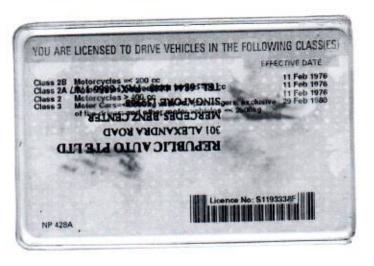
			ADDEND	UM				
(A)	PARTICULARS OF PERS					eue 827		
	Original Report No :_	MNA 118045	5577	Vehicle Registra	ation No: _	2KG 873	1/4	
	Name(as shownin NRIC) :	Wong Yew	Heng	NRIC/FIN/Pass	oort No : _	5119333	8 F	
	Name(as shownin NRIC): Wong Yew Heng NRIC/FIN/PassportNo: 51193338 F (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate							
	Address :					Singapore		
	Contact (Tel) :	:Mobile No.:9620 2686						
	Email Address :							
	Date of Accident :	514/18		Time of Accide				
	Place of Accident :	Cairnhill	Rd ins	ront Asco	++ 0	rchard	Singapore	
	Insurance Company:	China	Taipin	9				
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	Policyholder / Drive Date:	r's Signature		Name: NRIC/FINN				

Date: 514118-











中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg. No. 200208384E

MX1E R SN BR0086A Cov.Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

			Engine No :27491030002536
31	ERTIFICATE No. DMF	CSN1537531702	Chano: wDD2040312A748375
	Index Mark and Registration SKG Number of Vehicle	8331A	AUTOSAFE
	Name of Policy Holder WON	IG YEW HENG	
	Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment	12 September 2017 (10:38 Hours)	Named Drivers Ex Sect. I
1.	Date of Expiry of Insurance	11 September 2018	Ex Sect. I - Age >= 26
5.	Persons or Classes of Persons ontitled to drive*		
	(a) The Policyholder.		
	(b) Any other person who is driv	ing on the Policyholde	er's order or with his permission.
	regulations to drive the Motor V	ehicle or has been so	rdance with the licensing or other laws or permitted and is not disqualified by order of a ion in that behalf from driving the Motor Vehicle.
6	Limitations as to use.*		
	Use for social, domestic and ple The policy does not cover use fo trial, speed-testing, the carria or use for any purpose in connec	r hire or reward tuit ge of goods other tha	ion driving test racing pace-making, reliability n samples in connection with any trade or busines:
	will be doubled.		utside Singapore (Constructive Total Loss/Theft)
	One time waiver of Excess for the of Own Damage Claim at our Author	e first S\$1,000 will rised Workshops for e	apply to the Insured and Named Drivers in the ever ach Policy Year.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

		LIM SHU MIN
ssued	Ву:	Authorised Officer