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 truthful and accurate 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.

aloresalu.				
	ACCIDENT STATEMENT			
Date Of Report	23/04/2018 16:57			
Date Of Accident	21/04/2018 13:20			
Exact Location Of Accident	ANG MO KIO AVENUE 3 BEFORE CTE TO CITY			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SGN4579P			
Insured/Policyholder				
Name Of Registered Owner	TAN HUA MONG PETER			
NRIC No	S1236696E			
Email Address	PETER6696@HOTMAIL.COM			
Mobile Phone No	(LOCAL) +65-90215568			
Alternative Phone No	OTHERS-90215568			
Vehicle Particulars				
Manufacturer	HONDA			
Model	JAZZ			
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE			
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	DMPCSN1678791701			
Cover Note Number				
Driver				

Name of Driver TAN HUA MONG PETER

NRIC No S1236696E Date Of Birth 20/08/1957 Occupation **INDOOR Date Of Driving Pass** 09/02/1977

Driving Experience 41 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90215568

Fax Number

Contact Number OTHERS-90215568

EMail Address PETER6696@HOTMAIL.COM

BLK 203 BISHAN STREET 23 #04-443 Address

570203 Postcode

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 **CHAIN COLLISION**

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

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : MELODY TAN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN.

Attachment(s)

Remarks/ Reasons:

Are accident photos available for attachment? YES

YES Was there any video captured by Car Camera?

FILE TOO LARGE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS2353A Vehicle Make/Model/Colour **TOYOTA ALTIS**

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM HOCK CHUAN

S1330161A NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 16

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB8256X

Vehicle Make/Model/Colour SILVER CAB / KIA

Details Of Properties

Vehicle Category TAXI

Name of Driver NG YONG KANG

NRIC/Passport Number S6815436G

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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- 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 .
 - 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.

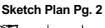
Policyholder's Signature
Date & Time:

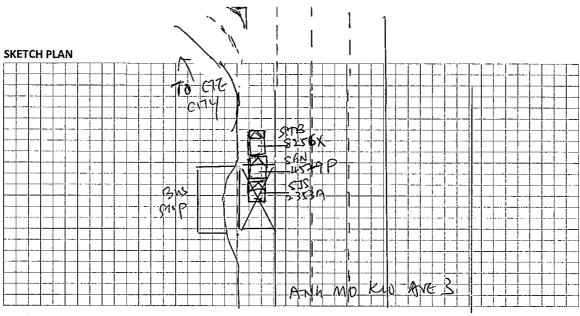
2 3 APR 2018

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: Jenny Lim S6927273H





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUISTANCES OF THE ACCIDENT
ON 21-4-2018 AT ABOUT 13>0 HRS, I WAS DRIVING IN A ROW
of vertice Arong AND MOKIO AVEZ HEADING, TOWARD CIE ON MY
LEFT MOST LAWE, WHEN ATTEN POSS THE BUS STOP INTRONT, THE TAXI
INTERN OF MR SLOW DOWN TO A STOP, I FULLOW AND STOP.
THE MOMEN I SUP MY VESTICIE, IMMEDIATE I FEET AN IMPACT
From THE REAL ST MY VEHICLE AND GATINUE TO ANOTHER IMPAIT
AGMIN, THE IMPACT PUSH MY VESTILE FORWARD AND HIT ONTO
THE VEHICLE SHE BUSTON, UPON AUGHTING AND REMUSED 7427
VEHICLE SIS 2313 A CANNOT STOP IN TIME AND GLILLED ONTO
my VEHICLE REAM. ATTEN 7HE ACCUSED WE EXCHANGE POSTICULA
FIR INSURBACE CLAIM, ME AND MY PASSENGER WAS FELT BALK
WAS UNTASY WELD TO CONSULT DOCTOR.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

2 3 APR 2018

Driver's Signature

(if driver is not the policyholder)

Date & Time:

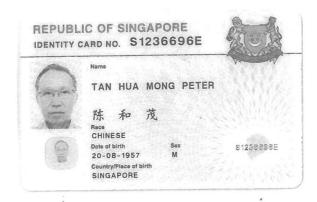
NRIC/FIN No.:

Reporting Centre Personnel's Signature
Name: Jenny Lim
NRIC/FIN No.: S6927273H

2

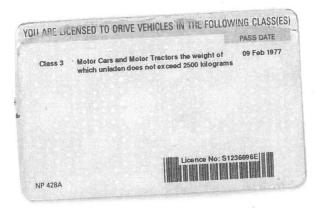
GIARMC SketchPlanForm_V3

Driver's NRIC +Driving License Pg. 1









Certificate of Insurance Pg. 1



中国太平保险(新加坡)有限公司

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

MOLE R SN AN0044A 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, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CE	RTIFICATE No.	DMPCSN1678791701	Engine No :L13A54000237 ChaNo:JHMGD18507S200325
1.	Index Mark and Registration Number of Vehicle	SGN4579P	AUTOSAFE
2.	Name of Policy Holder	TAN HUA MONG	
3.	Effective date of the Commencement of Insurance for the purposes of the Regulation Ordinance or Enactment		Additional Ex Other than Named Drivers: Ex Sect. I - Age ← 25
4.	Date of Expiry of Insurance	17 November 2018	EX Sect. I - Age >= 26
5.	Persons or Classes of Persons entitled to	drive"	
	(a) The Policyholder.		
	(b) Any other person who is	driving on the Policyhold	er's order or with his permission.
	regulations to drive the Mot	or Vehicle 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:*		
	The policy does not cover us	e for hire or reward tuit rriage of goods other tha	r the Policyholder's business. ion driving test racing pace-making, reliability n samples in connection with any trade or business

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first \$\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each 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.

Issued	Ву:	TAN NGEE LING EILEEN
		Authorised Officer

Authorised Signatory

AAAAA













