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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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.
- 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

A TOTAL PROPERTY OF THE PARTY O	ACCIDENT STATEMENT	
Date Of Report	26/04/2018 14:52	
	25/04/2018 17:40	
Exact Location Of Accident	SHOWA DENKO HD (S) PTE LTD. STAFF CARPARK	
Country/State of Loss	SINGAPORE	
	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKX1964E	
Insured/Policyholder		
Name Of Registered Owner	MDM TAY PHAY GEOK	
NRIC No	S7147640E	
Email Address	ZEN.JOSHUA81@GMAIL.CPM	
Mobile Phone No	(LOCAL) +65-97951308	
Alternative Phone No	OTHERS-97951308	
Vehicle Particulars		
Manufacturer	HONDA	
Model	JAZZ	
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED	
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	The Country of the Wood State and the Company of the Country of th	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMPCSN3076021700	
Cover Note Number		
Driver		
Name of Driver	TAY KUN SENG (ZHENG KUNSHENG)	
NRIC No	S8133064F	
Date Of Birth	06/10/1981	
Occupation	INDOOR	
Date Of Driving Pass	08/12/2006	
Driving Experience	11 YEARS AND 4 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97951308	
Fax Number		
Contact Number	OTHERS-97951308	

ZEN,JOSHUA81@GMAIL.CPM

BLK 780E WOODLANDS CRESCENT Address

#15-77

735780 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

2 Number of vehicles involved in the accident NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND ATTACHMENT

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

GBE4204C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
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- 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 aforesald.
- 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)
 - (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
- (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

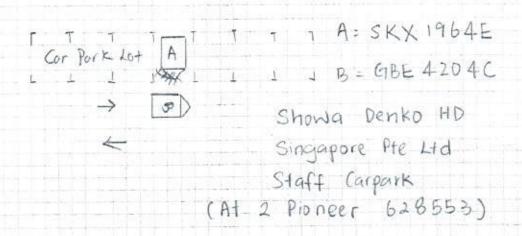
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatu

Name:

47.1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SCRIBE CIRCOVISTANCES OF		

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DECLARATION

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

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

NRIC/FIN No.:

On 25th April 2018, 1740hrs at Showa Denko HD Singapore Pte Ltd staff carpark located at 2 Pioneer Crescent 628553, I came back to collect my vehicle and saw a piece of paper on my windscreen, stating one name 阿忠 and phone number and 不好意思. I then saw my right front and right side was damaged. I made a call to the mobile number written on the paper and the other party admitted he have banged onto my car accidentally.

My Car: SKX1964E

3rd party Car: GBE4204C

26/04/2018 Rosdinathas

SINGAPORE ACCIDENT STATEMENT

Accident Date: $25704/2006$ Time: $17:40$ (hh:mm) 24 hr format
Location Showa Denko HD (5) Pte Ltd. Staff Carpark
Vehicle Number SK×1964E
Insured Name Tay Phay Geok
NRIC/FIN S 1147640 E Contact Number 9795 1308
Make Handa Model Juzz
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: (\(\) Third Party () Reporting
Insurance Company Chiry Teiping
Type of Policy (V) Comphensive () Third Party Fire & Theft () TP Only
Policy Number DMPCSH3076021700
Name of Driver Tay Kun Song ()Same as Insured
Name of Driver Tay Kun Sony ()Same as Insured
NTIC (TD)
NRIC / FIN \$8133064F Contact Number 9878 2589
Date of Birth OLIO 1981
Driving Pass Date 09 / 12/ 2006
Occupation (V) Indoor () Outdoor
Gender (√) Male () Female
Email Address Zenijoshua 81 @gwail. Com ()NO EMAIL
Address of Driver BLK 700 E Woodlands Creston F
#15-77 Singapore 735780
Was driver an employee of the Insured's Company? () Yes (\nabla No
If No, Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative () Children (√) Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions () Clear () Raining () Others
Road Surface (V) Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes (✓) No
Was anybody injured in the accident? () Yes (✓) No
If yes, injured detail
Was there any video captured by Car Camera? () Yes () No
Was the Accident reported to the Police? () Yes () No If yes attach police report
DETAILS OF 3rd party Name / Nric Contact
Veh B GBE ALO4C
Veh C
Veh D
Veh E
Veh F

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8133064F





Name

TAY KUN SENG (ZHENG KUNSHENG)

郑 昆 晟

CHINESE

06-10-1981 M

SINGAPORE

SPIJAOBIP

SEX 1964E driver





SEX1964E driver

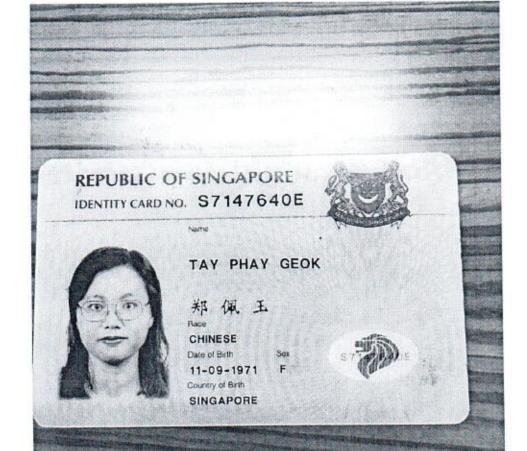
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

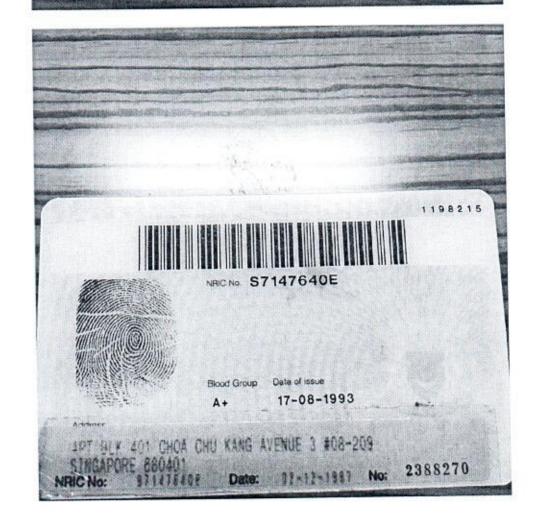
PASS DATE Class 3 Notor Cars < 3000 kg with </ passengers of cluarie to the 2606 of the driver; and other motor vehicles << 2500 kg

NP 428A



SEX 1964 E (Owner)







中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MXIF N SN AN0478A COMPREHENSIVE AUTOSAFE

Engine No : L15B31020321

EX SECT. I - AGE >= 26......\$\$500.00

* AGE AS AT DATE OF ACCIDENT

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)

Chassis No: JHMGK5850GX201145 CERTIFICATE No. DMPCSN3076021700 1. Index Mark and Registration SKX1964E Number of Vehicle 2. Name of Policy Holder MDM TAY PHAY GEOK 27 SEPTEMBER 2017 NAMED DRIVERS EX SECT. I......S\$500.00 3. Effective date of the Commencement of Insurance for IN ADDITION TO NAMED DRIVERS EX: (10:22 HOURS) the purposes of the Regulations, Ordinance or Enactment 26 SEPTEMBER 2018 EX SECT. I - AGE <= 25.......\$3,000.00

4. Date of Expiry of Insurance

5. Persons or Classes of Persons entitled to drive *

(A) THE POLICYHOLDER.

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

6. Limitations as to use: *

Countersigned By:

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

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.

HIRE PURCHASE CO. : MAYBANK AS HP OWNER MALAYAN BANKING BERHAD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Parly 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.

Authorised Officer

Authorised Signatory