

## 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 withholding 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.

### ACCIDENT STATEMENT

Date Of Report	28/04/2018 14:39
Date Of Accident	27/04/2018 08:00
Exact Location Of Accident	ALONG MARINE PARAD TERRACE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD8134G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG WAI LENG CHRISTOPHER
NRIC No	S7036418B
Email Address	LEONG@CHRIS-CONSULTING.COM
Mobile Phone No	(LOCAL) +65-98789525
Alternative Phone No	OTHERS-98789525

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID X (A)
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	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	DMPCSN3049551700
Cover Note Number	

### Driver

Name of Driver	LEONG WAI LENG CHRISTOPHER
NRIC No	S7036418B
Date Of Birth	09/10/1970
Occupation	INDOOR
Date Of Driving Pass	07/05/1988
Driving Experience	29 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98789525
Fax Number	
Contact Number	OTHERS-98789525
Email Address	LEONG@CHRIS-CONSULTING.COM

Address	1 TANAH MERAH KECHIL ROAD #11-04
Postcode	466663
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	COLLISION - HEAD TO REAR
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 ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : KHOO EE LIN
	GENDER: : FEMALE

#### 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

AS PER ATTACHED SKETCH PLAN

#### 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	SJL9570E
Vehicle Make/Model/Colour	FORD FOCUS BLUE COLOUR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG WAH SUAN
NRIC/Passport Number	S7309346E
Contact Number	96925100
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR PORTION
No. Of Passenger (Including Driver)	1

**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**.
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.
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:

28/4/18 & 1120WS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

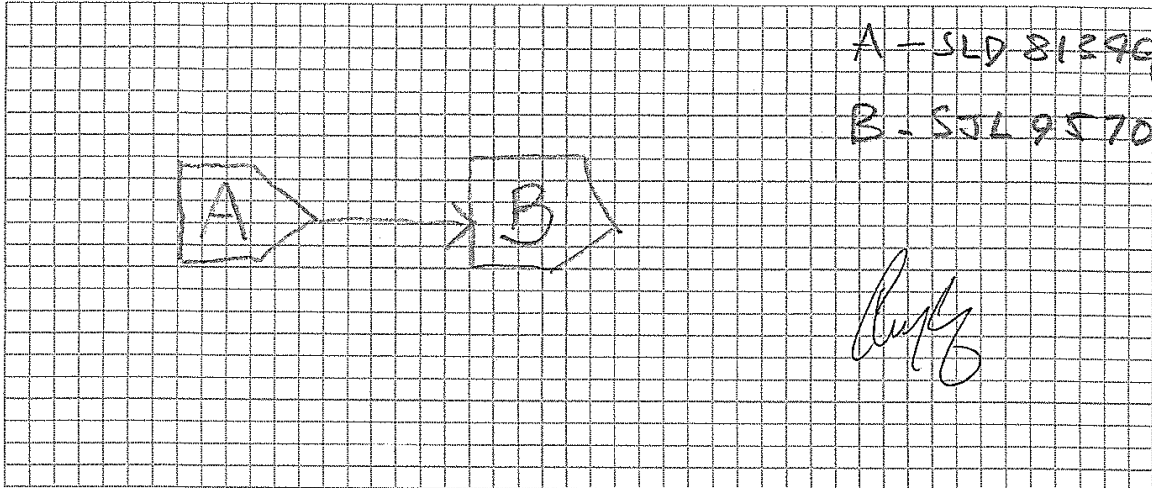
Name:

NRIC/FIN No.:

F.B.H

0055B

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/4/18 @ about 8am while driving along Marine Terrace Rd my car, SLD 8134G accidentally rear the back of another car, SJL 9570E.

We stopped the car by the road side and exchanged particulars. -

There are no injuries and the morning is clear and dry.

DECLARATION

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

Policyholder's Signature

Date & Time: 28/4/18 12:00hrs

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



T.B.H.  
005573

## INSURANCE SCHEDULE Pg. 1



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #18-00 Springleaf Tower Singapore 078909  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.sg.ctaiping.com  
Co. Reg. No. 200208384E

ORIGINAL

THE SCHEDULE

Agency AN0444A Class of Policy MOTOR PRIVATE CAR Policy Number ..... DMPCSN3049551700  
Account AN0444A Issued on ..... 20/06/2017 in SINGAPORE  
Client 3211965 Acceptance Date 20/06/2017

Period of Insurance from 29/06/2017 to 28/06/2018, both dates inclusive

Insured's Name..... CHRISTOPHER LEONG WAI LEONG

Address.

1 TANAH MERAH KECHIL ROAD

#11-04

THE TANAMERA

SINGAPORE 466663

Business/Occupn... SELF, EMPLOYED, OWN, COMPANY

Premium .....	Base Annual Premium.....	S\$2,604.00	
	Less 35% Autosafe Scheme.....	S\$911.40-	
	No Claim Discount .....	S\$846.30-	
	Promotion Discount.....	S\$200.00-	
	Total Annual Premium.....	S\$646.30	Premium Due S\$646.30
			Premium GST S\$45.24
			Total Due S\$691.54

Risk No. 001 MOTOR PRIVATE CAR

ORIGINAL REGISTRATION DATE: 29-06-2016

1. Registration SID8134G Make/Model .. HONDA VEZEL HYBRID 1.5X (A)  
Type of Cover Comprehensive No. of seats 5 Body Type ..... SUV  
Engine No. L15B4400156 Capacity cc's 1496 Yr of Manuf/Regn 2016/2016  
Chassis No. RU11200156

Certificate Ref. MX1F

Sum Insured..Market value at the time of loss

Named Drivers Ex Sect. I ..... S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25..... S\$3,000.00

Ex Sect. I - Age >= 26..... S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN ..... S\$100.00

Named Drivers THE INSURED

KHOO EE LIN

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

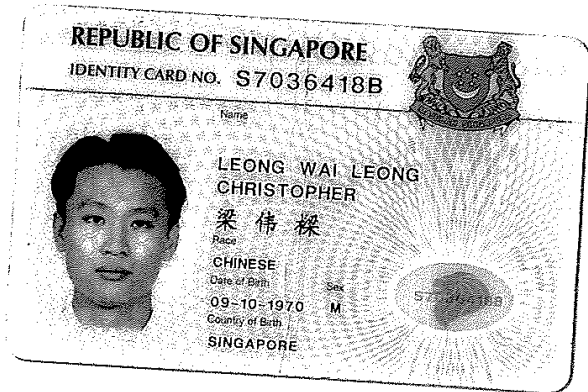
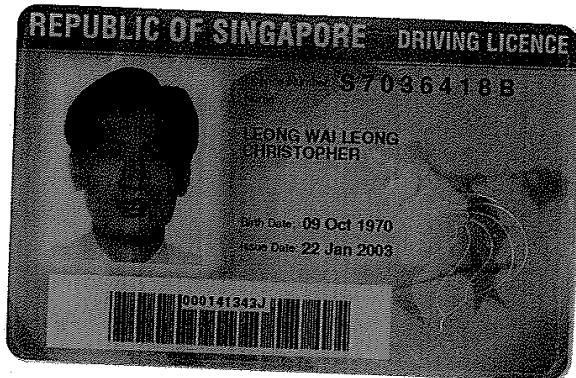
In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop, CAR CITY AUTO CENTRE PTE.

LTD. or SNG AH TEE MOTOR & PANEL SERVICE for repairs if he/they wish to seek indemnity under Section I of this Policy.

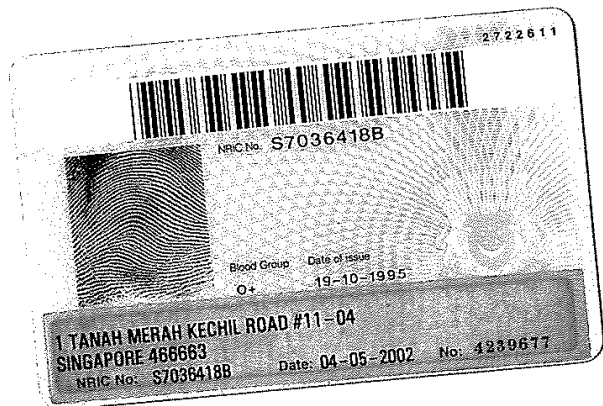
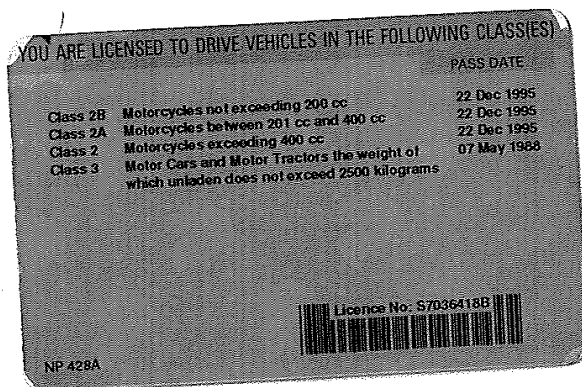
Subject otherwise to the terms, conditions and exceptions of this policy.

One Time Waiver of Excess Clause-Own Damage Claim (Insured & Named Drivers only)-FOR PI VEHICLES ONLY  
Notwithstanding anything contained to the contrary, we will waive up to the first S\$500.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year

Continued on page 2



owner / driver



3RD PARTY CAR



3RD PARTY CAR





3RD PARTY CAR



**INSURED CAR**



INSURED CAR





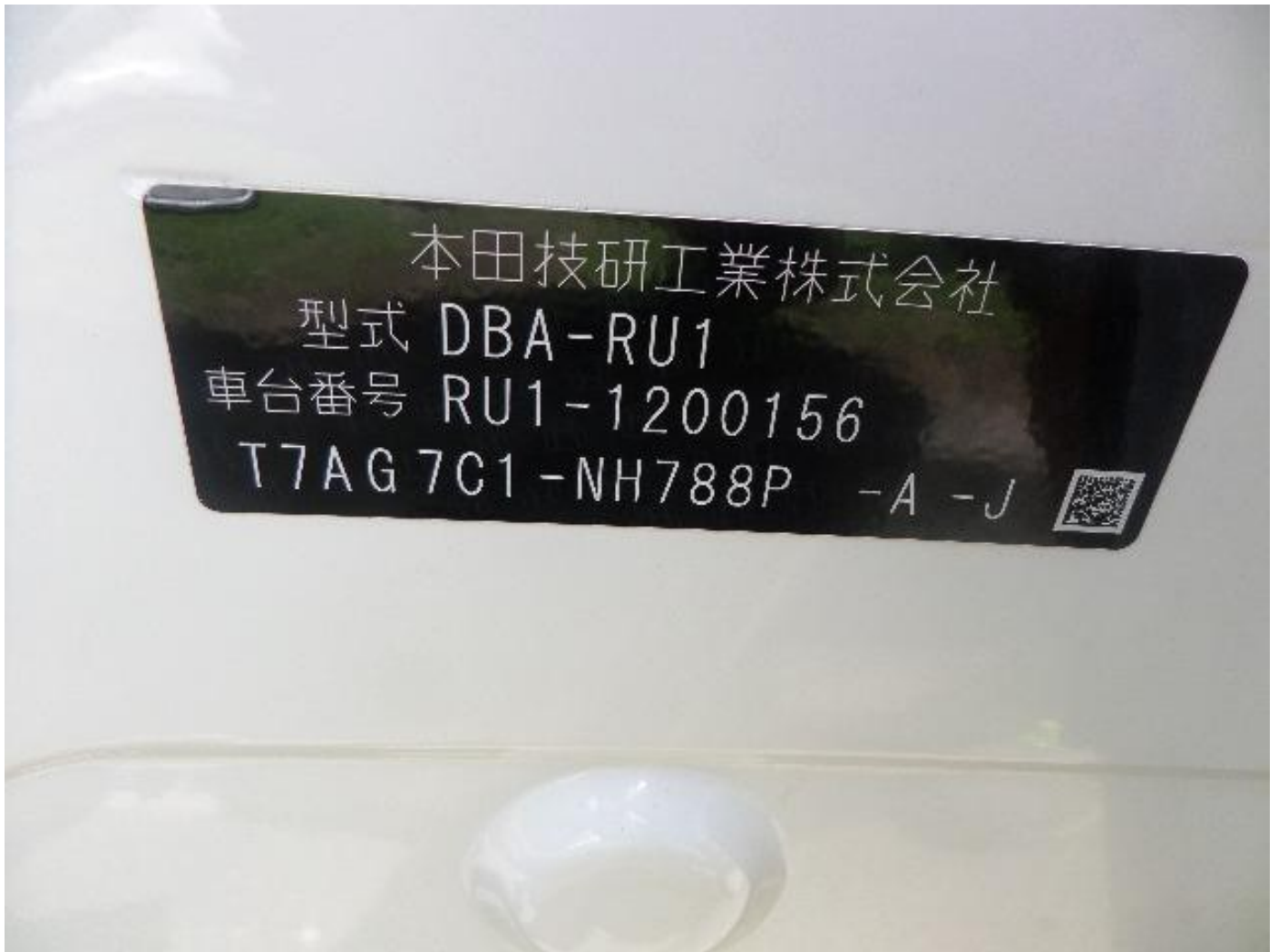
**INSURED CAR**



INSURED CAR



INSURED CHASSIS NUMBER





INSURED CAR



**INSURED CAR**





INSURED CAR

