

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	02/04/2018 14:53
Date Of Accident	02/04/2018 10:15
Exact Location Of Accident	KAMPONG BAHRU FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS39J
Insured/Policyholder	
Name Of Registered Owner	MA HUILIN
NRIC No	S8113909A
Email Address	REX@MACHINERY.SG
Mobile Phone No	(LOCAL) +65-91916540
Alternative Phone No	OTHERS-91916540

Vehicle Particulars

Manufacturer	BMW
Model	740LI
Exact Purpose for which vehicle was being used at time of accident	COMPANY 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	DMPCSN3036121701
Cover Note Number	

Driver

Name of Driver	LIM WEI
NRIC No	S8804966G
Date Of Birth	12/02/1988
Occupation	INDOOR
Date Of Driving Pass	24/10/2011
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	+65-90263557
Fax Number	
Contact Number	
Email Address	REX@MACHINERY.SG

Address	BLK 513B YISHUN STREET 51 #13-363
Postcode	762513
Was driver an employee of the Insured's Company	YES
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

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	
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)	3

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 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 Witness 1

Name	JOHNNY WONG
Phone Number	92354800
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5162Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XE122X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

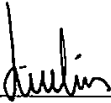
SKETCH PLAN

IMPORTANT NOTICE

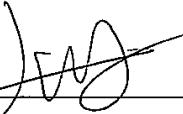
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:
 - (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:
03 APR 2013
13:32hrs

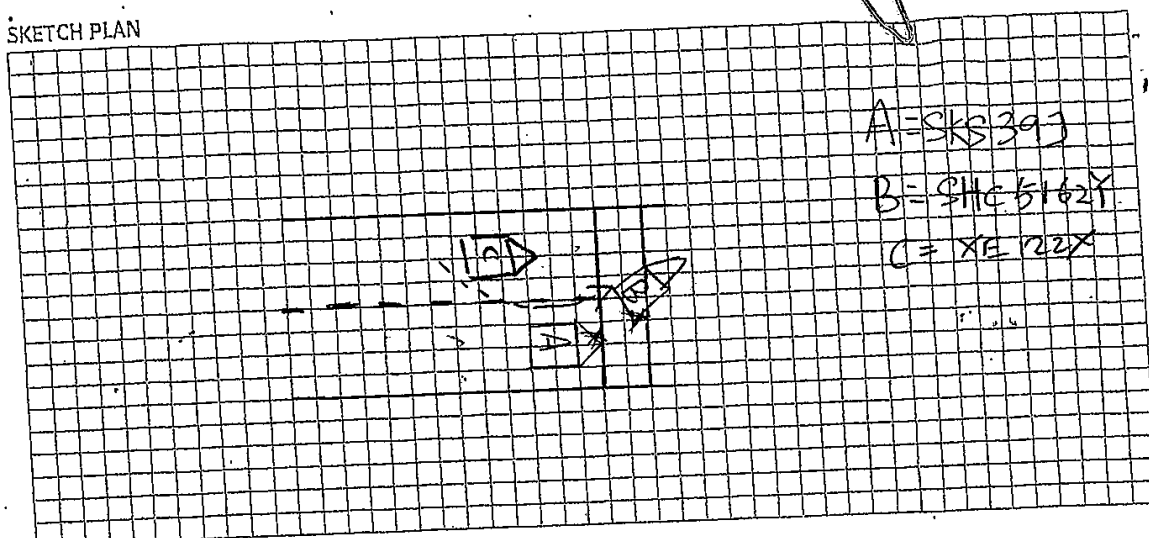


Driver's Signature
(If driver is not the policyholder)
Date & Time:
02 APR 2013



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: Poh Kwee Choo
S6840583A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I driver of (SKS39J) was traveling along Kampong Bahru Flyover at 10:15 to 10:20am on the right lane.

In the diagram above there is a stationary car C (XE122X) working on road works. All of a sudden car B was on the left lane for (SHC5162Y) was on the left lane, appearing behind of car C and cut into my lane without any signal and hit onto my left front side bumper portion. No one was injured.

Monday (21/4/18)

Time: 10:15am to 10:20am

place: Kampong Bahru Flyover.

I have a witness Johnny wong who is driving behind my car.

Johnny wong contact: 9235 4800

DECLARATION

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

Signature
Policyholder's signature
Date & Time: 03 APR 2019

Signature
Driver's Signature
(If driver is not the policyholder)
Date & Time: 02 APR 2019

Signature
Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN No: S6840583A

CERTIFICATE OF INSURANCE Pg. 1



MOTOR PRIVATE CAR

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
AN0478A
Cov.Type: C

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

CERTIFICATE No.	DMPCSN3036121701	Engine No :N54B30A07177344 ChaNo:WBAK842000CY83052
1. Index Mark and Registration Number of Vehicle	SKS39J	AUTOSAFE
2. Name of Policy Holder	MA HUILIN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	21 April 2017	Named Drivers Ex Sect. I S\$2,000.00 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
4. Date of Expiry of Insurance	20 April 2018	
5. Persons or Classes of Persons entitled to drive*	<p>(a) The Policyholder.</p> <p>(b) Any other person who is driving on the Policyholder's order or with his permission.</p> <p>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.</p>	
6. Limitations as to use:	<p>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.</p> <p>Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/theft) will be doubled. One time waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.</p>	
<p>HIRE PURCHASE CO. : JCWC CREDIT (S) PTE LTD AS HP OWNER * 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.</p>		

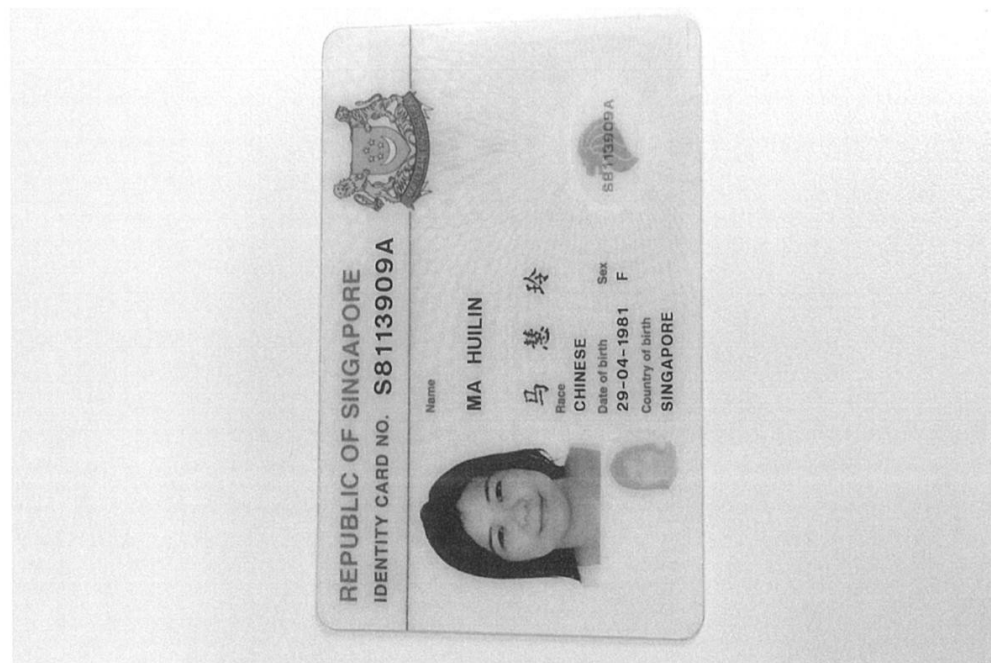
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

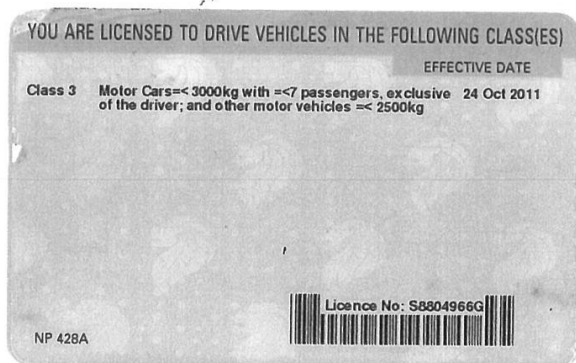
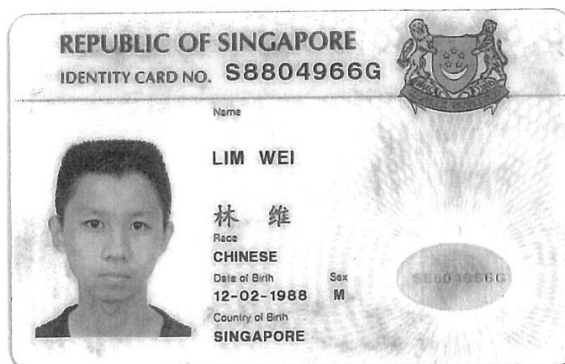
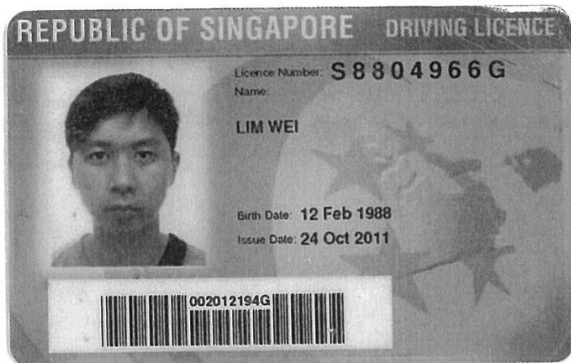
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:INSURE_HUB_PTE.LTD.....
Authorised Officer

Authorised Signatory





Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER





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: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MLHM18043633 Vehicle Registration No: SKS39J
Name (as shown in NRIC) : MA HUILIN NRIC/FIN/Passport No : S8113909A
(* ~~XXXXXX~~ / Vehicle Owner) (*) Please delete as appropriate
Address : 7 WEST COAST WALK #14-13 Singapore (127159)
Contact (Tel) : _____ Mobile No. : 91916540
Email Address : REX@MACHINERY.SG
Date of Accident : 02/04/2018 Time of Accident : 10:15
Place of Accident : KAMPONG BAHRU FLYOVER
Insurance Company : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADDED IN OWNER'S SIGNATURE IN SKETCH PLAN.

Ma Huilin
Policyholder / Driver's Signature
Date: 03/04/2018

POH KWEE CHOO
Reporting Centre Personnel's Signature
Name: POH KWEE CHOO
NRIC/FIN No.: S6840583A
Date: 03/04/2018

