

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 willful 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	06/07/2018 09:02
Date Of Accident	05/07/2018 08:00
Exact Location Of Accident	ALONG CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC5227J
Insured/Policyholder	
Name Of Registered Owner	MR OON TECK BIN JAMES
NRIC No	S7131869I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96346968
Alternative Phone No	OFFICE-96346968

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	DMPCSN3062001702
Cover Note Number	-

Driver

Name of Driver	MR OON TECK BIN JAMES
NRIC No	S7131869I
Date Of Birth	09/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1995
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96346968
Fax Number	
Contact Number	OFFICE-96346968
EMail Address	NOEMAIL

Address	BLK 326 CLEMENTI AVE 5 #04-157
Postcode	120326
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 - CHANGE/CROSS LANE
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	1

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 ATTACHED STATEMENT.

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	SLQ9988J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HER TSUEY SHYAN
NRIC/Passport Number	S2622898J
Contact Number	91011736
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MR OON TECK BIN JAMES
Approximate Age	

Injuries Sustain	BODY
Injured person in which vehicle?	SKC5227J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

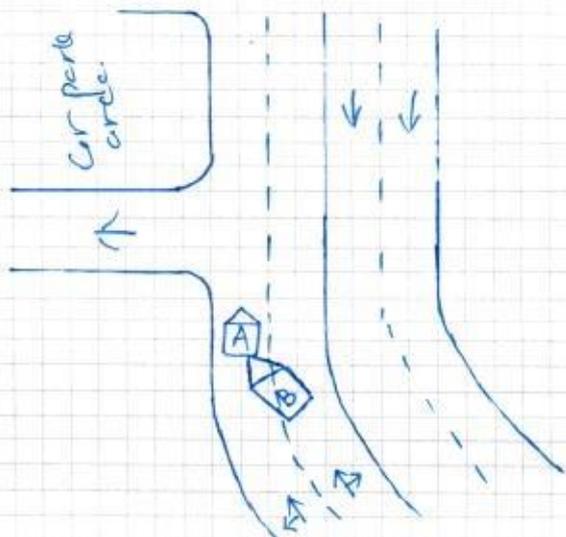
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:
 - (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:

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

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

SKETCH PLAN



(A) SKC 5227J

(B) SLQ 9988J

Along Clementi Ave 2

[Signature]
5/7/18

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On said date & time of the accident, I was driving my car (SKC 5227J) along Clementi Ave 2 in the left lane. Suddenly I felt an impact from behind, follow by another second impact again to my car and I realized that veh B (SLQ 9988J) swerp into my lane and collided onto rear portion of my car. Hence I hereto lodge this report to claim against vehicle B (SLQ 9988J)'s insurance for my accident damages. I will go to see doctor if I feel any uncomfortable after this.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]
5/7/18

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

[Signature]

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

VEHICLE NO : SKC 5227 J

MAKE & MODEL : Honda Civic

Date of Accident	05 / 07 / 2018	
Time of Accident	08:00 <input checked="" type="radio"/> AM / PM	
Location of Accident	Along Clementi Ave 2.	
Exact Purpose Usage	<input checked="" type="radio"/> Personal / Private Hire (Uber / Grab) / Commercial	
NAME OF OWNER :	Don Teck Bin James	
Contact No.	96346968	
Nric No	S7131869I	
Type Of Claim	<input checked="" type="radio"/> Third Party / Own Damage / Reporting only	
Insurance Co.	China Taiping	
Type of Coverage	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft	
Policy No	DMPCSH3062001702	
NAME OF DRIVER :	<input checked="" type="radio"/> As above / If No :	
Nric No	As Above	Any Passenger: NIL
Date Of Birth	09 / 08 / 1971	
Occupation	<input checked="" type="radio"/> Outdoor / Indoor	
Date Of Driving Pass	08 / 12 / 1995	
Gender	<input checked="" type="radio"/> Male / Female	
Contact no	96346968 Office :	Home :
Address	Blk 326 Clementi Avenue 5 #04-157 S(120326)	
Driver Have Any Own Vehicle	<input checked="" type="radio"/> NO / If Yes (Reg no) :	
Relationship	Employee / If No :	
Weather Condition	<input checked="" type="radio"/> Clear / Raining / Other :	
Road Surface	<input checked="" type="radio"/> Dry / Wet / Other :	
Any Injuries	NO ; If Yes Who?	
Name	Don Teck Bin James	Contact : 96346968
Name		Contact :
Police Report	<input checked="" type="radio"/> No / If Yes : Where?	
Vehicle B No :	SLQ9988 J	Any Passenger:
Name Of Driver	Her Tsuey Shyan (S2622898 J)	
Contact No :	91011736	owner: CK H.p: 81829583
Vehicle C No :		Any Passenger:
Vehicle D No :		Any Passenger:
Vehicle E No :		Any Passenger:
Vehicle F No :		Any Passenger:
Any Witness		
Witness Contact No		
Have you been approach by unknow person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO	
PARTICULAR WORKSHOP	PRECISE AUTO SERVICE	
Address	1 Kaki Bukit Ave 6 #02-34	
	support @ preciseauto-sg	
	Kaki Bukit @ Auto Bay	
	Singapore 417883	
Email : fir2me@yahoo.com.sg	Tel : 6745 7367	Fax : 6841 3390

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7131869I



Name
OON TECK BIN
温德民
Race
CHINESE
Date of Birth
09-08-1971
Sex
M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7131869I
Name
OON TECK BIN
Birth Date: 09 Aug 1971
Issue Date: 30 Dec 2003

001068080G

9634 6968

1242728



MeadJohnson
Traction
ASIC & GME 2012
10

Blood Group Date of issue
A+ 03-09-1993

APT BLK 326 CLEMENTI AVENUE 5 #04-157
SINGAPORE 120326
NRIC No: S7131869I Date: 15-11-2003 No: 4691814

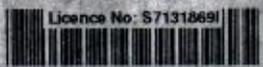
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE
08 Dec 1995

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: S7131869I

NP 428A



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)

CERTIFICATE No.	DMPCSN3062001702	Engine No :K20Z25500012 Chassis No:JHMFD2640AS200012
1. Index Mark and Registration Number of Vehicle	SKC5227J	
2. Name of Policy Holder	MR OON TECK BIN JAMES	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	5 SEPTEMBER 2017	NAMED DRIVERS EX SECT. IS\$750.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS:
4. Date of Expiry of Insurance	4 SEPTEMBER 2018	EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT
5. Persons or Classes of Persons entitled to drive *		EX ON WINDSCREENS\$100.00
(A) THE POLICYHOLDER.		
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.		
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.		
6. Limitations as to use: *		
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 S\$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. : CITIBANK SINGAPORE 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.		

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



Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory