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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/07/2018 15:06
Date Of Accident	20/07/2018 08:00
Exact Location Of Accident	ALONG AYE TOWARDS MCE BEFORE EXIT TO ALEXENDRA
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ8058X
Insured/Policyholder	
Name Of Registered Owner	TAN CHEOK HOCK
NRIC No	S1789824H
Email Address	HOCKTC@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-92701107
Alternative Phone No	OFFICE-92701107
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	DMPCSN1512231702
Cover Note Number	
Driver	

Name of Driver TAN CHEOK HOCK

 NRIC No
 \$1789824H

 Date Of Birth
 08/04/1967

 Occupation
 INDOOR

 Date Of Driving Pass
 29/08/1997

Driving Experience 20 YEARS AND 10 MONTHS

Gender MALE

Mobile Number +65-92701107

Fax Number

Contact Number OFFICE-92701107

EMail Address HOCKTC@SINGNET.COM.SG

APT BLK 286A TOH GUAN ROAD #18-42 SINGAPORE Address

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

YES

NO

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: : SATHEESH

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT. T/20180720/2059.

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 SJN2799Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 25

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD3310U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 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 às 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:
 - 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.:

Accident Sketch Plan Pg. 1

SKETCH PLAN				
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			a and the second se	B-1 SJN 27992
				C7 SHO 3310V
DESCRIBE CIRCU	IMSTANCES C	OF THE ACCIDENT		
Desc n	alica van	vt T/20180720	10050	
FENCY Y	me repe	7 (7	/ / .	:
:				

			3.880.4	
DECLARATION I/We declare the form	regoing particu	lars are true in every respect.		
y we decidle tile it	. /	nais are time in every respect.)	1x/
W	\sim			His
Policyholder's Signa	ture	Driver's Signature	Repor	ting Centre Personnel's Signature
Date & Time:		(If driver is not the policyhold Date & Time:		: FIN No.:

BIARHAC SketchFrabFerror_V3

Page 5 of 25

20/Jul/2018 13:41:14

SH 63822504

1/1



中國太平保险(新加坡)有限公司 CHINA TAIPING INBURANCE (BINGAPORE) PTE. LTD.

MX1FR SN ANO412A COV.Type: C AUTOSAFE

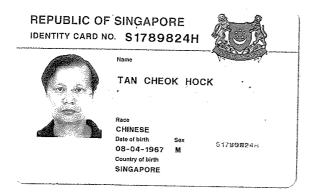
CERTIFICATE OF INSURANCE

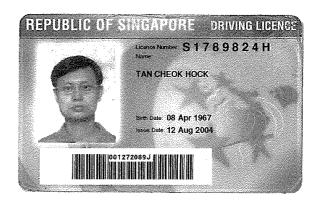
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPC8N1512231702	Engine No : INEXASETOI Chresis No: NRO53HY4204197809
Index Mark and Registration Number of Vehicle	gg#8058X	
2. Name of Policy Holder	MR TAN CHECK HOCK	
Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment		NAMED DRIVERS EX SECT. I
4. Date of Expiry of Insurance	20 JULY 2018	EX SECT. I - AGE <= 25
5. Persons of Classes of Persons entitled to drive *		EX ON WINDSCREEN
(A) THE POLICYHOLDER.		
(B) ANY OTHER PERSON WHO IS DRIVING O	N THE POLICYHOLDER	e order or with his permission.
REGULATIONS TO DRIVE THE MOTOR VEHICL	e or has been so P	ANCE WITH THE LICENSING OR OTHER LAWS OR ERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A N IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.
TRIAL, SPEED-TESTING, THE CARRIAGE OF OR USE FOR ANY PURPOSE IN CONNECTION EXCESS WHICKEVER IS APPLICABLE FOR LO WILL BE DOUBLED.	E OR REWARD TUITION GOODS OTHER THAN WITH THE MOTOR TRA SSES OCCURRING OUT ST \$\$500 WILL APPL	N DRIVING TEST RACING PACE-MAKING, RELIABILITY SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS DE. SIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS/THEFT) Y TO THE INSURED AND WAYED DRIVERS IN THE EVENT
*Limitations rendered inoperative by Section 95 of the Road Transport Act,		: (Third-Party Risks and Compensation) Act (Chapter 189) o be included under these headings.
I/We hereby Certify that the provisions of the Motor Vehicles (Third-Part) Road Transport Act, 1987 (Malaysia), Please see reverse	colloy to which this Certifi Risks and Compensatio	cate relates is issued in accordance with the n) Act (Chapter 189) and Part IV of the
		For China Taiping insurance (Singapore) PTE, LTD,
Ble		Jurany-
Countersigned By: Authorised Officer		Authorised Signatory

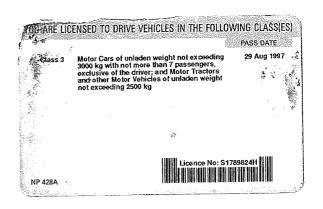
3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.ag.cntdlplng.com

DRIVER DETAIL Pg. 1













Date of Expiry:

Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

Chinese
Occupation:

REPORT OF A TRAFFIC ACCIDENT

BUILDING MANAGEMENT

1 of 4 Report No. T/20180720/2118

Date/Time Report Made: Vide Report No.: Station Diary No.: 20/07/2018 15:31 73 Informant's Particulars Name of Informant: Address: TAN CHEOK HOCK APT BLK 286A TOH GUAN ROAD #18-42 SINGAPORE 601286 ID Type / ID No.: Contact No.: NRIC NO / S1789824H Home/Office: Mobile: 92701107 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: 51 08/04/1967 Male Driver Race: Institution / School Name: Language:

Driving Licence Information:

Class:

				•			
General Informat	ion of the Accident						
Type of Accident:	Non-Injury Attended by Police		Orink Orive: No	Date/Time of Accident: 20/07/2018 08:0	0	Type of Location: Y-Junction	
Location: Along Road 1 AYER RAJAH EX	(PRESSWAY E before exit to Alexe	ndra					
Weather:			ad Surface:		Road	Road Speed Limit:	
Clear	Clear Dry						
Traffic Flow: Traffic			ontrol:		Traff	īc Volume:	
Dual Carriage Way Not Controlled			Heavy				
Type of Collision: Between Moving	: Vehicles - Head To R	ear				one conveyed by ulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGJ8058X	Car	ТОУОТА	VIOS 1.5E A	Red	Slightly Damaged	1
SHD3310U	Car			,	No Damage	1
SJN2799Z	Car				Slightly Damaged	0

Details of Vehicle Insurance	
Vehicle No. Insurance Company Insurance No E	ffective Expiry Date



T/20180720/2118

2 of 4

Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

Report No. T/20180720/2118

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGJ8058X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN15122317 02	21/07/2017	20/07/2018

Details of Person					
Any Pedestrian Involved: No					
No. of Pedestrian	Use of Pedestrian Crossing: NA				
Driver			- · · ·	0470000411	
Name	TAN CHEOK HOCK	, 1L	D No.	S1789824H	
Related Vehicle	SGJ8058X (Car)	С	Contact No.	92701107	
Hospital/Clinic	TOH GUAN FAMILY CLINIC	D	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	20/07/2018	Date Dischar	e Discharge 20/07/2018		
No. of Days gran	Degree of Injury NIL				
Driver					
Name	Goh Bee Tin		D No.	S1482487A	
Related Vehicle	SJN2799Z (Car)	C	Contact No.	96340322	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discha			
No. of Days gran	ted Medical Leave NIL	Degree of In	njury NIL	MANAGE MANAGEMENT .	

Brief Details.

On the above date time and location, while I was driving on my car, V1) SGJ8058X, another car, V2) SJN2799Z, banged into my car from the rear. Prior to the collision, there was a heavy traffic at the AYE as cars are lining up to exit the expressway. V2 collided to the rear of V1 and as a result, the momentum caused V1 to bang into the rear of a taxi, V3) SHD3310U, in front of V1. Traffic Police and Ambulance came to the scene. However, no one was conveyed to the hospital by the ambulance. From my observation, there was no visible damage to the rear bumper of V3. Additionally, V1 suffered some dents to the rear bumper and boot.

To my knowledge, no one was injured and no government property was damaged. As a result of the incident, I felt giddiness and consulted a doctor and was given 1 day of MC. I wish to state that do not have in-car camera. The driver of the taxi did not exchange particulars with me.





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

3 of 4
Report No. T/20180720/2118

CONTINUATION OF REPORT





Report No. T/20180720/2118

4 of 4

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Informant:

J/ Sgt 2 CHERYL YEO	Win
Signature Of Interpreter:	Date/Time:
Not applicable	20/07/2018 15:31
Officer In Charge Of Case:	Classification Of Case:
TP / GIT /	457 117
Staff Sgt YAN MINGSHENG DANIEL	
Contact No.: 65476252	/
Authentication Stamp	10 100 000 000 000 000 000 000 000 000
Singapole folio Force	



























Addendum Sheet Pg. 1



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: S66SS0020G / GST Reg. No.: M400017735

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

with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: M9H 18093835 Vehicle Registration No: SG J 8058-X Name(as shownin NRIC): Tan check tock NRIC/FIN/Passport No: 51789824 H (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate . APT BLK 28-6A Toh Guan Road # 18-42 Singapore (601286) Address Mobile No.:____ Contact (Tel) hockete @ sing net. com. sq **Email Address** Time of Accident : Date of Accident MCE Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: the Phylit vehicle number plate. new

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Date: