

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	06/08/2018 15:32
Date Of Accident	04/08/2018 22:00
Exact Location Of Accident	REPUBLIC BOULEVARD TOWARDS OPHIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN7594R
Insured/Policyholder	
Name Of Registered Owner	LIM HAN SIN
NRIC No	S1562565A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96632312
Alternative Phone No	OFFICE-96632312

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 TSI (A)
Exact Purpose for which vehicle was being used at time of accident	
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	DMPCSN3041911801
Cover Note Number	

Driver

Name of Driver	LIM YING CHONG
NRIC No	S9209347F
Date Of Birth	12/03/1992
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2012
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91178072
Fax Number	
Contact Number	
Email Address	LIMYINGCHONG@GMAIL.COM

Address	138 WESTWOOD AVE
Postcode	648439
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	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)	2
Passenger 1	NAME: : WONG SUAN JO 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

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFF126T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM HAN SIN
NRIC/Passport Number	S1562565A
Contact Number	90669177
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

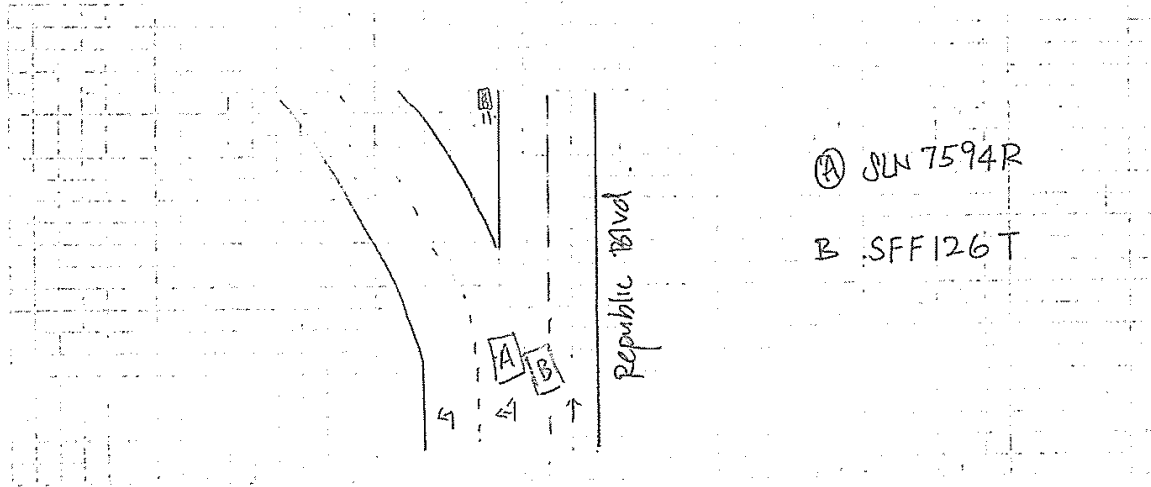
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

General Insurance Association of Singapore

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

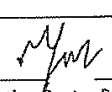
On 04/08/18 at around 2700 hrs, I was travelling along Republic Blvd to Ophir Rd. While driving on my lane near the junction at S'pore Grand Prix. Suddenly I feel an impact on my rear right then I stop my vehicle and went down to see. I noticed that vehicle B had collided onto my rear right side portion.

DECLARATION

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


Policyholder's Signature
Date & Time:

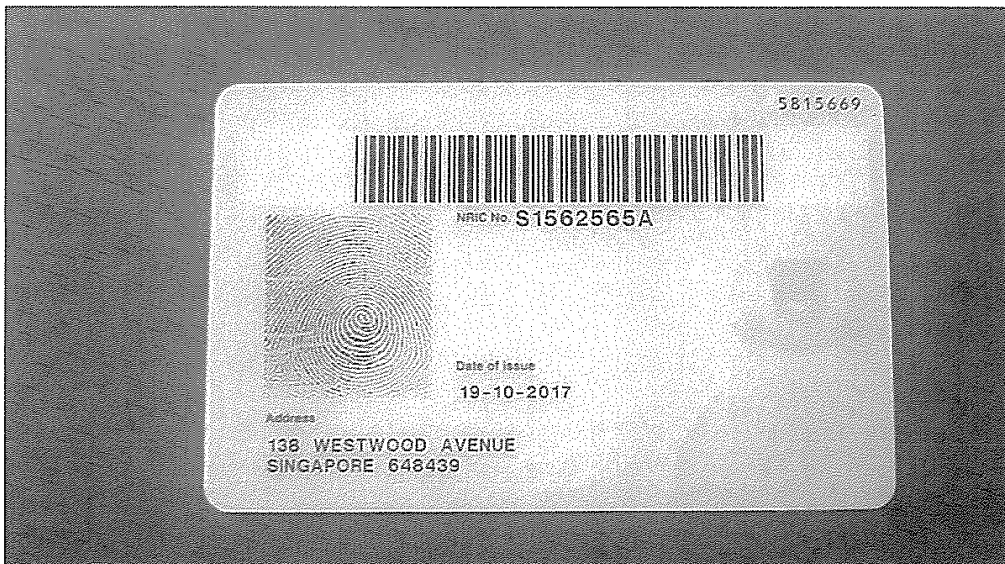
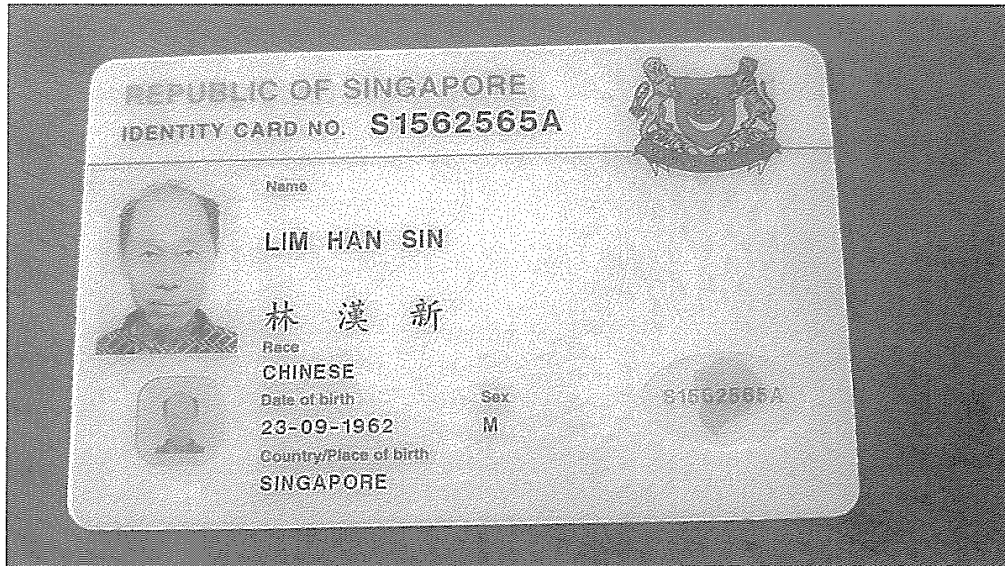

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

- ☐ Claim own policy
- ☐ Claim third party
- ☒ Claim OD / (Not other works hop)
- ☐ For record purpose

Policy No. _____
Insurer _____ Veh. No. _____

OWNER'S NRIC Pg. 1



DRIVER'S NRIC AND DRIVING LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9209347F

Name: LIM YING CHONG

Birth Date: 12 Mar 1992

Issue Date: 17 Feb 2012

002043678G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9209347F

Name: LIM YING CHONG

林 颖 聪

Race: CHINESE

Date of birth: 12-03-1992

Country of birth: SINGAPORE

Sex: M

59209347F



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

EFFECTIVE DATE

Class 3 Motor Cars= $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg 17 Feb 2012

NP 428A

Licence No: S9209347F

4687183

NRIC No. S9209347F

Date of issue: 02-02-2011

Address: 138 WESTWOOD AVENUE SINGAPORE 648439



CERTIFICATE OF INSURANCE Pg. 1



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

3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co. Reg. No. 200208384E

ORIGINAL

THE SCHEDULE

Agency	AN0006A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	 DMPCSN3041911801
Account	AN0006A	Issued on	 22/03/2018 in SINGAPORE	Replacing Policy no.	DMPCSN3041911700
Client	6008663	Acceptance Date	22/03/2018		

Period of Insurance from 18/05/2018 to 17/05/2019 , both dates inclusive

Insured's Name....	LIM HAN SIN
Address.	BLK 138 WESTWOOD AVENUE SINGAPORE 648439

Business/Occupn... DIRECTOR

Premium	Base Annual Premium.....	S\$1,595.94	
	Less 5% Loyalty Discount.....	S\$79.80-	
	Less 35% Autosafe Scheme.....	S\$530.65-	
	No Claim Discount10.00%	S\$98.55-	
	Promotion Discount.....	S\$200.00-	
	Total Annual Premium	S\$686.94	
		Premium Due	S\$686.94
		Premium GST	S\$48.09
		Total Due	S\$735.03

Risk No. 001	MOTOR PRIVATE CAR	
	ORIGINAL REGISTRATION DATE:	12-10-2012
1. Registration	SLN7594R	Make/Model .. VOLKSWAGEN JETTA 1.4 TSI
Type of Cover	Comprehensive	No. of seats 5 Body Type SALOON
Engine No. ..	CAV443630	Capacity cc's 1390 Yr of Manuf/Regn 2012/2012
Chassis No...	WVWZZZ16ZDM014279	

Certificate Ref. MX1E

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	TOH YAT FONG

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W)

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 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 and Named Drivers only)

Notwithstanding anything contained to the contrary, we will waive up to the first S\$1,000.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year in respect of damage to the motorcar covered under this Policy for repairs carried out by our Authorised Workshops as per Certificate of Insurance Card attached.

Continued on page 2

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo

