#### 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 witholding 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. 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	15/10/2018 09:31			
Date Of Accident	14/10/2018 14:30			
Exact Location Of Accident	ORCHARD ROAD			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	EU8848Z			
Insured/Policyholder				
Name Of Registered Owner	SING TEC DEVELOPMENT PTE LTD			
Co Reg No	200412683E			
Email Address	HENRY.TEW@IRST.COM.SG			
Mobile Phone No				
Alternative Phone No	OFFICE-63162108			
Vehicle Particulars				
Manufacturer	SUBARU			
Model	el FORESTER-2.0 (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	DMPCSN1526351803			
Cover Note Number				
Driver				

Name of Driver **TEW TECK LEONG** NRIC No S7425357A Date Of Birth 31/07/1974 Occupation **INDOOR Date Of Driving Pass** 17/01/1996 **Driving Experience** 22 YEARS AND 8 MONTHS Gender MALE

Mobile Number (LOCAL) +65-96957989

Fax Number

Contact Number

**EMail Address** HENRY.TEW@IRST.COM.SG Address BLK 41 STIRLING RD #01-514

Postcode 140047

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 COLLISION - OPENING DOOR OF VEHICLE

Weather Conditions DRIZZLING
Road Surface WET

#### **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

5

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: : DESIREE LIN

GENDER: : FEMALE

Passenger 2 NAME: : JENNIFER

GENDER: : FEMALE

Passenger 3 NAME: : JOSEPH TEW

GENDER: : MALE

Passenger 4 NAME: : DANIEL TEW

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?

NO

If Yes, against whom?

## **Circumstances of Accident**

ON 14/10/2018 @ ABT 1430HRS. I WAS INTEND TO DROP OFF MY PASSENGER AT THE PICK UP POINT OF LUCKY PLAZA. WHEN I PASSBY THE TAXI QUEUE SUDDENLY THE PASSENGER OF THE TAXI (SHD5002X) OPEN HER REAR RIGHT DOOR & KNOCKED ONTO MY VEHICLE AT FRT LEFT SIDE PORTION. NO ONE WAS INJURED. THAT'S ALL.

# 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

SHD5002X

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)

TAXI

#### Sketch Plan Pg. 1

#### SKETCH PLAN

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- 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) tor complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

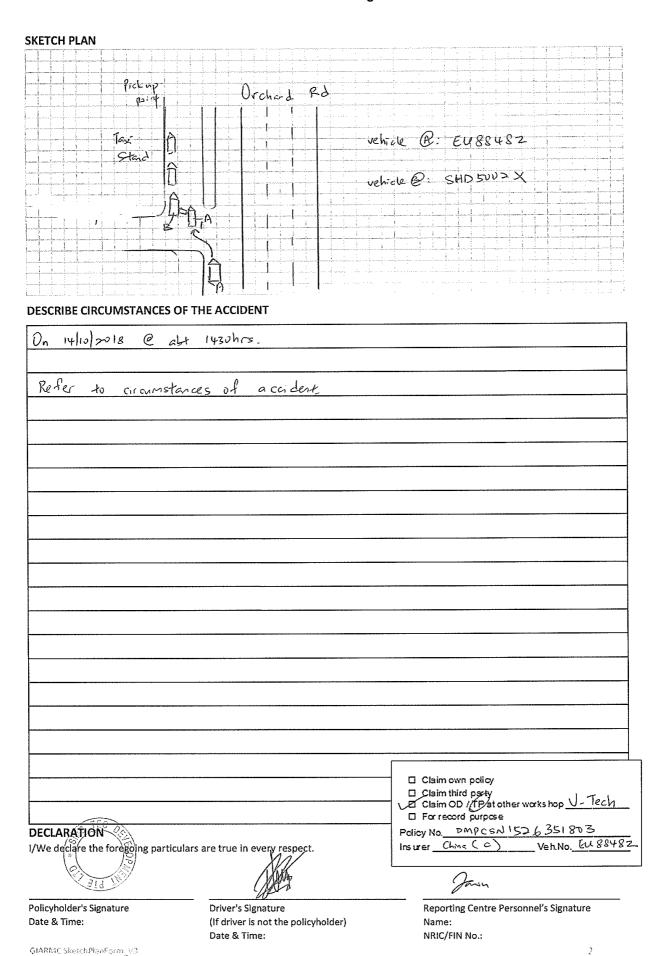
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

I AM AWARED THAT MY IN SURER 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.

## Sketch Plan Pg. 2





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

Co. Reg. No. 200208384E

MOTOR PRIVATE CAR

MX4F R SN AND420A 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 Vehiclas (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

C	ERTIFICATE No.	DMPCSN1526351803	Engine No :EJ20D997669 ChaNo:JF1SH5KS5AG0405&8
1,	Index Mark and Registration Number of Vehicle	EU8848Z	AUTOSAFE
2.	Name of Policy Holder	M/S SING TEC DEVELOPMENT	PTE LTD
3	Effective date of the Commencement of Insurance for the purposes of the Regulation Ordinance or Enactment	s. 31 July 2018	Named Drivers Ex Sect. I \$\$750.00 Additional Ex Other than Named Drivers:
4	Date of Expiry of Insuranco	30 July 2019	Ex Sect. I - Age <= 25
:	Parameter Classes of Persons ontified to din	ve'	EX ON WINDSCREEN S\$100.00

Any person who is driving on the Policyholder's order or with their 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 1

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 (Comstructive 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

HIRE PURCHASE CO.: STANDARD CHARTERED BANK (S) LIMITED 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 (Melaysia), 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 (Mala Latt)

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

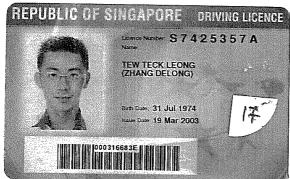
MARAA

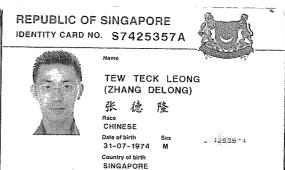
Authorised Signatory

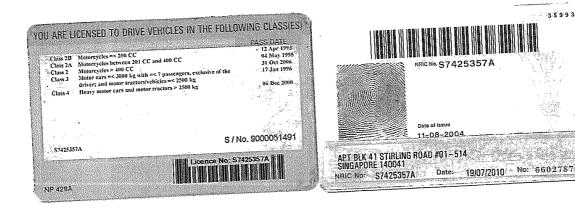
Issued By: ..... INXPRESS INSURANCE AGENCY PTE LTD Authorised Officer

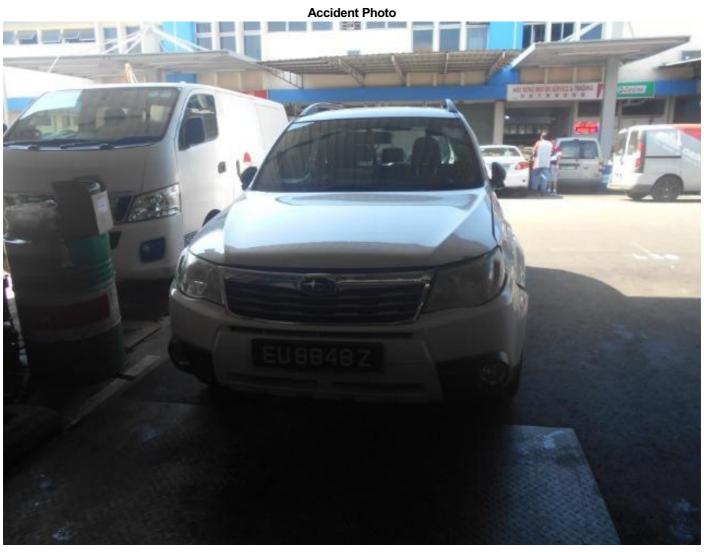
3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tet 6389 6111 Fax 6225 3592 Website www.sg.cntaiping.com

## IC,DL,CI Pg. 2













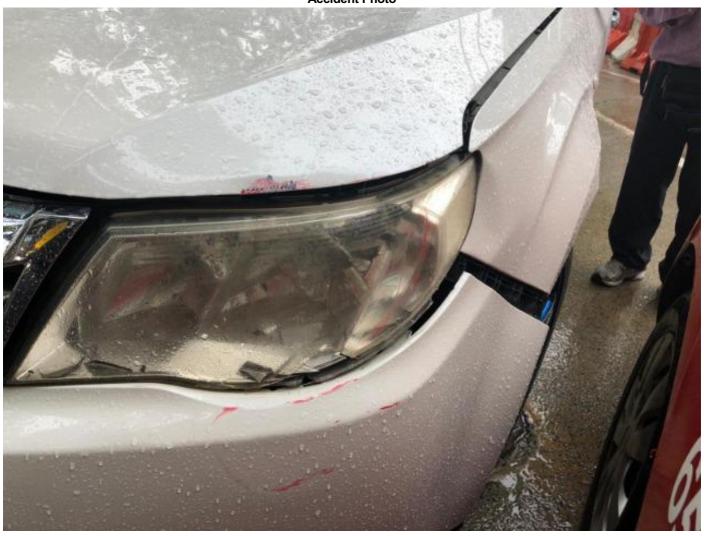












# **Accident Scene Photo**

