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 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	09/11/2018 11:33	
Date Of Accident	08/11/2018 13:20	
Exact Location Of Accident	JK BUILDING CAR PARK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGV4429Y	
Insured/Policyholder		
Name Of Registered Owner	WONG CHONG CHING	
NRIC No	S7037887F	
Email Address	RICKWCC@HOTMAIL.OCM	
Mobile Phone No	(LOCAL) +65-82335822	
Alternative Phone No	OFFICE-NOPHONE	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	WISH-1.8 (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	REPORTING ONLY	
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	DMPCSN1351281704	
Cover Note Number		
Driver		

Driver

Name of Driver WONG HANG
NRIC No S1084183F
Date Of Birth 25/12/1942
Occupation INDOOR
Date Of Driving Pass 06/03/1963

Driving Experience 55 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90272839

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 201 BUKIT BATOK ST 21 Address

#08-164

Postcode 650201

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

COLLISION - MAJOR/MINOR RD Type Of Accident

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 Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : WANG NANG KAI

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

ON 08/11/2018 AT ABOUT 1320 HRS. MY VEHICLE STATIONARY AT JK BUILDING CAR PARK LOT. FROM THE SIDE MIRROR I SAW THAT VEHICLE B HAD PASS THROUGH OF MY VEHICLE AND EXIT TO THE GANTRY. AFTER FEW MINUTE, I THEN REVERSE MY VEHICLE FROM THE CAR PARK LOT. SUDDENLY I FEEL AN IMPACT FROM MY REAR. I NOTICED THAT VEHICLE B HAVEN'T EXIT AND MY VEHICLE HAD TOUCH ONTO REAR OF VEHICLE B. THAT WAS VERY MINOR DAMAGE ON REAR OF VEHICLE B. THAT 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 SJK459J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR NAI KENG KWANG

NRIC/Passport Number S7512725A

Contact Number

Name of Driver

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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 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

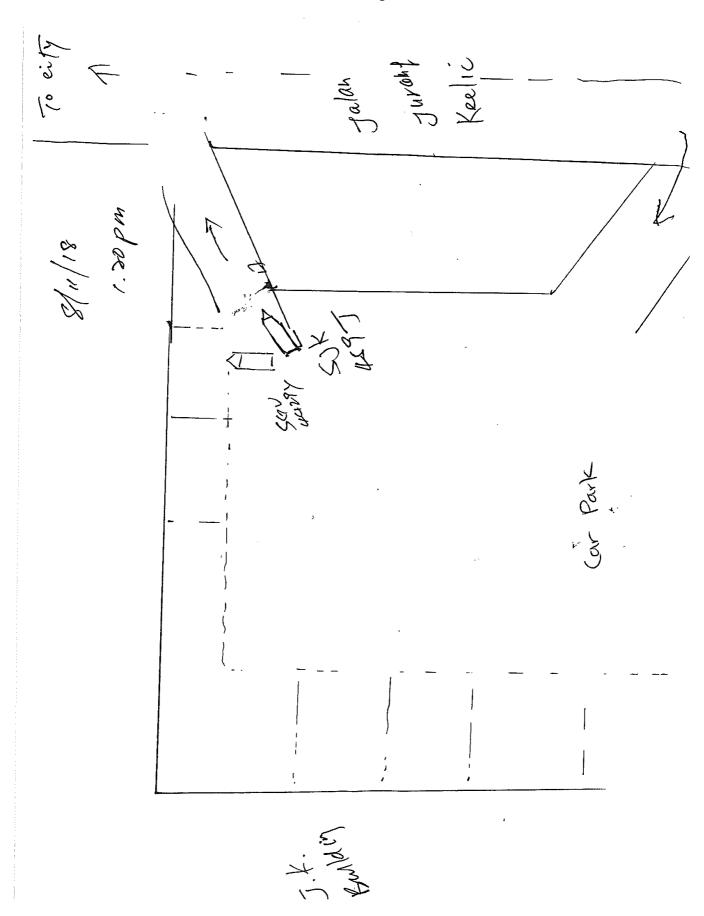
Name:

NRIC/FIN No.:

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

Sketch Plan Pg. 2

SKETCH PLAN	
	A-SGV4429Y
Pefer to Atta	chment B-SJK4S9J
J-K. Building Ca.	rtark
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Refer to circumstances	
	☐ Claim own policy
	☐ Claim third party
	☐ Claim OD / TP at other works hop For record purpose
CLARATION,	Palian No DMPCSN1351281704
e declare the foregoing particulars are true in every respect.	Policy No. DMPCSN1351281704 Insurer China Veh.No.SGV442
The state of the s	ven.No
/ Hy	14
cyholder's/Signature Driver's Signature	Reporting Centre Personnel's Signature
e & Time (If driver is not the policyholder)	Name:
Date & Time	NOIC/CIN No.



IC,CI,DL Pg. 1



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD. Co. Reg. No. 200208384E

MX1WF R SN ANOOB6A 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)

PLM 306050

		Motor Vehicles (11md-F8	ORIGINAL
C	ERTIFICATE No.	DMPCSN1351281704	Engine No :12Z2924574 ChaNo:ZNE100369215
1.	Index Mark and Registration Number of Vehicle	SGV4429Y	
2.	Name of Policy Holder	MR WONG CHONG CHING	AutoSafe
3.	Effective date of the Commencement Insurance for the purposes of the Reg Ordinance or Enactment	of gulations, 14 December 2017	Named Drivers Ex Sect. I \$\$750.00 Additional Ex Other than Named Drivers:
4.	Date of Expiry of Insurance	13 December 2018	Ex Sect. I - Age <= 25 \$\$3,000.00 Ex Sect. I - Age >= 26 \$\$500.00
5.	Persons or Classes of Persons ontitle	d to differe	* Age as at date of accident EX ON WINDSCREEN

(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 will be doubled). A Flat S\$5,000 Excess shall apply for Theft Losses occurring outside Singapore. 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. : SING INVESTMENTS & FINANCE 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).

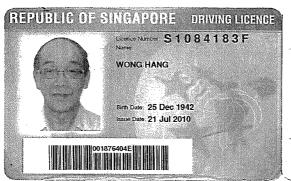
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Authorised Officer

Authorised Signatory

IC,CI,DL Pg. 2



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1084183F





WONG HANG

Race
CHINESE
Date of Brith
Sex
25-12-1942
M
Country of Brith
JOHORE



