

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 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	04/12/2018 11:59
Date Of Accident	03/12/2018 17:40
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI BEFORE EXIT 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD5819X
Insured/Policyholder	
Name Of Registered Owner	HSU SI YANG
NRIC No	S7638267J
Email Address	HSU_SI_YANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97423659
Alternative Phone No	OFFICE-97423659

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE-1.6 (A)
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	DMPCSN312037160M
Cover Note Number	

Driver

Name of Driver	HSU SI YANG
NRIC No	S7638267J
Date Of Birth	23/11/1976
Occupation	OUTDOOR
Date Of Driving Pass	22/04/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97423659
Fax Number	
Contact Number	OFFICE-97423659
EEmail Address	HSU_SI_YANG@HOTMAIL.COM

Address	BLK 457 TAMPINES STREET 42 #02-178
Postcode	520457
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

AS PER SKETCH PLAN ATTACHED.

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	SLV7049G
Vehicle Make/Model/Colour	TOYOTA WISH GREY COLOUR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JIMMY CHOO YUAN CHUNG
NRIC/Passport Number	
Contact Number	91768058
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

SKETCH PLAN


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
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

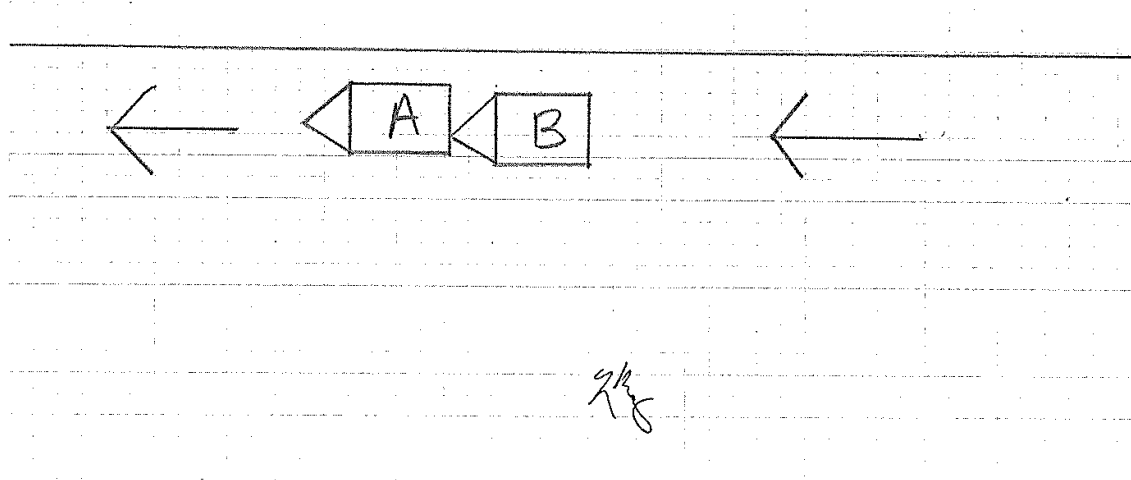
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 4/12/2018
1135hrs


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


Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 5184 Z

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

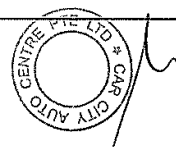
3rd Dec 2018, 1740pm, Along PIE heading Changi direction, before Exit 9 (Jln Euros), Lane 1. There was a sudden e-brake from front vehicle and my car managed to brake in time to avoid collision but follow by a loud bang (SKD5819X) from rear of my car (SKD5819X). I get off the car and check behind and realised the car behind banged onto my car (SKD5819X). No one was injured. Both parties took pictures, exchanged particulars and move on.

DECLARATION

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


 Policyholder's Signature
 Date: 11/12/2018


 Driver's Signature
 I/We declare to make the truth of the above


 Reporting Centre Personnel's Signature
 Date: 11/12/2018

INSURED INSURANCE RENEWAL 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 079908
Tel: 6333 6111 Fax: 6222 1033
Website: www.sg.ctaiping.com
Co. Reg. No. 200208384E

LQ BUSINESS PTE LTD

UEN NO. 201700648N

180B BENCOOLEN STREET

#04-02, THE BENCOOLEN

SINGAPORE 189548

Tel: 6333-4136 Fax: 6333-4137

RENEWAL NOTICE

YOU CAN NOW PAY YOUR PREMIUM BY:-

1. ANY AXS STATIONS, OR
2. 0% INTEREST INSTALMENT PLAN WITH OCBC CREDIT CARD SUBJECT TO A MINIMUM AMOUNT OF S\$500.00 CHARGED TO THE CARD.

Agency	AN0166A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	DMPCSN3120371600
Account	AN0166A	Ren.Notice Date.	24/10/2017	Expiry Date	15/12/2017
Client	3202716					

Renewal Period from 16/12/2017 to 15/12/2018 , both dates inclusive

Insured's Name....	HSU SI YANG (XU SHIYAN)
Address.	BLK 457 TAMPINES STREET 42 #02-178 SINGAPORE 520457

Business/Occupn... EXECUTIVE
Financial interest DBS BANK LTD AS HP OWNER

Premium	Base Annual Premium.....	S\$1,907.64		
	Less 5% Loyalty Discount.....	S\$95.38-		
	Less 5% Autosafe Scheme.....	S\$90.61-		
	No Claim Discount50.00%	S\$860.83-		
	Promotion Discount.....	S\$200.00-		
	Total Annual Premium	S\$660.82	Renew.Prem.	S\$660.82
			Premium GST	S\$46.26
			Total.....	S\$707.08

Risk No. 001	MOTOR PRIVATE CAR			
	ORIGINAL REGISTRATION DATE:	16-12-2011		
1. Registration	SKD5819X	Make/Model ..	CHEVROLET CRUZE 1.6 (A)	
Type of Cover	Comprehensive	No. of seats	5	Body Type SALOON
Engine No. ..	F16D4305729KA	Capacity cc's	1598	Yr of Manuf/Regn 2011/2011
Chassis No. .	KL1JA69E9CK616258			
				Certificate Ref. MX1F
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		GABRIEL EDWIN NAPPALLI		

The Following clauses and endorsements apply to this policy :

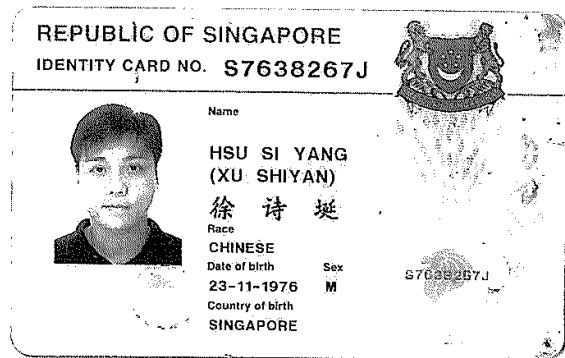
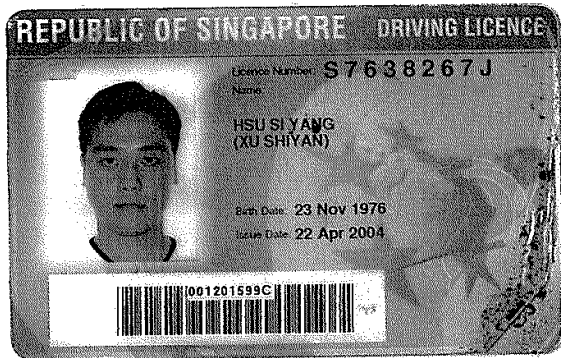
Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W)

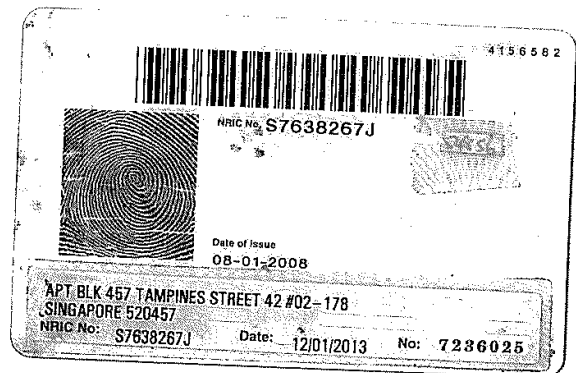
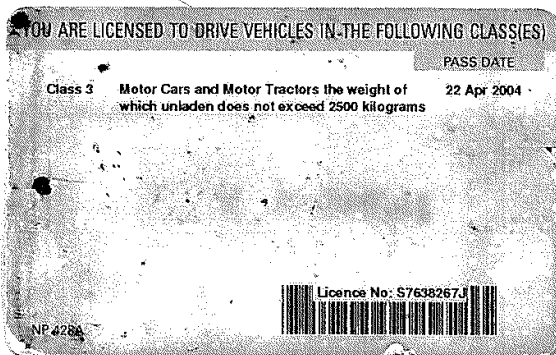
In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Continued on page 2



owner / driver



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



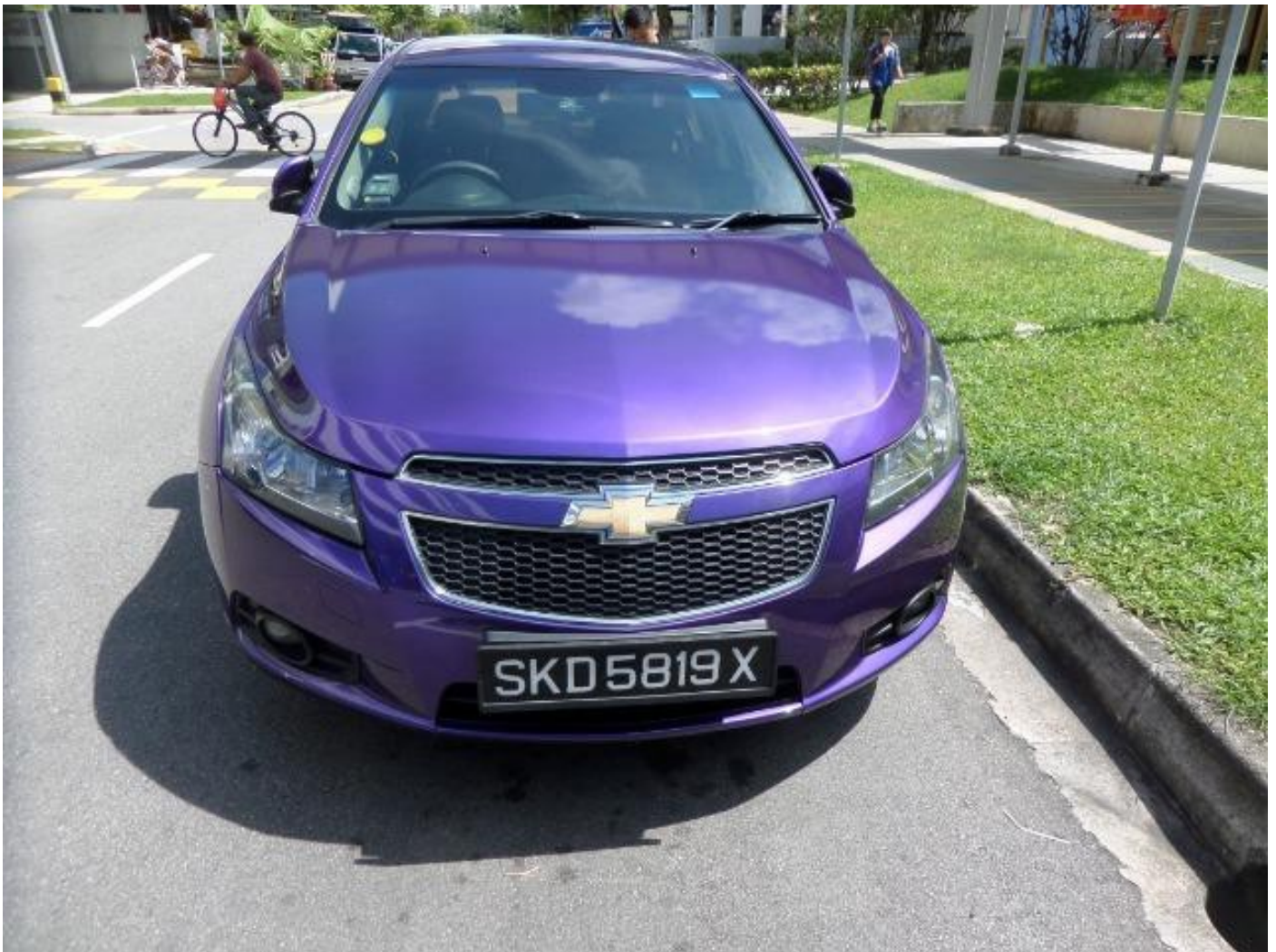
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