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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

· 1. 1950年11月1日 - 1921年11日 - 1921日 -	ACCIDENT STATEMENT
Date Of Report	12/12/2018 14:13
Date Of Accident	12/12/2018 11:35
Exact Location Of Accident	EVERTON ROAD (INFRONT OF EVERTON COURT)
Country/State of Loss	SINGAPORE
SAME STREET, NO. 10 SAME STREET, NO. 10	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU3690Y
Insured/Policyholder	
Name Of Registered Owner	LOW SAM CHEE
NRIC No	S1481661E
Email Address	TECHSYST@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91883012
Alternative Phone No	OTHERS-91883012
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180 (R18 BI)
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?	YES
If No. Please state action to be taken	
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	DMPCSN3064871800
Cover Note Number	
Driver	
Name of Driver	LOW SAM CHEE
NRIC No	S1481661E
Date Of Birth	13/12/1961
Occupation	INDOOR
Date Of Driving Pass	17/08/1982
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91883012
Fax Number	
Contact Number	OTHERS-91883012

TECHSYST@SINGNET.COM.SG

Address

BLK 654 SENJA ROAD

#13-256

Postcode

670654

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 - OPENING DOOR OF VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO

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)

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

PLEASE REFER TO SKETCH PLAN

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

SHC8000L

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

Vehicle Category

TAX

Name of Driver

RAMLI

NRIC/Passport Number

Contact Number

96659437

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

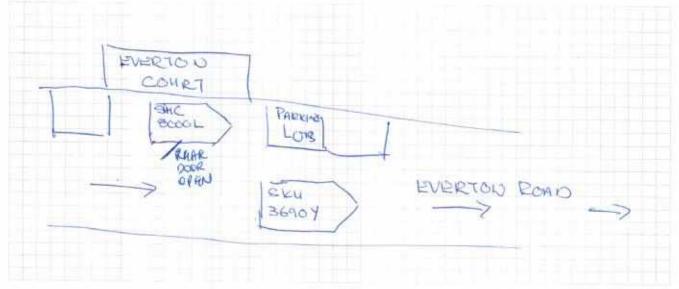
NAME:

GENDER:

Passenger 2

NAME:

GENDER: :



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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MERION ROAD WHEN I HENCO A LOYD CRASHING COUND	
BALIZERS THAT MY LIFE SIDE WIRROY WAS DAMAGED.	
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DECLARATION

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

Policyholder's Signature

Date & Time:

12/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12/12/2018

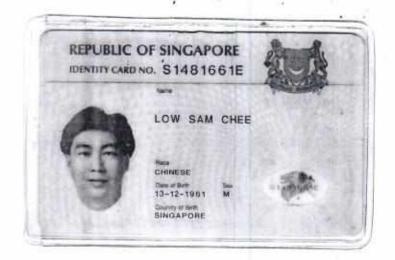
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 12 /2018)(DD/MM/	(YYY). TIME:(11 : 35)(HH:MM)
LOCATION: EVERTON ROAD CINERO	HT OF EVERTON COURT
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: SK-4 3690 Y	18 N N N
DINSURANCE COMPANY: CHINA THIN	THE THE PRINTERS IN
CIPOLICY NUMBER: DIMPOSH 30648	
d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THEFT)
OMAKE & MODEL: MERCEDEZ	
TITYPE: (SALOON / COUPE / MPV /VAN / LO	DRRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:	
1) ARE YOU CLAIMING UNDER YOUR OWN I	NSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY)
2. INSURED / POLICY HOLDER	. H
AINAME: LOW SAM CHEE	(MALE) FEMALE)
b)NRIC/FIM/PASSPORT: 31481661E	
C)ADDRESS: BLK 654 #13+2	SG SENIA RD
. \$ 670 654	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
THO of passangs DRIVER	
CIndudina di any GINAME: AS ABOVE	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT:
c)ADDRESS:	
*d)DATE OF BIRTH: (/)(D	500100000
e)OCCUPATION: (INDOOR / OUTDOOR)	D/MM/TYTT)
DATE OF DRIVING PASS	*
4. WAS DRIVER AN EMPLOYEE OF THE INSU	IDEDIG COURT AND COME
IF NO, RELATIONSHIP OF THE DRIVER W	TH INSURED:
5. d) WEATHER CONDITION: (CLEAR / RAINING	OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS_	/ OTHERS
6. WAS ANYBODY INJURED (YES (NO)	
7. a) REPORTED TO POLICE (YES /NO)	
IF YES, PLEASE STATE WHICH POLICE STATIO	and the second s
8 THIRD PARTY VEHICLE	N:
He of passenger a) VEHICLE NUMBER: SHC 8000 L	LISTAGE
Lid J. DI DRIVER'S NAME: POUNT	MODEL: HYUNDAI
Inducting driver) b) DRIVER'S NAME: RAWLI (3) C) NRIC/FIN/PASSPORT:	20150423
(3) NRIC/FIN/PASSPORT:	CONTACT: 96659437
THIRD PARTY VEHICLE	TO PERSONAL PROPERTY OF THE PERSONAL PROPERTY
No of passinger d) VEHICLE NUMBER:	MODEL:
Ind 1: A DRIVER S NAME	
NRIC/FIN/PASSPORT:	CONTACT:
	4%
WROTE.	

email = techsyst@ singnet com sg











中国人干体险(制加级/円成公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

AllCarla COMPRESENTATIVE AUTODAFF.

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)

ERTIFICATE No.	DMPCSN3064671800	Engine No : 27091030/04/07 Chassis No: WDD11734720238071
Index Mark and Registration Number of Vehicle	SK33690Y	
Name of Policy Holder	MR LOW SAM CHEE	
. Effective date of the Commencement of Insurance for ne purposes of the Regulations, Ordinance or Enactment	03 OCTOBER 2018 (11:31 HOURS)	NAMED DELVERS BY SECT. 1
. Date of Expiry of Insurance	02 OCTOBER 2019	EX SECT. 1 - AGE <- 25
Persons or Classes of Persons entitled to drive *		* AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN
(A) THE POLICYHOLDER.		

(2) ANY DIRER 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 OF STHER LAWS OF SECULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BELW SO PERMITTED AND IS NOT DISQUALIFIED BY DRIVER OF A COURT OF LAW OR BY MEASON OF ANY EMACIMENT OR REGULATION IN THAT BERALF 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 TRACE OR PUBLISHED OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORY ICONSTRUCTIVE TOTAL COD / THEFTI WILL RE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST SSI,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE BOOK OF OWN DAMAGE CHAIN AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HARL PURCHASE CO. : TORYO CENTURY LEASING (S) PTE LTD AS HE 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.

cuntersigned By:		Junaa	
	Authorised Officer	Authorised Signatory	



-25 April 10 April - 12 April - 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: 5665500200 / GST Reg. No.: M400017733

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: INAU8160380 Original Report No : ______Vehicle Registration No: SKY 3690 Y Name(as shownin NRIC): (a) SAM Office NRIC/FIN/Passport No : SIG81 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Mobile No.: Email Address Date of Accident Time of Accident: Place of Accident 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: Davie Policyholder / Driver's Signature Reporting Centre Personnel's Signatur Date: NRIC/FIN No .:

Date: