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TP Punticulars: Veh No: SM	A 10th	INC()/Non-IN	C().		
Owner / Driver: (11 1200		Tel:)	
Policy No: () Peri	od: ()	Cover Type:	()	
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Insured/Driver Liability: (%) [N	ote-Est. Status (WO): N: 0-20	%; P: 21-79	%. P: 80-100	9%]	
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2) QC Check / Post Repair Inspection	(•)	<u> </u>		7		
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uma un esta calcular de la composição de l		2) DA : Damage A	ssessment (\$100)			
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oritact No:		5) PT : Fullow-The	insUNC Only (No	urvay) 53 ref 10 Jan 2005)	0	
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rmaged Portion:		7) NI 1 Idao DA +	SMRT Survey	\$16		
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dollers Communis		* N7: Fost Repair	r Inspection of Excess Coordin	stion 3	5	
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		9) N12: Idea Mobi		Fee Charged		MANUAL A
(2/3;		Involce dated		Fee Charged	CONTRACT	

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.
- 5. 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.

以及自己的自己的特别是共和国的	ACCIDENT STATEMENT
Date Of Report	13/12/2018 16:19
Date Of Accident	12/12/2018 17:15
Exact Location Of Accident	TOH TUCK AVENUE JUNCTION
Country/State of Loss	SINGAPORE
Author (1986) A timple Mark (1976) - Sect. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN4186D
Insured/Policyholder	
Name Of Registered Owner	SHIN WON JAI
Co Reg No	
Email Address	HEE9234@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91283457
Alternative Phone No	OFFICE-93387508
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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	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	DMPCSN3084421802
Cover Note Number	
Driver	
Name of Driver	CHOI JINHEE
NRIC No	G6082059M
Date Of Birth	10/01/1975
Occupation	INDOOR
Date Of Driving Pass	23/09/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93387508
Fax Number	
Contact Number	OTHERS-91283457
EMail Address	HEE9234@GMAIL.COM

Address

25 HILLVIEW AVENUE

#04-11 GLENDALE PARK TOWER 3A

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2 NO

Was any body injured in the Accident?

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:

: DAUGHTER

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?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMA1266J

Vehicle Make/Model/Colour

HONDA SHUTTLE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG HEE YONG

NRIC/Passport Number

\$1818368D

Contact Number

84990335

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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
- 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)

Reporting Centre Personnel's Signature Name: WAY

NRIC/FIN No.:

Toth Tuck A	9
	B /SMA12663
	09811 MQ _ A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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: 13 DEC 2016

4123pm NRIC/FIN No.:

Reporting Centre Personnel's Signature
Name:

ACCIDENT STATEMENT

ACCIDENT DATE: (12) 12/ 3018 (DD/MM/	YYYY). TIME: (5: 15 B(HH:MM)
LOCATION: Totak are Tunction	, and the second
S-1.	
	SD
a) VEHICLE NUMBER: 4 96	SD
DJINSURANCE COMPANY: China	Jai819421802 3608
CIPOLICY NUMBER: DMPCS	V3684421802 2 2608.
d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THEFTI
OMAKE & MODEL: HIUDAI	TUANTE
TITYPE (SALOON / COUPE / MPV /VAN / LO	ORRY / MOTORCYCLE / OTHERS)
STATIOLE ON LOOK I. (FRIVATE) COMMI	FRCIAL / MOTORCYCLES
THE USE OF USING AT ACCIDENT TIME	Distrate Lice
I) ARE YOU CLAIMING UNDER YOUP OWN I	NSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM 2. INSURED / POLICY HOLDER	/ REPORTING ONLY)
ANAME: SHIN WON JA	The state of the s
GIRL 3 DINRIC/FIN/PASSPORT: G6076485 P	(MALE / FEMALE)
ALADADA AND AND AND AND AND AND AND AND AN	
(MFL)	dale park Tower A3 #04-11
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
THE THIS CONTROL DRIVER	NOLDER
Cindudina during) CINAME: CITOT) IN FIEL	MALE / FEMALEY
(L) DINRIC/FIN/PASSPORT: CEGO32059M	CONTACT: 033 0 7-1- P
CIADDRESS: 25 HILLUTEW are Gles	ndale park Tower A3 #04-11
*d\DATE OF BIRTH I I C . The	
"d)DATE OF BIRTH: (10 JAM 1975)(DI	D/MM/YYYY)
ODATE OF DRIVING PASC 23 Se	
4. WAS DRIVER AN EMPLOYEE OF THE INSU	0 2010
THE DRIVED W	TTU THOUGHT
CONDITION: (CLEAR / RAINING	OTHERS
DIROAD SURFACE: IDRY / WFT! / OTHERS	/ Offices
o. WAS ANYBODY INJURED (YES (NO))	
A DIREPORTED TO POLICE LYES ANON	A 10
IF YES, PLEASE STATE WHICH POLICE STATION	N:
A INIKU PAKIT VEHICLE	
THE OF PASSENGER OF VEHICLE NUMBER: SIMA 1266 J	MODEL: HONDA SHUTTLE
(Including driver) b) DRIVER'S NAME: NG HEE YONG	
() C) NRIC/FIN/PASSPORT: SISTES 680	CONTACT: 84990335
The state of the s	Day 200400000
(lad by passanger d) VEHICLE NUMBER:	MODEL: "
(Including driver) f) DRIVER'S NAME:	
()	CONTACT::
第一、	V (3

email = HEE 9234@ GMBIL Com

REPUBLIC OF SINGAPORE FIN G6082059M



CHOI JINHEE

10-01-1975 Nationality KOREAN, SOUTH





FA1564852

DEPENDANT'S PASS

Immigration Regulations



FN G6082059M

MULTIPLE JOURNEY VISA ISSUED



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 23 Sep 2010 passangers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





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

3 Anson Road #15-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fex: 6222 1033 Website: www.sp.cntepng.com Co, Reg. No. 200208384E

ORIGINAL

THE SCHEDULE

Agency	AN0584A	Class of Policy				Poli	cy Nur	ber	DMPCSN30	94421802
Account		Issued on		in SINGAPOR	RE	Repl	acing	Policy no.	DMPCSN30	84421701
Client	3197652	Acceptance Date	08/08/2018							
Period o	f Insuranc	e from 29/08/2018	to 28/08/20	19 , both o	dates i	nclusive				
Insured'	s Name		SHIN WONJAI							
	Address.		25 HILLVIEW	AVENUE						
			#04-11	1415-1400-1400-1400-1400-1400-1400-1400-						
			GLENDALE PA	RK						
			SINGAPORE 6	69558						
Business	Occupa	MGMT					77.7			
Premium		Base Annual Promi	um	2222222222	-	582,170.00				
Less 10% Loyalty Discount					\$\$217.00-					
		Less 20% Autosafe	Scheme	*******		8\$390.60-				
		No Claim Discount				5\$781.20-				
		Promotion Discour	t.,			\$\$150.00-				
		Total Annual Pres	ium	6.404.404.404.000		8\$631.20	Prom	ium Due		S\$631.20
								ium GST		8544.18
							Tota	I Due		\$\$675.38
Risk No.	001	MOTOR PRIVATE CAR					-			
2		ORIGINAL REGISTRA	TION DATE:	14-02-2009						
	atration			Make/Model	Tese	HYUNDAI AVA	NTE 1	6 GLS 4DR	AUTO	
		Comprehensive		No. of sea	ts	5	Body	Type	. SALOON	
		G4FC9U603529 KMHDU41BR9U689840		Capacity c	c'a	1591	Yr o	Manuf/Reg	yn 2009/20	09
		2001-2001-2001-2001-2001-2001-2001-2001					Cert	ficate Ref	. MX1F	
		Market value at th								
Name	d Drivers	Ex Sect. I		0.600	89	500.00				
		Other than Named								
	Ex Sect. I - Age <= 25			s\$3,	00.00					
		ige >= 26		MS	8\$	500.00				
		te of accident								
EX O	N WINDSCRE	EN		0000	8\$	100.00				
Name	d Drivers	THE INSURED			CHOI	JINHEE				

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) - \$500.00 Notwithstanding anything contained to the contrary, we will waive up to the first \$\$500.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year