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.	
	ACCIDENT STATEMENT
Date Of Report	26/02/2019 13:15
Date Of Accident	25/02/2019 12:30
Exact Location Of Accident	INFRONT OF SHOP #01-22 (101 KALLANG AVE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH7287J
Insured/Policyholder	
Name Of Registered Owner	NE0 CHING KEONG
NRIC No	S8026541G
Email Address	JOEY.LOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91748530
Alternative Phone No	OFFICE-64540145
Vehicle Particulars	
Manufacturer	NISSAN
Model	NOTE
Exact Purpose for which vehicle was being used a time of accident	t

unic or 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 DMPCSN3037211800

Cover Note Number

Driver

Name of Driver

NEO AH TECK

NRIC No

S1074426A

Date Of Birth

16/07/1954

Occupation

INDOOR

Date Of Driving Pass

22/05/1976

Driving Experience 42 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91748530

Fax Number

Contact Number OFFICE-64540145

EMail Address NOEMAIL

Address BLK211A PUNGGOL WALK #06-623

Postcode 8211211

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

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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 0

Number of Passengers (Including Driver)

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

SLH7287J WAS PARKED OUTSIDE HIS SHOP ,SUDDENDLY SJM6014H MOVED FORWARD AND COLLIDED ONTO THE REAR RH PORTION OF VEHICLE'S A .(TERE WASN'T ANY DRIVER'S INSIDE VEHICLE B AT THAT POINT OF COLLISION)

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 SJM6014J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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:
 - 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 Personne Name:

NRIC/FIN N

Sketch Plan #2 SKETCH PLAN Shop . shop Shop Shop A. SLH 7287 J B: SJM GOLKJ. Date: 25/2/15 Time: D: 30pm scene pusts DESCRIBE CIRCUMSTANCES OF THE ACCIDENT his shop house. parked outside CF86F HIZ Was Collicled Suddenly SJM6014 J hard and moned Knward vehicle's RH outo the Rear portion instelle vehide's B act that (There wasn't any driver 's point of Collision DECLARATION I/We declare the foregoing particulars are true in every respect. ntre Personnel's Signature Report Driver's Signature Policyholder's Signature (If driver is not the policyholder) Name Date & Time: NRIC/FIN No.: Date & Time:















SJM6014J

Accident Photo













DRIVER IC





DRIVER LICENCE





CERTIFICATE OF INSURANCE



中国太平保险(新加坡)有限公司

CHINA TURING NOURANCE GINGAPORES PTE, LTD.

MXT PROMISE 3M04265 Cov.Typer C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vuhicks (Third-Party Risks and Compensation) Rules, 1960. Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysta)

CERTIFICATE No.

DMDFUSR3037211800

Innise No : HR122103738 Changes Mo: JN178AE1220982708

1. Index Mark and Registration Number of Vehicle

RESPONDE

2. Name of Policy Holder.

STROUGHERS REPORTS

3. stringtive data of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment.

(LIMMS JEARGEARS) 4 June 2010

ADDITIONAL EX OTHER THAN SAMED DRIVESS!

Date of Excisy of Insurance.

16 BAY DOLS

* ASE AS AT DATE OF ACCIDIST

5. Persons or Classes of Persons entitled to drive "

CAL THE POSITOSEOGRESS.

OB) ANY OTHER PERSON WHO IS DELVING ON THE POLICYMOLOGIC STORE OR WITH HIS PERMISSION.

SHOWIDED THAT THE PERSON DRIVING IS RESMITTED IN ACCORDANCE WITH THE INCENSING HE OTHER LAWS ON RESULATIONS TO DOING THE SCHOOL WENCLE OR HAS BEEN SO PREMITTED AND IS NOT DISQUALITIES BY COLER OF A COURT OF TAN OR BY CHASON OF ANY EMACTMENT OR RESULATION IN THAT SCHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: *

USE FOR BULLAR, COMESTIC AND PLEASURE FURFORES AND FOR THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER USE FOR HIME OR MERAND TUITION OBJVING TEST RACING PAGE-MARING, RELIABILITY TRINE, SPEND-TENTING, THE CARRIAGE OF BOODS OTTEN THAN SAMPLES IN COMMENTION WITH ANY TRADE OF BUSINESS OR USE FOR ANY POSPORS IN COMMENTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TUTAL LUSS/THEFT) WELL BE EDUBLIED.

ONE TIME WALVER OF EXCESS FOR THE FURST 89300 WILL SEPEN OF THE INSURED AND MAKED DRIVERS IN THE EVENT OF DWG DAMAGE CLAIM AT OUR AUTHORISED NORMSHOPS FOR EACH FOLICT YEAR.

HIRE PURCHASE CO. : TORYO CENTURY LEASING (C) FTE LTD

* Limitations randered inoparative by Section 8 of the Motor Venicles (Thriu-Pury Risks and Componisation). Act (Chapter 198) and Section 95 of the Road Transport Act, 1987 (Malayera), we not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relation is accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse.

FOI CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Countersigned By:

Authorised Officer

Authorised Signatory