MLHM19036419 / Lai Huat (Meng Kee) Motor Pte Ltd - Sin Ming ENTRY DATE & TIME: 19/03/2019 13:38 SUBMITTED BY: Poh Kwee Choo

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Driving Experience** 

Mobile Number

Fax Number
Contact Number
EMail Address

Gender

- 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.

alorosaid.						
	ACCIDENT STATEMENT					
Date Of Report	19/03/2019 13:38					
Date Of Accident	15/03/2019 16:00					
Exact Location Of Accident	UPPER SERANGOON ROAD					
Country/State of Loss	SINGAPORE					
DETAILS OF OWN VEHICLE						
Vehicle Registration Number	SKG4292E					
Insured/Policyholder						
Name Of Registered Owner	TONY KAM SHEUNG FAI					
NRIC No	S2575353D					
Email Address	TONYKAMSF@GMAIL.COM					
Mobile Phone No	(LOCAL) +65-96697384					
Alternative Phone No	OTHERS-96697384					
Vehicle Particulars						
Manufacturer	BMW					
Model	3201					
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	THIRD PARTY					
Fleet Policy	NO					
Policy Number	DMPCSN1220271906					
Cover Note Number						
Driver						
Name of Driver	CHAN VIVIEN					
NRIC No	S2575354B					
Date Of Birth	17/01/1982					
Occupation	INDOOR					
Date Of Driving Pass	30/08/2012					

6 YEARS AND 6 MONTHS

(LOCAL) +65-96675304

**FEMALE** 

**NOEMAIL** 

9 LEEDON HEIGHTS #16-27 Address

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 **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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] POTONG PASIR NPP

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera? NO

Was there any audio recorded?

YES

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SHD6837Y Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

#### **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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudlate policy liability</u>.
- 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. 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
- (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)

1 9 MAR 2019

19 MAR 2019

Reporting Centre Personnel's Signature
Name: Jenny Lim

NRIC/FIN No.:

Jenny Lim S6927273H SKETCH PLAN

## Refer to attachment.

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attachment.

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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Jenny Lim S6927273H

1 9 MAR 2019

1 9 MAR 2019



cost repairs approved.

#### 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 079909 Tel 6389 6111 Fax 6222 1033 Whits to www.sg.cntapring.com Co. Reg. No. 250208394E

#### MOTOR ACCIDENT ADVICE FORM ( Applicable to Windscreen Claim ) Claim No Agency PARTICULARS OF INSURED DMPCSN1220271906 Policy No TONY Name KAM SHEUNG FAI Contact Nos 9 LEEDON HEIGHTS (H) Address #16-27 , SIN GAPORE 267954 96697384 (HP) Make BMW 320i Registration No SKG 4292E Occupation DIRZCTOR Amount 1955 CC C.C./ Tonnage Year Model 2005 Insured **ACCIDENT INFORMATION** Date of Accident 15 MARCH 2019 Traffic junction of Upper Serangeon Road (from Upper Serangeon Road) (Serangeon Viaduct) tuning too in Reported To POTONG PASIR NEIGHBOURHOOD Approximate < 1 km/ha Place Speed Name of Police Station Reported To POLICE POST. PARTICULARS OF DRIVER 9 LEEDON HEIGHTS. Name of Person Age Address #16-27, SINGAPORE 267944 VIVIEN CHAN driving your vehicle Relationship to owner spouse-Licence No 52571354B Expiry If Assured was not driving, does driver own a motor vehicle? If so, please state: Contact Nos (H) Occupation of Driver Your Car No Name of Insurance Co (HP) 96675304 **DETAILS OF DAMAGE TO YOUR VEHICLE** 4) No major visible Lamage, as the accident happened at very low each (< 1 km/hr) in front of the traffic light. DAMAGES TO THIRD PARTY PROPERTY Registration Number(s) and details of damage to the other vehicle(s) involved scratches caused at the lower part See photo attached cars back Any other property - NONE INJURY TO PERSONS Extend of Injury Address Name NO ONE IS INJURIED WITNESS 7) Address Other Witness Name Address Passenger's Name Have you obtained an estimate for repair ? If so, give name of repairers 8) No. and amount of estimate. No liability attaches this Company UNLESS the vehicle is inspected after accident and the estimate for the



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

3Anson Road #19-00 Springleal Tower Singapore 079509 Tel: 6389 6111 Fax: 5222 1033 Wippstin: www.sg.cintoping.com Cu. Beg. No. 2002053345

		DETAIL OF ACC	IDENT	
	CLEARLY THE CIRC	IMSTANCS INDER WHIC	H THE ACCIDENT TOOK PL	ACE.
	CLEARLY THE CIRC	6837Y 3HOOM;	Egy gen	
	MYC	CAR → TAXI	UPPER SERANGO	DON ROAD
(100)	R SERANZOON			
<del></del>			SK ADOL	a I which deeps
SHD 68377	Stopped at 1	he traffic junction	of Upper Serangoo	n Road which turns
towards Brode	iell Road. Hy car	SKG 4292E Stopped al	out 1-5 metre behind a	nd was stationary. I unintentionally
(7) d les Cone	the brook neddle.	and my car moved slow	y forward, hitting the bat	k of SHD 683TY. As the
itisa wa ich tram	IN DICAL PARIS	Clare Al 124 14) Al	o without was small wid	th a few scrotches to the
			BE (MIDNO! MAS SOMME NES	tha few scrotches to the
bumper of SHI	68374. No one u	vas injuria.	I like Summerland	to the Company without delay
NOTE:- Every	communication you re	ceive in connection with this DATA PRIVACY S	matter should be forwarded to	to the Company without delay.
personal data (wi	hether contained in t ervice providers (with	Protection Act 2012, I conse he Claim Form or otherwist hin or outside Singapore), fo	nt to the collection, use, disc e obtained) by China Taiping or the purpose relating to the nort Message Service (SMS),	closure of and/or process of my Insurance (Singapore) Pte Ltd, e evaluation of the claim and to Multimedia Messaging Service r in the Singapore's Do Not Call
Yes, I have read a	nd agreed to the abo	ve Data Privacy Statement.		
Signature of Clair	 nant			
Name: NRIC/FIN/Passpo <u>15 M</u>	arch 2019 Date	Insured Sign	nature /	Liver Signature
	<del>_</del>	FOR OFFICE (	JSE ONLY	
NAMED DRIVER			PERIOD OF INSURANCE:	
			FROM:	TO:
1			EXCESS:-	
c			a. Section I	:-
ENDORSEMEN	 TS:-		Section II	:-
a			b. Unnamed Driver TOTAL	:-
b			NO CLAIM BONUS	
·			1	1

Annex D

## NOTICE OF REPORTING

This is to confirm that <u>CHAN VIVIEN</u>, C/N: <u>9667 5304</u>, NRIC: <u>S2575354B</u> has reported to the Police a non-injury traffic accident which happened at

Traffic junction of Upper Serangoon Road (from Upper Serangoon Road) (Serangoon Viaduct) turning towards Braddell Road

On 15/03/2019 at 1600 hrs involving the following vehicles:

- 1) SKG4292E (Complainant Grey coloured BMW 3 series)
- 2) SHD6837Y (Blue coloured ComfortDelgro Taxi)

Particulars of other party: -

1) TAN (SHD6837Y) H/P: 9789 7535

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(2) Muhd Ash Shahidi B M P

Date: 15/03/2019 Time: 1810hrs 3ik 142, Polong Pac: Ave 3, #01-240

POTONS PAS'R NEUroput 84000 POLICE POST Bik 142, Patong Pacir Ave 3, #01-240 Singapore 350142 Teh 1800 282 9999

S/D Ref: <u>32</u>

Police Post/Unit: Potong Pasir NPP/ Tanglin Divison

Original - to be issued to informant Duplicate - to be submitted to Traffic Police

#### Owner's NRIC Pg. 1





9e (B)

TONY KAM SHEUNG FAI

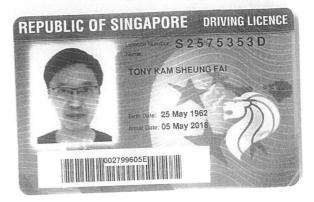
甘 Race

甘 相 琿

CHINESE
Date of birth
25-05-1962

HONG KONG

Sex M 9257**535**3D



5758057



NRIC No S2575353D

Date of issue 20-06-2017

9 LEEDON HEIGHTS #16-27 SINGAPORE 267954

NRIC No: \$2575353D Date: 09/10/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

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

NP 428A

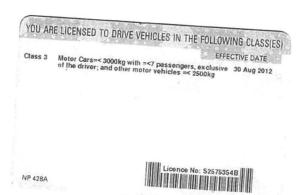
Licence No:S2575353D

### Driver's NRIC & Driving Licence Pg. 1





### Driver's NRIC & Driving Licence Pg. 2





#### **CERTIFICATE OF INSURANCE 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

MX1 R SN BR0042A Cov.Type: F

MOTOR PRIVATE CAR

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)

		motor venicles (Toird-Pany Risks) Rules, 1959 (Malaysia)	ORIGINAL
CERTIF	FICATE No.	DMPCSN1220271906	Engine No :A309H497N46B20BA Chano:wBAVA76080NK17573
	x Mark and Registration abor of Vehicle	SKG4292E	
2. Nau	ne of Policy Holder	KAM SHEUNG FAI TONY	
Insu	ctive date of the Commoncement of trance for the purposes of the Regul inance or Enactment	atons. 14 January 2019	
4. Date	e of Expiry of Insurance	13 January 2020	
	sons or Classes of Persons enlitled  The Policyholder.	lo drive*	
(b)	Any other person who i	s driving on the Policyholder's order or with	· n his permission.
reg	ulations to drive the M	riving is permitted in accordance with the lootor Vehicle or has been so permitted and is of any enactment or regulation in that behalf	not disqualified by order of a
G. Limita	ations as to use;"		
The tri	policy does not cover al, speed-testing, the	nd pleasure purposes and for the Policyholder use for hire or reward tuition driving test carriage of goods other than samples in conn connection with the Motor Trade,	racing pace-making, reliability
	* Limitations rendered inope and Section 95 of the Road	erative by Section 8 of the Motor Vehiclos (Third-Party Ris Transport Act 1987 (Malaysia), are not to be included unde	ks and Compensation) Act (Chapter 189) or these headings.
	I/We hereby Ce provisions of the Motor V Transport Act, 1987 (Mala	rtify that the policy to which this Certificate rela ehicles (Third-Party Risks and Compensation) Act (aysia).	tes is issued in accordance with the Chapter 189) and Part IV of the Road
	Please see reverse	Fai	CHINA TAIPING INSURANCE (SINGAPORE) PTI
	LIM SHU MIN		(Mussan
ed By:	Authorised Office	or	Authorised Signature









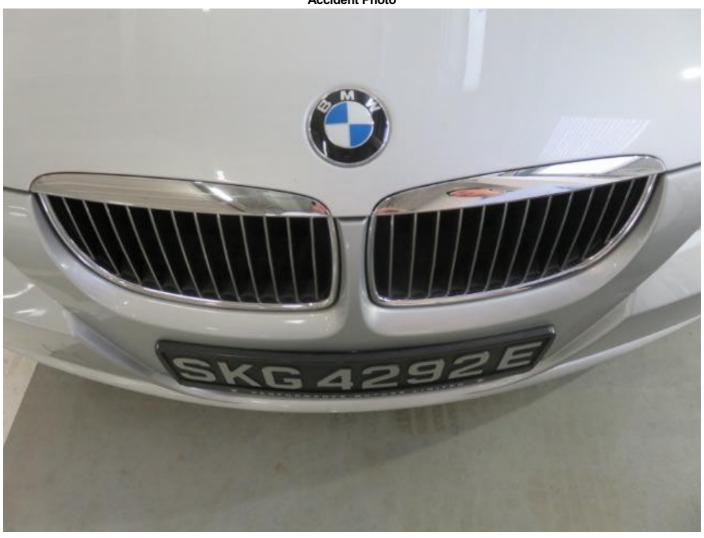
## **Accident Photo**



## **Accident Photo**



## **Accident Photo**



#### **CHASSIS NUMBER**

