



## 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	02/04/2019 17:24
Date Of Accident	01/04/2019 16:30
Exact Location Of Accident	CORPORATION DR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLJ2576Y
Insured/Policyholder	
Name Of Registered Owner	XIE YUSHAN
NRIC No	S8340878B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91590383
Alternative Phone No	OFFICE-91590383
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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	DMPCSN3118961802
Cover Note Number	-
Driver	
Name of Driver	LIM PETER
NRIC No	S7407120A
Date Of Birth	26/02/1974
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91590383
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 376B HOUGANG ST 32 #07-14
Postcode	532376
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	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

PLEASE REFER TO ATTACHED STATEMENT.

#### 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	SLN6656C
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)	

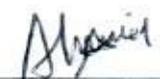
## SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

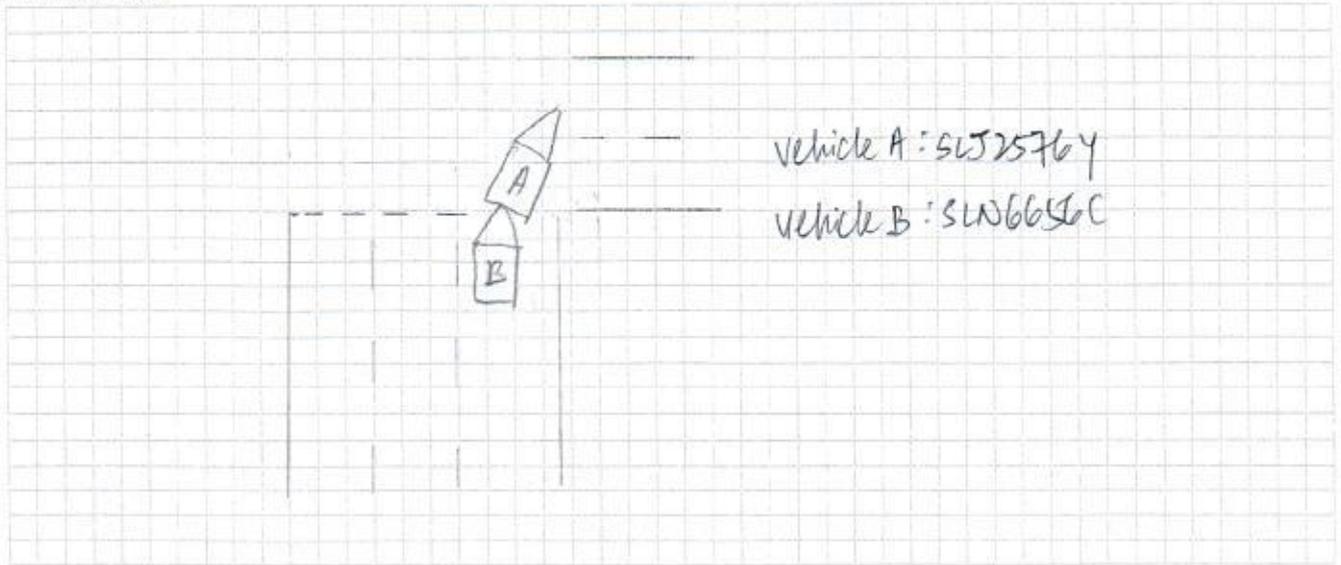
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

x   
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

ON THE STATED DATE / TIME, I WAS TRAVELLING ALONG THE STATED VENUE.

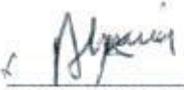
AS I WAS PREPARING TO TURN RIGHT, I STOPPED TO GIVE WAY TO

ONCOMING TRAFFIC. SUDDENLY VEH B (SLN6656C) COULD NOT STOP IN TIME

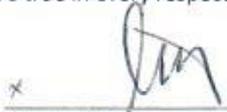
AND HIT ONTO MINE, CAUSING DAMAGES.

**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.:

Date of Accident : 01/04/2019 Accident Time: 1630 (24-HR-Format)  
 Accident Place : Corporation DR  
 Vehicle No. (Car Plate No.) : SJ 2576Y Make/Model: Toyota Wsiv  
 Insurance Company : CHINA TAIPING Policy No:  
 Owner or Company Name /IC No. : Xie Yushan 883408788  
 Owner or Company Contact No. : 91590383 - Owner's Hp Company Tel  
 DRIVER'S Name / IC No. : LIM Peter S7407120A  
 DRIVER'S Date Of Birth : 26/02/1974 DRIVER'S License Pass Date 03/10/2008  
 Relationship of Owner & Driver :  Spouse  Parents \  Children \  Sibling \  Employee \  Others:  
 DRIVER'S Address : BIK 376B Hongay ST 32 #07-14 (5328)  
 DRIVER'S Contact No./ Alt No. : 1) - 2) -  
 DRIVER'S Occupation : INDOOR  OUTDOOR (e.g. working inside or outside office)  
 Email Address :  
 Weather & Road Surface :  CLEAR & DRY  RAINING & WET \  AFTER RAIN & WET  
 Reporting Type :  Reporting Only \  Claim Other Party \  Claim Own Insurance  
 Number of Passengers (Including Driver): NIL  
 Was there any video Captured by car camera: YES  NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): /

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SUN 6656C</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

Driver IC



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7407120A

Name

LIM PETER



林彼得

Race

CHINESE

Date of birth

26-02-1974

Sex

M

Country of birth

SINGAPORE

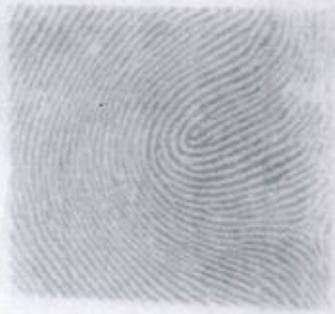
S7407120A



4220372



NRIC No: S7407120A



Date of Issue  
29-04-2008

APT BLK 376B HOUGANG STREET 32 #07-14  
SINGAPORE 532376

NRIC No: S7407120A

Date: 11/09/2015

Driver DL

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7407120A



LIM PETER

Birth Date: 26 Feb 1974

Issue Date: 03 Oct 2008



001659783D

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

PASS DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 03 Oct 2006



NP 428A



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

MX1WFR 8N  
AN0575A  
Cov.Type: C  
AUTOSAFE

**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)

CERTIFICATE No.	DMPCSN3118961802	Engine No.:22R1855491 Chassis No:JTDGG20W20J005933
1. Index Mark and Registration Number of Vehicle	SLJ2576Y	
2. Name of Policy Holder	XIE YUSHAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	1 DECEMBER 2018	NAMED DRIVERS EX SECT. 1 .....S\$750.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS:
4. Date of Expiry of Insurance	30 NOVEMBER 2019	EX SECT. 1 - AGE <= 25.....S\$3,000.00 EX SECT. 1 - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN .....S\$100.00
5. Persons or Classes of Persons entitled to drive *	<p>(A) THE POLICYHOLDER.</p> <p>(B) ANY OTHER 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 OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.</p>	
6. Limitations as to use: *	<p>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 TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.</p> <p>EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS WILL BE DOUBLED). A FLAT S\$5,000 EXCESS SHALL APPLY FOR THEFT LOSSES OCCURRING OUTSIDE SINGAPORE. ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.</p>	
<p>HIRE PURCHASE CO. : DBS BANK LTD AS HP 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.</p>		

**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.

Countersigned By: \_\_\_\_\_  
Authorised Officer

\_\_\_\_\_  
Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

Owner IC

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8340878B**



Name

**XIE YUSHAN**

**谢 玉 珊**

Race

**CHINESE**



Date of birth

**18-12-1983**

Sex

**F**

Country/Place of birth

**SINGAPORE**

**S8340878B**

5318846



NRIC No. S8340878B



Date of issue

18-06-2014

Address

APT BLK 207 CHOA CHU KANG CENTRAL  
#03-12  
SINGAPORE 680207