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

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	09/04/2019 11:30	
Date Of Accident	09/04/2019 08:40	
Exact Location Of Accident	SLIP ROAD OF STEVENS ROAD TO DUNEARN ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDS6762Y	
Insured/Policyholder		
Name Of Registered Owner	LEE JENG WAH	
NRIC No	S7073970D	
Email Address	LEE67628@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-98596218	
Alternative Phone No	OTHERS-98596218	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	E200	
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	DMPCSN1817471800	
Cover Note Number		

Driver

Name of Driver

NRIC No

S7073970D

Date Of Birth

17/10/1970

Occupation

Date Of Driving Pass

30/06/2001

Driving Experience 17 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98596218

Fax Number

Contact Number OTHERS-98596218

EMail Address LEE67628@HOTMAIL.COM

452 CORPORATION ROAD Address

#02-08 649811

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2 NO

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME: : WU POH YIN

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?

If Yes, against whom?

NO

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 NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLK6916T

Vehicle Make/Model/Colour NISSAN QASHQAI

Details Of Properties

Vehicle Category PRIVATE CAR XIA HAIYING Name of Driver NRIC/Passport Number S7674101H Contact Number 98458810

Address Postcode

Insurance Company Name

Nature Of Damage

Sketch Plan Pg. 1

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. 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:

- 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)
 - (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: 9 APR 2019

(If driver is not the policyholder)

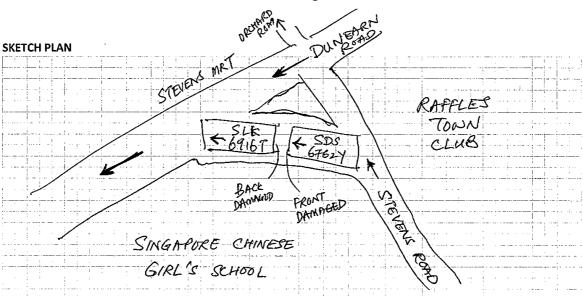
Reporting Centre Personnel's Signature

Name:

Poh Kwee Choo NRIC/FIN No.: S6840583A

GIAMAC StatchPlanForm, V3

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 9 APR 2019 ABOUT 8. 40 AM, I WAS DRIVING MY CAR (SDS 6762Y)
ALONG STEVENS ROAD PREARING TO TURN LEFT ONTO DUNEARN
ROAD.

IN THE MIDST OF TWRNING LEFT, THE CAR IN PRONT OF ME (SLEGGIGT, NISSAN QASHQAI) SUDDEMY JAM-BREAK, BECAUSE THE DRIVER (MS XIA FHAI YING, NRIC: STG-74101H) CLAIMED THAT THERE WAS A CAR SPEED THROUGH IN FRONT OF HER. I TRIED TO STOP MY CAR AS WELL, BUT IT WAS TOO LATE, AS THE MOMENTUM HAS PORCED MY CAR TO ENOCE AGAINST THE BACK OF HER CAR.

J APROACHED HER CAR AND ASKED IF SHE WAS OK, AND SHE SAID YES.
WE THEN PROCEED TO TAKE PHOTO OF MY CAR & HER CAR.

GENERALLY THE DAMAGES ARE NOT SEVERE:

- SOME SCRATCHES FOUND AT HER BACK BUMPER, AND A REVERSE SENSOR IS FOUND PUNCHED OUT
- SOME CRACES FOUND AT MY LEFT FRONT (BESIDE THE LIGHT).

LEE JENG WAH, STOT3970D OWNER & DRIVER, SDS676DY

DECLARATION

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

Policyholder's Signature Date & Time: 9 APR 2019

GIARIAC Shotcherani Son .

- SAME

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

Reporting Centre Personnel's Signature Name: Poh Kwee Choo NRIC/FIN No.: \$6840583A

Page 5 of 13

Insurance Certificate Pg. 1



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

MX1EN SN AN0412A Cov.Type: C AUTOSAFE

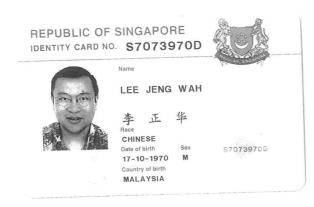
CERTIFICATE OF INSURANCE

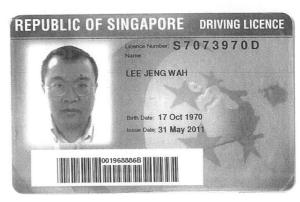
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.		DMPCSN1817471800	Engine No :27186030190183 Chassis No:WDD2120482A392588	
Index Mark and Registration Number of Vehicle	n	SDS6762Y		
2. Name of Policy Holder		LEE JENG WAH		
Effective date of the Community the purposes of the Regula	nencement of Insurance for tions, Ordinance or Enactmen	16 JUNE 2018 1	NAMED DRIVERS EX SECT. I	
4. Date of Expiry of Insurance	9	15 JUNE 2019	EX SECT. I - AGE <= 25	
5. Persons or Classes of Per	sons entitled to drive *		EX ON WINDSCREEN	
(A) THE POLICYHO	OLDER,			
(B) ANY OTHER PE	RSON WHO IS DRIVING O	N 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.				
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 TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE. EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS/THEFT) WILL BE DOUBLED. ONE TIME WAIVER OF EXCESS FOR THE FIRST \$\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.				
HIRE PURCHASE CO.: MAYBANK 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. 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 re	verse		For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
	ble		Juna	
Countersigned By:	Authorised Officer		Authorised Signatory	
	•			

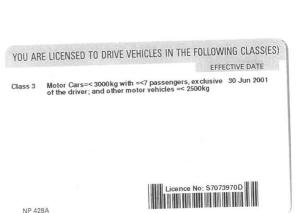
3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

Driver NRIC and Driving Licence Pg. 1









Accident Photo







Accident Photo



Accident Photo



Chassis Number

