## 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

aforesaid.	ent 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 15:27
Date Of Accident	09/04/2019 03:45
Exact Location Of Accident	ALONG CTE/TPE BEFORE PUNGGOL EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB7935R
Insured/Policyholder	
Name Of Registered Owner	CHAN SUI JUAN
NRIC No	S7765610C
Email Address	JACKDEOWL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98459654
Alternative Phone No	OTHERS-98459654
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 1.8 TFSI MU
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	DMPCSN3089521801
Cover Note Number	

## Driver

Name of Driver CHAN SUI JUAN
NRIC No S7765610C
Date Of Birth 20/09/1977
Occupation OUTDOOR
Date Of Driving Pass 19/04/2007

Driving Experience 11 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98459654

Fax Number

Contact Number OTHERS-98459654

EMail Address JACKDEOWL@GMAIL.COM

Address APT BLK 271C PUNGGOL WALK #.08-529

Postcode 823271

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**

Type Of Accident COLLIDED INTO PROPERTY

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?

NO

YES

YES

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

## **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CHANGI N.P.C

ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Address

Police Station Contact

NO

TEL NO: - FAX NO:

## **Circumstances of Accident**

#### AS PER ATTACHED POLICE REPORT

## 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 SHD3351B

Vehicle Make/Model/Colour COMFORT TAXI BLUE COLOUR

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver MALE DRIVER

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage RH FRONT DOOR

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

2

#### 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.
- 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>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - (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:

J. W. 104

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

	DIMPER	
(A)		
Y O	0 /6	CTE TOWARD TPE
		CIO TOWARD CIO
	< 20	
		A :- SEBA435R
0100		B:- SHD 3351B
Doll.		
SCRIBE CIRCUMSTANCES OF	3,2270.07104.0250.073	
As per	Police Report	10.
	T 2019 0409	7/205/
		I .
	dated. 09/3	4 /2019 e 11:2/hm.
	Clarity	10011 (1110)
	1	,
CLARATION  'e declare the foregoing particular	s are true in every respect.	
	s are true in every respect.	
e declare the foregoing particular	Driver's Signature	Reporting Centre Personnel's Signature
e declare the foregoing particular		Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

#### CERTIFICATE OF INSURANCE

for Vehicles (Third-Platy Risks and Compensation) Act (Chepter 102) Motor Vehicles (Teris-Platy Risks and Compensation) Rules, 1960 Rose Transport Act, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

Engine No :CDH135624 CERTIFICATE No. Chano: WAUZZZ8K6BA172342 DMPCSN3089521801 Index Mark and Registration AUTOSAFE 5KB7935R Number of Vehicle Name of Policy Holder CHAN SUI JUAN Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Environment 28 December 2018, Named Drivers Ex Sect. I ............ 551,500.00 Additional Ex Other than Named Drivers Ex Sect. I - Age <= 25...... 5\$3,000.00 Date of Expiry of Insurance 27 December 2019 Ex Sect. I - Age >= 26...... 51500.00 \* Age as at date of accident Persons or Classes of Persons entitled to drive (a) The Policyholder. 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. 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) time waiver of Excess for the first 5\$1,000 will apply to the Insured and Named Drivers in the event will be doubled. of own Damage Claim at our Authorised Workshops for each Policy Year. HIRE PURCHASE CO. : THONG LEE TRADING PTE 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.

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

KCB AGENCY Co Reg No. 53118552C

200 Jalan Sultan #02-36B Textile Centre Singapore 199018

KCB AGENCY ... Tel: 6391 3813 Fax: 6391 3810

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) P

Authorised Signatory

**POLICE REPORT PAGE 1** 

Storapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website; www.sg.cntalping.com





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

1 of 3

Report No. T/20190409/2051

REPORT	OF A TRAFFIC	ACCIDENT			
Date/Time Report Made: 09/04/2019 11:21		Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars			
	Informant: UI JUAN		Address: APT BLK 271C PUNGG 823271	OL WALK #08-529 SINGAPORE	
ID Type / ID No.: NRIC NO / S7765610C			Contact No.: Home/Office: Mobile: 98459654		
National MALAYS	*		Email:		
Sex: Age: Date of Birth: Male 41 20/09/1977		Type of Informant:			
Race: Chinese		Language: English	Institution / School Name:		
Occupation: SELF-EMPLOYED			Driving Licence Informat Class: 2B,3	ion: Date of Expiry:	

Type of Accident:	Non-Injury Government Propert	Drink Drive:	Date/Time of Accident: 09/04/2019 03:45	Type of Location Straight Road
Location: Along Road 1 CENTRAL EX		. 10	1 00.07/2010 00.70	
Weather: Road		Road Surface: Dry	-	Road Speed Limit:
Traffic Flow: Traffic		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD3351B	Car			Blue	Slightly Damaged	1
SKB7935R	Car	AUDI	A4 1.8 TFSI MU	White	Seriously Damaged	177

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKB7935R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30895218 01	28/12/2018	27/12/2019





2 of 3

Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

Report No. T/20190409/2051

## CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No					
No. of Pedestrian			Use of Pe	destrian	Cross	ing: NA
Driver						
Name	CHAN SUI JUAN		ID No		S7765610C	
Related Vehicle	SKB7935R (Car)		Conta	ct No.	98459654	
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL Date			charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

#### Brief Details.

On 9/4/19 at about 3.45am, I was driving my vehicle, SKB7935R, along CTE/TPE before Punggol exit when suddenly the tyre of my vehicle punctured. My car lost control and the left side of my vehicle hit onto the driver's door of a taxi, SHD3351B, and thereafter hit onto the divider of the road.

No one was injured at that point of time. No ambulance nor police were at the accident location. I do not have any in-car camera.





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999 3 of 3 Report No. T/20190409/2051

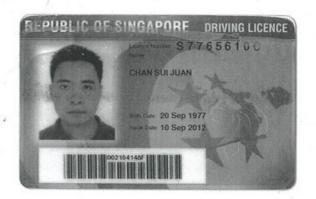
CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

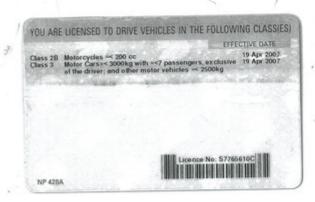
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / SI SITI NORZEHAN BINTE JASMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2019 11:21
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID	Classification Of Case:
Contact No.: 65476172  Authentication Stamp NP168  SIGN SIGN	JATURE .





owner driven

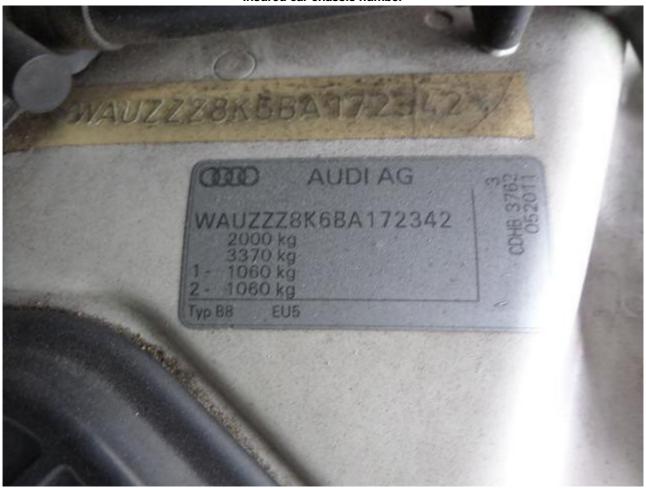




insured car



insured car chassis number

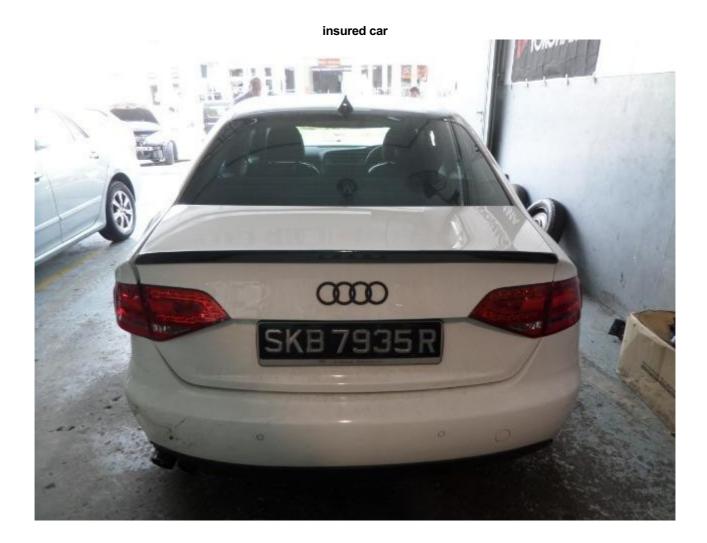


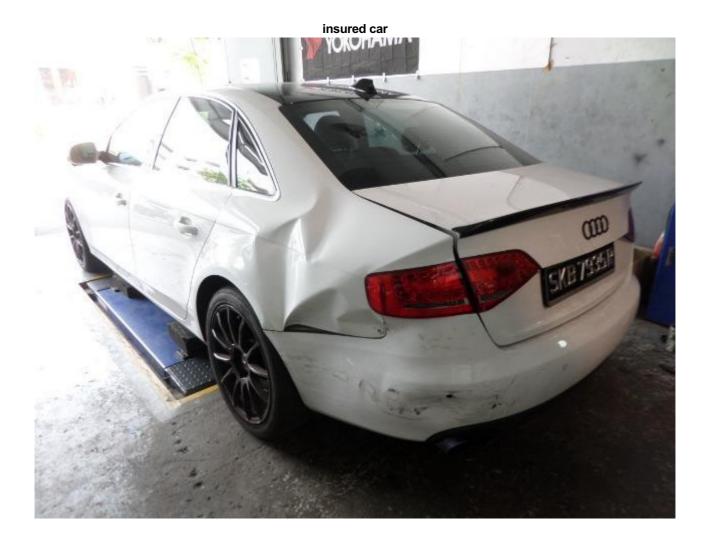
insured car

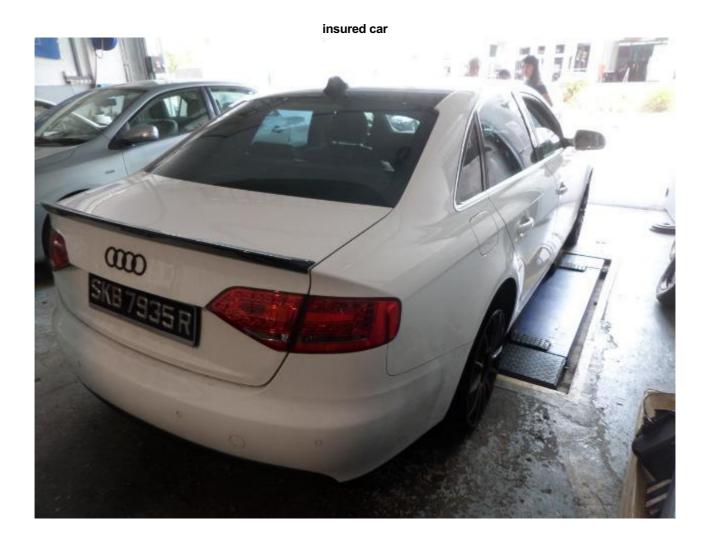












insured car



insured car

