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.	isent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	04/04/2019 11:51
Date Of Accident	04/04/2019 10:10
Exact Location Of Accident	UPPER ALJUNIED ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT4614S
Insured/Policyholder	
Name Of Registered Owner	LIM MOI KIANG
NRIC No	S7075326Z
Email Address	MKL.SP3@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96214834
Alternative Phone No	OTHERS-96214834
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used a time of accident	ıt
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY

Insurance Company

Vehicle Category

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

PRIVATE CAR

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DMPCSN3047811802

Cover Note Number

Driver

Name of Driver

LIM MOI KIANG

NRIC No

S7075326Z

Date Of Birth

10/06/1970

Occupation

OUTDOOR

Date Of Driving Pass

01/08/1998

Driving Experience 20 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96214834

Fax Number

Contact Number OTHERS-96214834
EMail Address MKL.SP3@GMAIL.COM

Address BLOCK 134 SIMEI STREET 1 #03-182

Postcode 520134

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 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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

Number of Passengers (Including Driver) 1

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

ON 4/4/19 @10:10 HR UPON SEEING SME2989D HAD MOVED HIS CAR FORWARD I FOLLOW SUIT, UNFORTUNATELY WHEN HE STOPPED SUDDENLY I WAS UNABLE TO STOP IN TIME AND MY VEHICLE FRONT BUMPER HAD A SLIGHT CONTACT WITH HIS CAR REAR BUMPER .

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 SME2989D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN SIEW MING JEFFREY

NRIC/Passport Number S7714125A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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:
 - to all insurers and/or any other third parties that assist in evaluating, jovestigating, 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 of court orders.

Policyholder a signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centric Suppose Signature

NRIC/FIN No.:

Sketch Plan #2

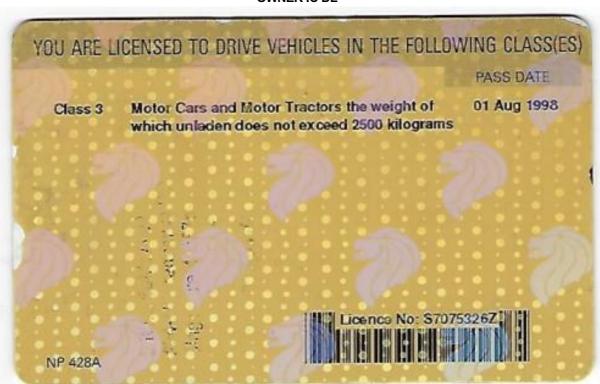
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ESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT		
on 4/4/19 e	10:10 am	, upon se	Leing SME H8P D
had more	his car f	rward, 1	Pollow Suit,
Unfortunatel	y When h	ie stypped	suddenly I was
vat unable	to stop 1	in time am	ed my front bumps
had a slig	ht (cutact	with his co	a fear bumper.
			*
			1 9
			(7)
TO COMPANY OF THE SECOND			JIN ALL
ECLARATION We declare the foregoing pa	articulars are true to every resp	ect	JIN A JOS SE
	articulars are true to every response	ect	Reporting centre Personnel's Signature

DRIVER IC





OWNER IC DL









CERTIFICATE OF INSURANCE



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MX1F R SN AN0411A Cov. Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Rosks and Compensation) Act (Chepter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Rose Transport Act, 1987 (Melaysia) Motor Vehicles (Third-Party Rules) Rules, 1959 (Mplaysia)

ORIGINAL

CERTIFICATE No.

DMPCSN3047811802

Engine No :1zRX503998 Chano: MR053REH104531420

1. Index Mark and Registration

SKT4614S

Number of Vehicle

2. Name of Policy Holder

LIM MOI KIANG

Effective date of the Commencement of insurance for the purposes of the Regulations Ordinance or Enactment

10 June 2018

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

09 June 2019

Ex Sect. I - Age <= 25..... \$\$3,000.00 Ex Sect. I - Age >= 26...... 5\$500.00

* Age as at date of accident

EX ON WINDSCREEN \$\$100.00

- 5. Parsons or Classes of Persons entitled to drive"
 - (a) The Policyholder.
 - (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.

6. Limitations as to user"

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 \$\$500 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. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

* Limitations randered 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).

Issued By: ALLEGIANCE PTE.LTD. Authorised Officer For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

rarra









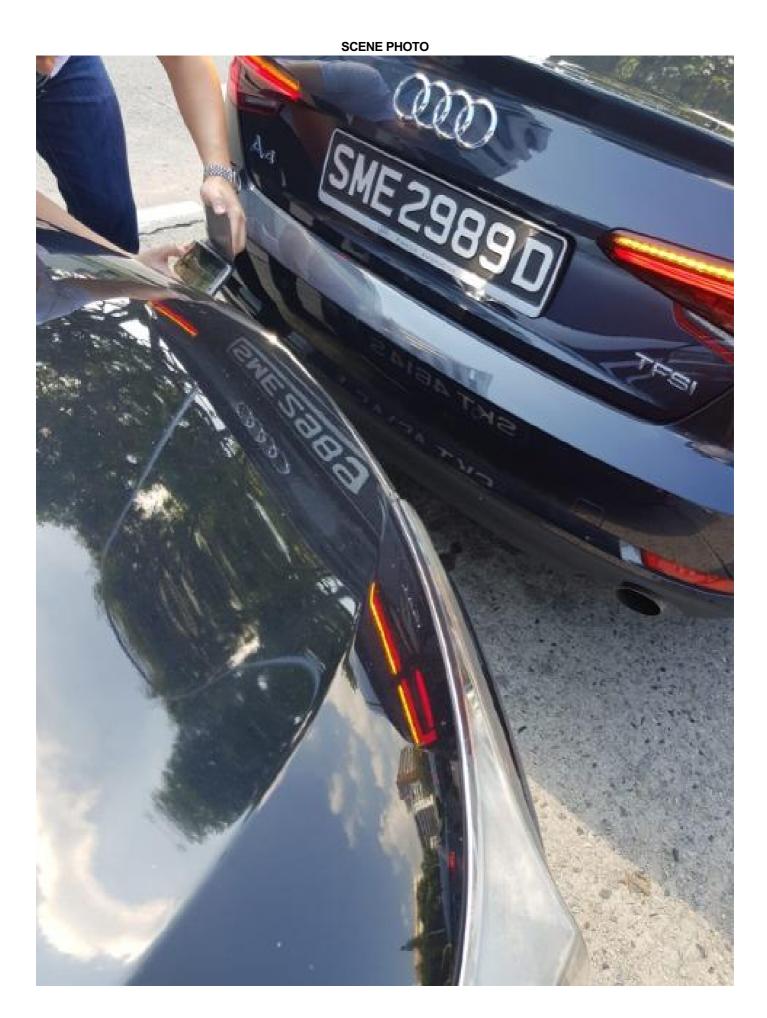


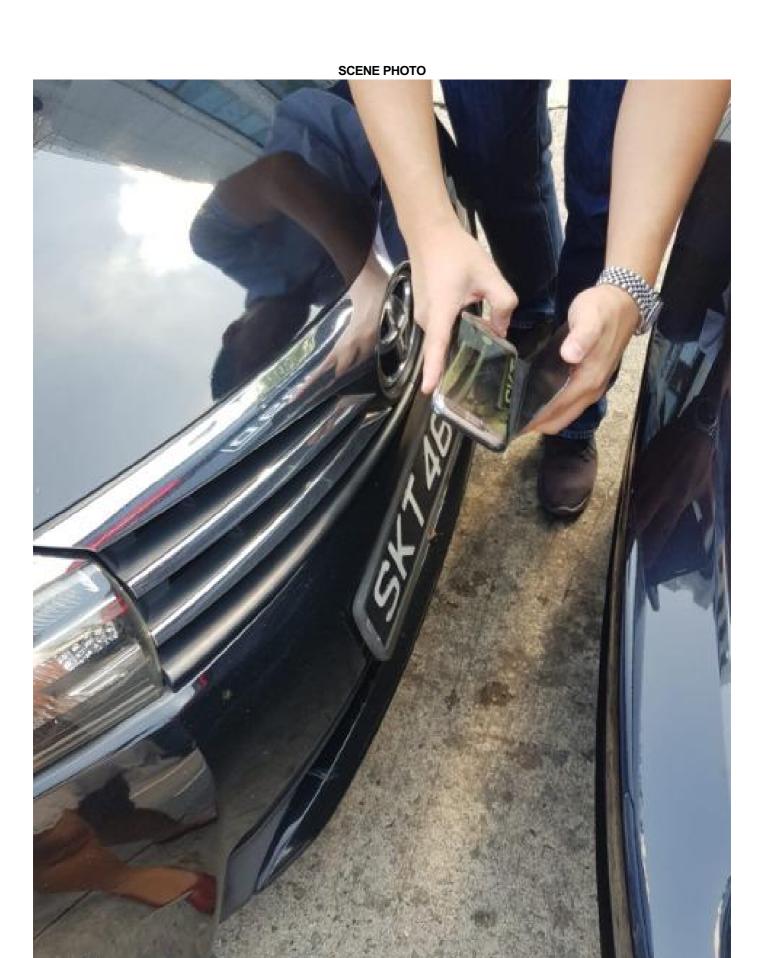












SCENE PHOTO

