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 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/05/2019 09:28
Date Of Accident	17/05/2019 18:20
Exact Location Of Accident	SLIP ROAD OF SEAH STREET AND NORTH BRIDGE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK2176M
Insured/Policyholder	
Name Of Registered Owner	ZENG WAN TING
NRIC No	S7780614H
Email Address	WILLIAM_YEO2001@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97960763
Alternative Phone No	OFFICE-97960763
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
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

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

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number DMPCSN3005281902

Cover Note Number

Driver

Name of Driver ZENG WAN TING NRIC No S7780614H Date Of Birth 13/01/1977 Occupation **INDOOR Date Of Driving Pass** 16/10/2007

Driving Experience 11 YEARS AND 7 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-97960763

Fax Number

OFFICE-97960763 Contact Number

EMail Address WILLIAM YEO2001@YAHOO.COM.SG Address 104 TANAH MERAH BESAR ROAD #10-30 S498841

Postcode

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO

NO

2

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON 17/05/2019 AT ABOUT 1815HRS, I WAS DRIVING IN MY VEHICLE (SLK2176M) ALONG SLIP ROAD OF SEAH STREET. UPON REACHING THE SLIP ROAD TO ENTER NORTH BRIDGE ROAD, I STOPPED TO GIVE WAY TO THE TRAFFIC ON THE MAIN ROAD. WHEN I WAS ABOUT TO MOVE OFF, I FELT A SUDDEN IMPACT FROM BEHIND AND REALIZED VEHICLE (SKW4073L) HAD HIT ONTO THE REAR PORTION OF MT VEHICLE.

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 SKW4073L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category TAN LEE HAO Name of Driver

NRIC/Passport Number

96981735 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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)

Lunderstand, 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 froud 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)

Date & Time:

Reporting Centre Personnells Signature

Name: NRIC/FIN No.:

Sketch Plan #2

→ PPP . A- SLK2176M 8: 9tw 4073L . ↑ ↑ ↑	seah stree	4) 1	North	Bridge Ros	d		
$\uparrow\uparrow\uparrow$	→ [4]	14			A- 9 8≈ 9	2500 4073L	
네트		\uparrow	个个				

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	Relov	6	ARWX	A .			
4			10 100				
£				×		4	1 - 2 - 2
			-	- N			
					Hope and the second		
+-							
	line						

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.:

Annex A

On 17.05.2019 at about 1815 hrs, I was driving in my vehicle (A: SLK2176M) along Slip Road of Seah Street. Upon reaching the slip road to enter North Bridge Road, I stopped to give way to the traffic on the main road. When I was about to move off, I felt a sudden impact from behind and realized vehicle (B: SKW4073L) had hit onto the rear portion of my vehicle.

Vehicle A (SLK2176M): No passenger on board.

Vehicle B (SKW4073L): No passenger on board.

White the state of the s









NRIC No. S7780614H



Date of issue 20-01-2006

Address

104 TANAH MERAH BESAR ROAD #10-30 SINGAPORE 498841

NRIC No: \$7780614H

Date: 04/07/2017

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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

16 Oct 2007

NP 428A



中国太平保险(新加坡)有限公司

Co Reg No 200006384E

MOTOR PRIVATE CAR

MIXIF R SN AND420a Cov.Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Thirt-Party Risks and Compensation) Act (Chapter Motor Vehicles (Thirt-Party Risks and Compensation) Rules, 156 Road Transport Act, 1957 (Malayve). Adotor Vehicles (Third-Party Risks) Rules, 1956 (Malayses)

ORIGINAL

CERTIFICATE No.

DMPCSN3005281902

Engine No :L1585001677 ChaNo: GK8-1101390

Index Mark and Registration

SLK2176M

AUTOSAFE

Number of Vehicle

2. Name of Poors Holder

ZENG WANTING

Effective date of the Commoncement of Insurance for the purposes of the Regulations. Ordinance or Enactment

10 January 2019 Named Drivers Ex Sect. I \$\$500.00

Additional Ex Other than Named Drivers:

4 Date of Expery of Irreansport

Ex Sect. 1 - Age <= 25...... 5\$3,000.00 09 January 2020 Ex Sect. I - Age >= 26...... 55500.00

* Age as at date of accident

5 Persons or Clarines 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. Timital tons as to saw."

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 Dwn Damage Claim at our Authorised workshops for each Policy Year.

HIRE PURCHASE CO.: HONG LEGNG FINANCE LTD AS HP OWNER

*Limitations rendered inoparative 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, 1887 (Maleysia).

Please see regerse,

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Issued By: _____INXPRESS_INSURANCE_AGENCY_PTF_LTO

Authorised Officier

Authorised Signatory

1111



















