

## 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	21/05/2019 10:30
Date Of Accident	17/05/2019 14:30
Exact Location Of Accident	ORCHARD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7328G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR. CHENG KAM MAN ANDREW
NRIC No	S2203882F
Email Address	CHENGKM2@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98366113
Alternative Phone No	OTHERS-97878327

### Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL-2.0 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	DMPCSN1631321903
Cover Note Number	

### Driver

Name of Driver	ONG LAY HONG
NRIC No	S1176964J
Date Of Birth	02/08/1956
Occupation	INDOOR
Date Of Driving Pass	16/04/1975
Driving Experience	44 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97878327
Fax Number	
Contact Number	
EEmail Address	LAYHONGONG56@GMAIL.COM

Address	37 JALAN SEMPADAN #04-10
Postcode	457406
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	SIDE SWIPE
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
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

SEE ATTACHED SKETCH PLAN, PHOTO AND VIDEO FOOTAGE

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7491C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SNG KIAN BOON
NRIC/Passport Number	S7137974D
Contact Number	97947974
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

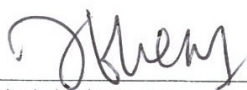
SKETCH PLAN

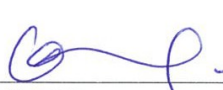
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

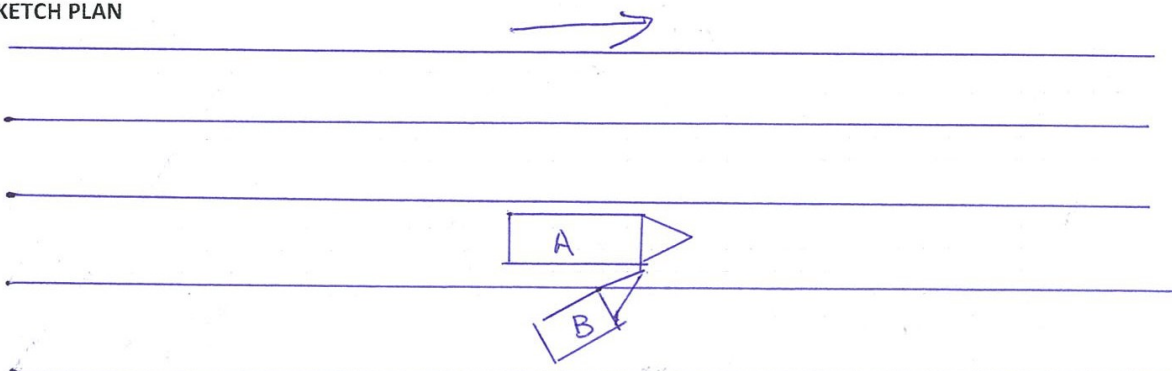
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 18/5/2019  
12:30 pm

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/5/2019  
11:38 AM

AUTOLUTION INDUSTRIAL PTE. LTD.  
19 UBI ROAD  
SINGAPORE 408623  
TEL: 6490 8066 FAX: 6490 8067  
  
Reporting Centre Personnel's Signature  
Name: ANUR AGUNSO  
NRIC/FIN No.: G3462824L

SKETCH PLAN



A - my car SLB 7328G Orchard Road Mandarin Hotel

B - Taxi SH 7491C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17 May 2019 at 2:28 pm when I was driving my car SLB 7328G(A) moving towards city on orchard Road on the middle of the road on the middle lane near Mandarin Hotel, a taxi (B) SH 7491C cut into my lane very quickly and suddenly from the right side of the next lane into the middle lane of the road.

The incident came so sudden that I have no time to slow down to halt my car and car B hit the right side of the body of my car. As a result, the right front wheel, right front door, right back door including the petrol panel were scratched and damaged. My right frontal door's sensor kept alarming even the door is full closed.

There were no passenger in my car (A); as for the taxi (B) there were two passengers on the back seat besides the driver in front. No body was injured in this accident.

DECLARATION

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

x *Therenz*

Policyholder's Signature  
Date & Time:

18/5/2019  
12:30 pm

*Comp.*

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

18/5/2019  
11:38 AM

AUTOLUTION INDUSTRIAL PTE. LTD.  
19 UBI ROAD 4  
SINGAPORE 408623  
TEL: 64907906 FAX: 67477111

Reporting Centre Personnel's Signature

Name: *Quir A. FONSECA*

NRIC/FIN No.: 63462824L



# CERTIFICATE OF INSURANCE Pg. 1



**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  
AN0117A  
Cov.Type: C

MOTOR PRIVATE CAR

**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)

ORIGINAL

CERTIFICATE No.	DMPCSN1631321903	Engine No :MR20862670B ChaNo:JN1JANT32Z0001935
1. Index Mark and Registration Number of Vehicle	SLB7328G	
2. Name of Policy Holder	MR CHENG KAM MAN ANDREW	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20 May 2019	Named Drivers Ex Sect. I ..... S\$800.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25..... S\$3,000.00 Ex Sect. I - Age >= 26..... S\$500.00 * Age as at date of accident EX ON WINDSCREEN ..... S\$100.00
4. Date of Expiry of Insurance	19 May 2020	
5. Persons 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 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 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.  HIRE PURCHASE CO. : HL BANK 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).

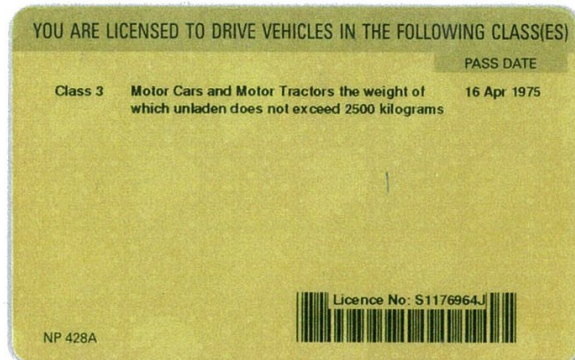
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: IV'S LEASING  
Authorised Officer



[Signature]  
Authorised Signatory



Policy Owner

5597236



NRIC No. S2203882F



Date of issue  
09-05-2016

Address  
37 JALAN SEMPADAN  
#04-10  
SINGAPORE 457406

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2203882F



Name  
CHENG KAM MAN ANDREW



郑 锦 文

Race  
CHINESE

Date of birth  
07-03-1951

Sex  
M

Country/Place of birth  
CHINA



Accident Photo





**Accident Photo**



**Accident Photo**



**Accident Photo**



Accident Photo





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## MILEAGE



CHASIS NUMBER



Driving License



Accident Photo



Accident Photo





Accident Photo

