

## 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	23/05/2019 14:36
Date Of Accident	22/05/2019 15:00
Exact Location Of Accident	BUYONG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ7799Y
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#### Insured/Policyholder

Name Of Registered Owner	TANG KUAN PING
NRIC No	S8039313Z
Email Address	TANGKP@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91008745
Alternative Phone No	OFFICE-NOPHONE

#### Vehicle Particulars

Manufacturer	BMW
Model	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000003622-00-000
Cover Note Number	

#### Driver

Name of Driver	TANG KUAN PING
NRIC No	S8039313Z
Date Of Birth	14/12/1980
Occupation	INDOOR
Date Of Driving Pass	31/07/2003
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91008745
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	TANGKP@HOTMAIL.COM

Address	11 WEST COAST WALK #21-22
Postcode	127161
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	SIDE SWIPE
Weather Conditions	DRIZZLING
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

PLEASE REFER TO THE SKETCH PLAN

#### 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	GBD9728E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

Policyholder's Signature

Date & Time: 23/5/19

1500

Signature must be in blue ink

Driver's Signature

(If driver is not the policyholder)

Date & Time:

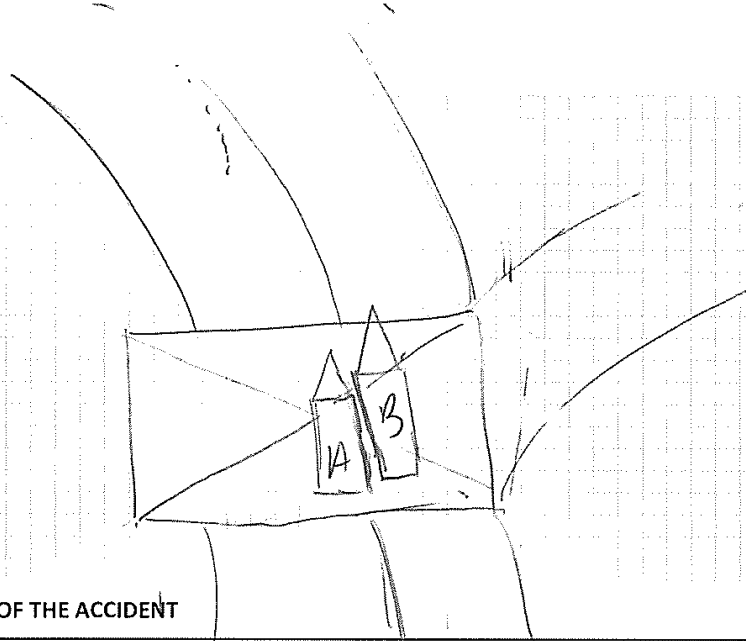
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan Pg. 2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SGJ7799Y	ACCIDENT DATE & TIME: 22/5/19. 15:00
CONTACT NUMBER: 91008745	E-MAIL ADDRESS: TangKP@hotmail.com
LOCATION: BuYang Road	
Car A: SGS 7799Y.	Driver of A: Policy owner.
Car B: GBD 972BE	Driver of B: G92266012 HP: 82180205
Car A & B just move off from traffic light. Car A wanted to shift into right lane to enter CTE. Impact happen @ yellow Box. No Lane marking.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input checked="" type="checkbox"/> Claim Own Policy	( ) Claim Third Party      ( ) Claim OD/TP at other workshop      ( ) Reporting Only

## DECLARATION

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

Policyholder's Signature

Date & Time: 23/5/19

15:00

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T  
 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER  
 SINGAPORE 039190  
 TEL: +65 6804 6000  
 FAX: +65 6235 2616

**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)

**Policy Details**

Certificate Number	: MOMVP000003622-00-000	Cover	: Private Car (Comprehensive)
Policyholder Name	: Tang Kuan Ping	Chassis Number	: WBANT12010CX30270
NCD Entitlement	: 50% No Claim Discount	Engine Number	: B019I470N46B20BE
Hire Purchase	: OVERSEA-CHINESE BANKING CORPORATION LIM	Registration Number	: SGJ7799Y
Period of Insurance	: From 18/03/2018 (00:00) To 17/03/2019 (23:59) (Both Dates Inclusive)		

**Persons or Classes of Persons entitled to Drive**

- a) The Policyholder  
 b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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 only for social, domestic and pleasure purposes and for Policyholder's business  
 This Policy does not cover:

- a) Use for Hire and Reward  
 b) Use for racing, pace making, reliability trial or speed testing  
 c) Use for carriage of goods (other than samples) in connection with any trade of business  
 d) Use for any purpose in connection with Motor Trade

\* 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

Excess (Section 1)	: N/A	Workshop	: Authorised Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: Yes
ADDITIONAL EXCESS	: Please refer overleaf		

**Driver Details**

Main Driver	: Tang Kuan Ping
Named Driver 1	: Tan Chye Lin
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: NLE Insurance Agencies Pte Ltd
Date of Issue	:

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

**Great American Insurance Company**

Authorised Signatory

m1ow

Sketch Plan Pg. 4

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8039313Z**

Name  
**TANG KUAN PING  
(DONG GUANGPING)**

Birth Date **14 Dec 1980**  
Issue Date **31 Jul 2003**

000696993E

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8039313Z**



Name  
**TANG KUAN PING  
(DONG GUANGPING)**

**董光平**

Race  
**CHINESE**  
Date of birth **14-12-1980** Sex **M**  
Country of birth  
**SINGAPORE**

00039313

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

	PASS DATE
Class 2B Motorcycles <= 200 CC	07 Nov 2001
Class 2A Motorcycles between 201 CC and 400 CC	10 Dec 2002
Class 2 Motorcycles > 400 CC	01 Mar 2005
Class J Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	31 Jul 2003

S8039313Z

S / No. 9000032209

NP 428A

Licence No: **S8039313Z**

4911425

NRIC No. **S8039313Z**

Date of issue  
**06-12-2012**

Address  
**11 WEST COAST WALK  
#21-22  
SINGAPORE 127161**

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo







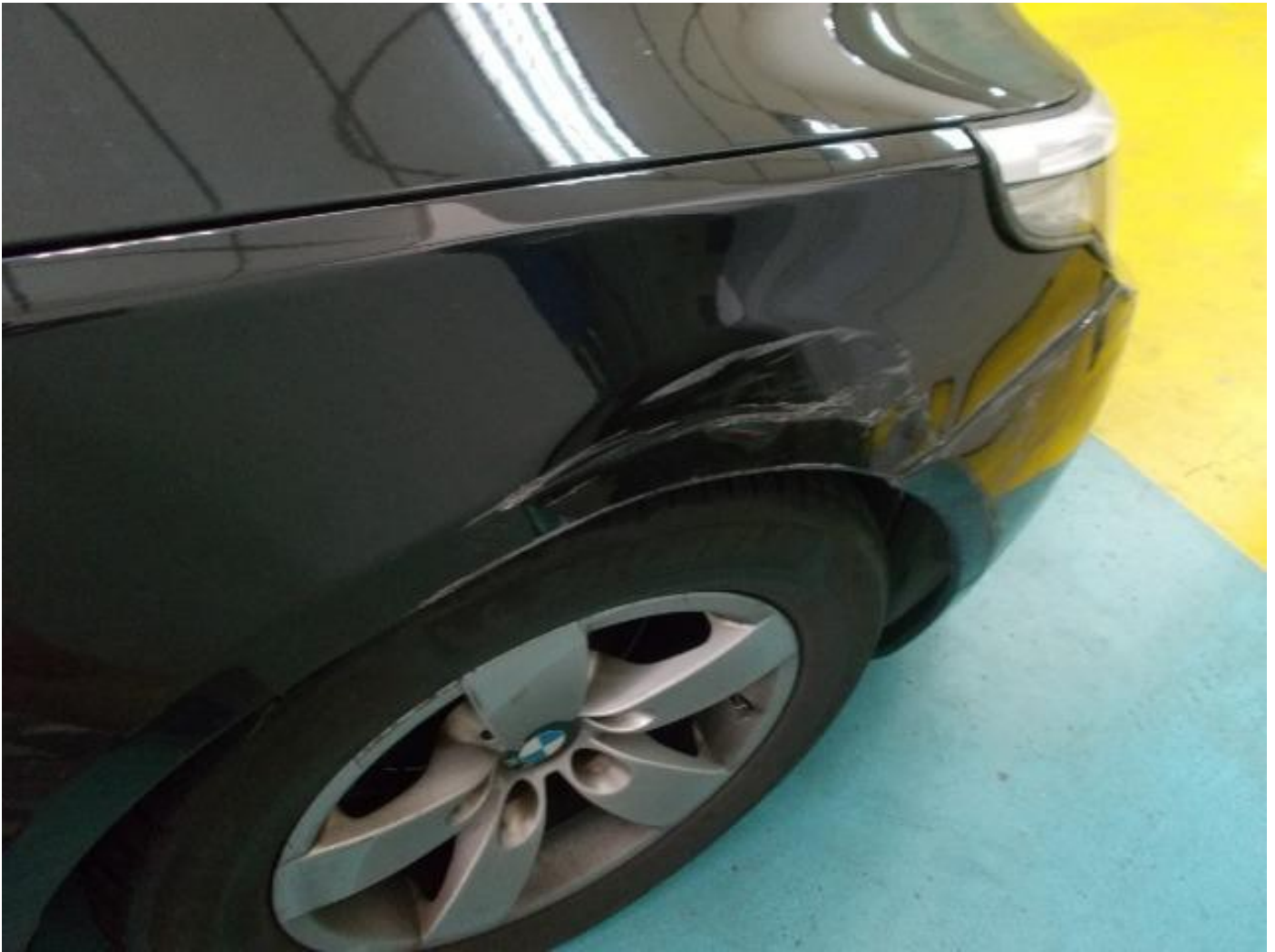
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