

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	10/06/2019 14:05
Date Of Accident	08/06/2019 13:00
Exact Location Of Accident	ALONG FINLAYSON GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2525A
Insured/Policyholder	
Name Of Registered Owner	TAN BOY TEE
NRIC No	S0529014G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96883495
Alternative Phone No	OFFICE-96883495

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S450
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	DNPCSN1830181800
Cover Note Number	

Driver

Name of Driver	ONG BENG HUAT
NRIC No	S1594680F
Date Of Birth	17/01/1963
Occupation	INDOOR
Date Of Driving Pass	29/11/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97502415
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	29 LANTANA AVENUE
Postcode	277922
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

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

I WAS TURNING RIGHT INTO RAFFLES (4TH LANE), CAR B (GZ4530R) FROM 3RD LANE WAS GOING STRAIGHT AND BRUSHED INTO MY CAR FRONT RIGHT PORTION INSTEAD OF TURNING RIGHT.

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	GZ4530R
Vehicle Make/Model/Colour	WHITE VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM POH HENG
NRIC/Passport Number	S1262793I
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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.

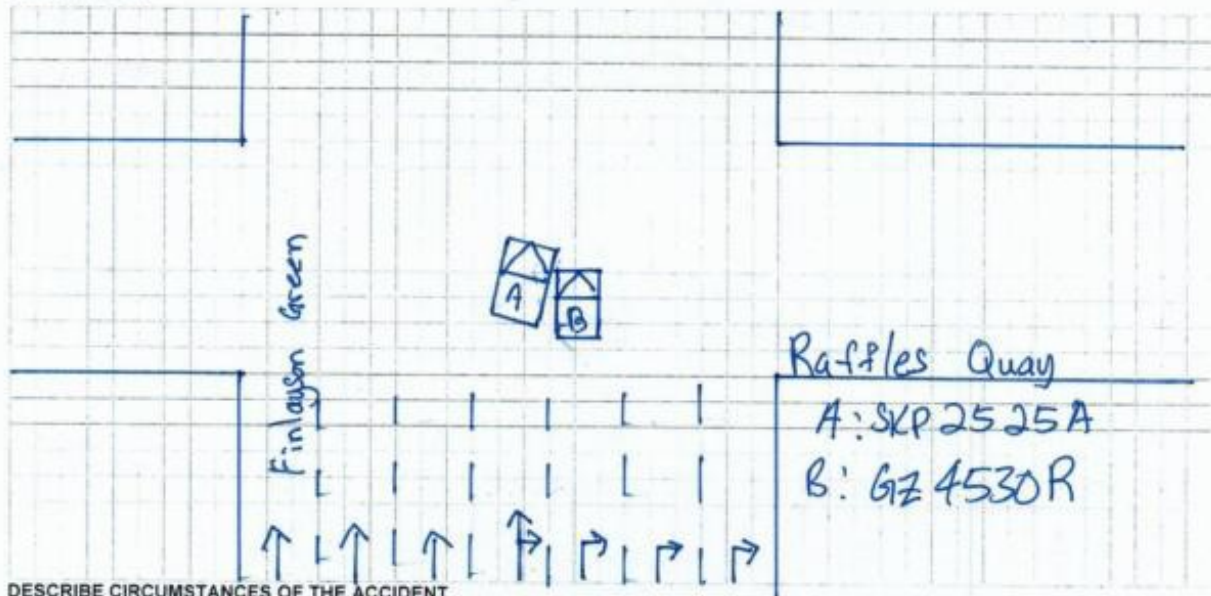
Policyholder's Signature
Date & Time

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

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.go@cyclicarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop
Reporting Centre Personnel's
Name: _____

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning right into Raffles Quay (4th lane),
car "B" from (3rd lane) was going straight and brushed
into my car front right portion, instead of turning right.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time

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

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.go@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop
Reporting Centre Personnel's
Name: _____

Sketch Plan #3

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 Arden Road #16-00 Springvale Tower Singapore 179003

Tel: 6359 8111 Fax: 6222 1033

Website: www.ctaiping.com

Ce Reg No: 2002061846

ORIGINAL

THE SCHEDULE

Agency AN0236A Class of Policy MOTOR PRIVATE CAR Policy Number DMPCSN1830181800
Account AN0236A Issued on 01/10/2018 in SINGAPORE
Client 3233602 Acceptance Date 21/09/2018 Replacing Cover Note 60013608

Period of Insurance from 26/09/2018 to 25/09/2019, both dates inclusive

Insured's Name MR TAN BOY TEE
Address 29 LANTANA AVENUE
LUCKY PARK
SINGAPORE 277922

Business/Occupn... DIRECTOR

Premium	Base Annual Premium	S\$4,243.05	
	No Claim Discount 50.00%	S\$2,121.53-	
	Incentive Discount 10%	S\$212.15-	
	Loss of Use	S\$50.00	
	Total Annual Premium	S\$1,959.37	Premium Due S\$1,959.37
			Premium GST S\$137.16
			Total Due S\$2,096.53

Risk No. 001 MOTOR PRIVATE CAR
ORIGINAL REGISTRATION DATE: 26.09.2018
1. Registration SKP2525A Make/Model .. MERCEDES BENZ S450L (R19 LED)
Type of Cover Comprehensive No. of seats 5 Body Type SALOON
Engine No. .. 27682430918387 Capacity cc's 2996 Yr of Manuf/Regn 2018/2018
Chassis No... WDD2221662A428923
Certificate Ref. MX1E

Sum Insured .Market value at the time of loss
Named Drivers Ex Sect. I S\$1,500.00
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
Named Drivers THE INSURED

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W.

W

Windscreen/Sun/Moon roof Cover

- (1) Replace at any Distributor (within warranty period - maximum 3 yrs) .. unlimited
- (2) Replace at any of our Authorised Workshops unlimited
- (3) Other than the above S\$300.00

One Time Waiver of Excess Clause - Own Damage Claim (Insured and Named Drivers only)

Notwithstanding anything contained to the contrary, we will waive up to the first S\$1,000.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year in respect of damage to the motorcar covered under this Policy for repairs carried out by our Authorised Workshops as per Certificate of Insurance Card attached.

Subject otherwise to the terms and conditions of this Policy.

Continued on page 2

Sketch Plan #4



Accident Photo



Accident Photo



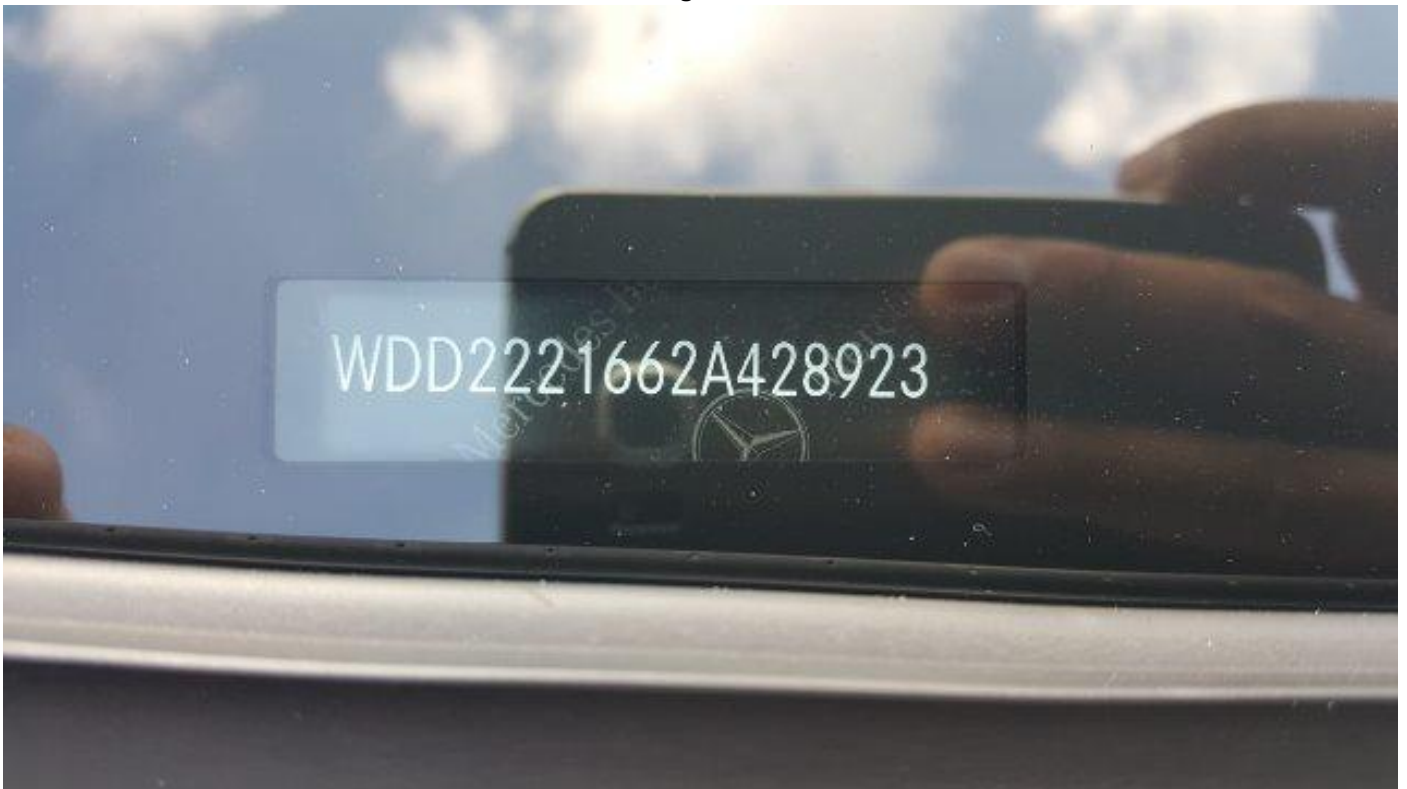
Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

