SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number **EMail Address**

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> 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.
- 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	01/07/2019 14:12
Date Of Accident	26/06/2019 13:15
Exact Location Of Accident	TRAFFIC JUNCTION TOA PAYOH EAST/LOR 6 TOA PAYOH
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW3833D
Insured/Policyholder	
Name Of Registered Owner	NG TECK KIONG
NRIC No	S1504232Z
Email Address	NTK@ROSENBERG.COM.SG
Mobile Phone No	(LOCAL) +65-96733261
Alternative Phone No	OTHERS-96733261
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA200
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?	YES
If No, Please state action to be taken	
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	DMPCSN1403651905
Cover Note Number	
Driver	
Name of Driver	HE QINGXIA
NRIC No	S2638537G
Date Of Birth	11/04/1964
Occupation	INDOOR
Date Of Driving Pass	24/10/2000
Driving Experience	18 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92296756
Fox Number	

HE_QINGXIA@YAHOO.COM.SG

Address 8 LOR 39 GEYLANG #08-04

Postcode 387882 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

-

2

NO

1

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface WET

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?

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? YES

If Yes, Please state which Police Station

Police Station Name MACPHERSON NEIGHBOURHOOD POLICE POST

NO

Police Station Address ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-7449999 - **FAX NO**: 65476366

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

AS PER ATTACHED SKETCH PLAN AND POLICE REPORT

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 SHC5771P

Vehicle Make/Model/Colour TRANSCAB TAXI RED COLOUR

Details Of Properties

Vehicle Category TAXI

Name of Driver NUNG SOON FATT

NRIC/Passport Number S7226842C Contact Number 81605514

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER: :

2

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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: 01/07/2019 1:50pm

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

NRIC/FIN No.:

SKETCH PLAN		
BU	2)	
		SA Payoh East
To a Teyron E	ST- 7	5 a Payon East
		A: SIW383C
- Am		> > 1
DESCRIBE CIRCUMSTANCES OF 1	•	
As pen	solice Report No	
	20190626/2	157.
	clatec 26/06/20	119 e 20:24 hrs.
	, ,	* .
		2
	-	
		,
		j#
DECLARATION		THE LAND
We declare the foregoing particulars	are true in every respect.	
17100	MAN 01/07/2019	
W.	(JM) 1-50PM	
olicyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
and a minor	Date & Time:	Name: NRIC/FIN No.:

GIARMC SketchPlanForm_Y3



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD. Co. Reg. No. 200208384E

MX1E R SN AN0006A 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) Rulos, 1980 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rulos, 1959 (Malaysia)

ORIGINAL

Engine No :27091030311810 CERTIFICATE No. DMPCSN1403651905 Chano: WDD1173432N058434 1. Index Mark and Registration 5JW3833D Number of Vehicle

2. Name of Policy Holder

4. Date of Expiry of Insurance

MR NG TECK KIONG

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

23 January 2019, Named Drivers Ex Sect. I \$\$500.00 Additional Ex Other than Named Drivers:

22 January 2020

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

* Age as at date of accident

EX ON WINDSCREEN \$\$100.00

- 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)

One time Waiver of Excess for the first S\$1,000 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.: CITIBANK SINGAPORE LTD 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).

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ____ALEA_CREDIT_PTE_LTD

Authorised Office

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

POLICE REPORT PAGE 1 Pg. 1





Date of Expiry:

Report No. T/20190626/2159

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Chinese Occupation: Housewife

Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

26/06/201		/lade:	Vide Report No.:		15	ary No.:
Informan	t's Partic	ulars				
Name of Informant: HE QINGXIA			Address: 8 LORONG 39 GEYLANG #08-04 SINGAPORE 387882			
ID Type / ID No.: NRIC NO / S2638537G			Contact No.: Home/Office:	Mobi	le: 92296756	
Nationalit SINGAPO	y: DRE CITIZ	ĽEN	Email:		2 E	
Sex: Female	Age: 55	Date of Birth: 11/04/1964	Type of Informant: Driver			
Race:			Language:	Institu	ution / School Na	me:

Driving Licence Information:

Class: 3

General Inform	nation of the Accider	nt .			
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/06/2019 13:1	Type of Location: X-Junction	
Location: Along Road 1 TOA PAYOH junction Lor 6		ad 2			
Weather: Clear	Tour ayon	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Dual Carriage	e Way	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collis	ion:			Anyone conveyed by ambulance:	

Details of V	emcie mvo	iveu				r
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC5771P	Car				Slightly Damaged	1
SJW3833D	Car			19.7	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	s x 2 3
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT PAGE 2 Pg. 1



T/20190626/2159

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 2 of 3 Report No. T/20190626/2159

Tel No: 1800-7449999

CONTINUATION OF REPORT

					8
Driver					
Name	Nung Soon Fatt			ID No.	S7226842C
Related Vehicle	SHC5771P (Car)		Si .	Contact No.	81605514
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	Date Treatment NIL			hargė NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury NIL	*
Driver					
Name	HE QINGXIA			ID No.	S2638537G
Related Vehicle	SJW3833D (Car)			Contact No.	92296756
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment NIL		Date Disc	harge NIL		
No. of Days granted Medical Leave NIL		NIL	Degree of	Injury NIL	

Brief Details.

On the above date and time, I was driving my car SJW3833D along Toa Payoh East and was making a left turn using the filter lane into Lor 6 Toa Payoh. I had check for oncoming traffic behind the give way line and had proceed to merge. Suddenly, a red taxi SHC5771P who was making a right turn from the opposite direction of Toa Payoh East collided into the right front portion of my car. He had failed to keep his lane discipline by turning into the right most lane and had turn into the left lane and caused the collision. I do not have any camera in my vehicle. However I have taken several photos of the scene after the collision. No one was injured, no government property was damaged.





Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 3 Report No. T/20190626/2159

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

G /	Signature Of Informant:
Staff Sgt DZULRAIHAN BIN KAMALUDIN	OW.
Signature Of Interpreter:	Date/Time:
Not applicable	26/06/2019 20:24
Officer In Charge Of Case:	Classification Of Case:
TP / GIA /	
Staff Sgt WONG SIEU LUI	
Contact No.: 65476151	* * * * * * * * * * * * * * * * * * * *
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DRIVER IC N DL Pg. 1





Driver



