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Owner Driver: (Preferred Wksp /4NC Assign Wksp / QW: (Tel:	Fax:)
Policy No: (TP Particulars: Veh No: SC	4354R INC	(,)/Non-INC()		
Confirmed by :	Owner / Driver: (T'el:	<u> </u>	
Insured/Driver Liability:	Policy No: () Perio	d: () Cover Type: ()	*********
Year of Registration: ()	
Excess (\$) Londing:\$1,000 () / \$2,000 () General Ruminelis: () Walk-In Constants: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Remarks: supp. (IN Charling: \$788 \$616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date: Time / Actions 1) As Accident Repairs 1) As A continue of Actions 2) Invertions / Actions 2) Priver/Owner: Ontact No: Damaged Portion: 2) Priver/Owner: Ontact No: Damaged Portion: 2) Checked by (Engr-In-Charge): Adulture: Comments:: () Time / Actions () () No () () N			-20%; P: 21-79%. P: 8	0-100%]	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

- 5. 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.

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Date Of Report

15/07/2019 19:10

Date Of Accident

12/07/2019 21:50

Exact Location Of Accident

CTE TOWARDS SLE NEAR BRADDELL ROAD EXIT

Country/State of Loss

SINGAPORE

					 _
DETA		 \sim		-	
I III I A	11 5	 cour	n v		 -

Vehicle Registration Number

SMM5108T

Insured/Policyholder

Name Of Registered Owner

CHAN YIN KAI

NRIC No

S7000986B

Email Address

MAXCOLLECTION@SINGNET.COM.SG

Mobile Phone No

(LOCAL) +65-96860986

Alternative Phone No.

OTHERS-96860986

Vehicle Particulars

Manufacturer

HONDA

Model

JAZZ

Exact Purpose for which vehicle was being used at

time of accident

WORKING PURPOSES

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

REPORTING ONLY

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

DMPCSN3049401900

Cover Note Number

Driver

 Name of Driver
 CHAN YIN KAI

 NRIC No
 \$7000986B

 Date Of Birth
 08/01/1970

 Occupation
 OUTDOOR

Date Of Driving Pass

02/09/1994

Driving Experience

24 YEARS AND 10 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96860986

Fax Number

Contact Number

OTHERS-96860986

EMail Address

MAXCOLLECTION@SINGNET.COM.SG

Address

BL;K 81 TIONG POH ROAD

#02-49

Postcode

160081

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)

2

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

4

Passenger 1

NAME:

: PASSENGER

GENDER:

FEMALE

Passenger 2

NAME:

: PASSENGER

GENDER:

: FEMALE

Passenger 3

NAME:

: PASSENGER

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

PLEASE REFER TO 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

SLR4354R

Vehicle Make/Model/Colour

AUDI A3

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Page 2 of 22

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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)
 - (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:

Reporting Centre Personner's Signature A

NRIC/FIN No .:

SKETCH PLAN CTE	TOWARD SLE	NEAR THE	C BRADDELL FEXIT
		1 2	B) SMM 51087 B) SCR4354R
			PS) SCR4354R
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
TOWARDS SLA	AT ABOUT		THE CAR SUFFERMA
210 10			ALLE & I COULD MOT
	lime my cossi		7 0111
OF SUR 4354	R THAT ALL		1/11
ECLARATION			
We declare the foregoing part	iculars are true in every resp	ect.	/ , 1 2
Mup 15-07-19			un 15/07/2018
ollcyholder's Signature ate & Time:	Driver's Signature (If driver is not the po Date & Time:	olicyholder)	Reporting Centre Personnel's Signature
AMMEST STREET PRINTERS OF THE	Date & Time:		NRIC/FIN No.: JOSTO UT

ACCIDENT'STATEMENT 18 21-50 :

ACCIDENT DATE: 12,07,204)(DD/MM/YYY), TIME: 9 . SP)(HH:MM)
LOCATION: CTE TOWARD SLE NEAR THE BRADDEL BXIT.

			75 20
1,	DETAILS OF VEHICLE	¥	
	DINSURANCE COMPANY: CHINA TAIPIN	THE INCLUDING SING-GOOD	OT LATO
	CIPOLICY NUMBER: DMPCSN 3049 40	1900	- PIC. LID.
-			15
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PA	KIT / HIKU PARIT FIKE WINCH	I
v.	OMAKE & MODEL: HONDA SAZZ	THE PERSON OF LOTHERS	16
	TITYPE: (SALOON) COUPE / MPV /VAN / LORE		*
*	B) VEHICLE CATEGORY: (PRIVATE) COMMERCE h) PURPOSE OF USING AT ACCIDENT TIME:	WORKING	20
	I) ARE YOU CLAIMING UNDER YOUP OWN INS		
8	IF NO. PLEASE STATE (THIRD PARTY CLAIM A		¥
2.	INSURED / POLICY HOLDER		8 8
	AINAME: CHAN YIN KAI .	(MALE / FEMALE)	
	binric/fin/passport: Stooo9867	CONTACT: 96860986	-
,53 	CIADDRESS: RIK SI TIONS POH ROK	4D #05-46 2180081.	
3 FEMALE	(V and another the second seco		2 0.0
- NEMACIE	* CONTINUE TO 3.4 IF DRIVER ALSO POLICY H	OLDER	
4No of passonger	DRIVER DINAME: CHAN YIN KAI	ALLEY CHELLET	
(Including driver)	DINRIC/FIN/PASSPORT: ST000986 B	(MALE / #EMALE)	
(生)		#02-49 S160081.	
4.02.11 1/20 /200			
	*d) DATE OF BIRTH: (08 /01 / 1970)(DD)	/MM/YYYY) ·	
	e)OCCUPATION: (INDOOR / OUTDOOR)		-
	FIDATE OF DRIVING PASS 02 SEP		
4.	WAS DRIVER AN EMPLOYEE OF THE INSUR		61 87
	IF NO, RELATIONSHIP OF THE DRIVER WIT		1
9.	GIVEATHER CONDITION: CLEARY RAINING /	OTHERS	
4	b) ROAD SURFACE: (DRY) WET / OTHERS WAS ANYBODY INJURED (YES (NO))		
	a) REPORTED TO POUCE (YES (NO))	₹ ⊕	€5***
	IF YES, PLEASE STATE WHICH POLICE STATION	!	
	THIRD PARTY VEHICLE	A =	
He of passinger	a) VEHICLE NUMBER: SLR 4354R	MODEL AUDI A3	<u>.</u>
Including driver)	b) DRIVER'S NAME:		-0
()	c) NRIC/FIN/PASSPORT:	CONTACT:	 5
	THIRÖ PARTY VEHICLE	MODEL:	
Ho of passenger	d) VEHICLE NUMBER:	MODEL:	and the
Including driver)	e) DRIVER'S NAME:	CONTACT:	
1 3	IJ MICIFINITASSPORT	CONTACTO	
()	* *		

email = MAXCOLLECTION @ SINGNET. COM. SG.











中国太平保险(新加坡)有限公司

HER TAINNE HISLINGACE ISNUSANDRE HTTE I III

Agent/Broker Agent/Broker Code: LIAN HONG PRIVATE LIMITED

ANGTHER

Policy No. Registration No.

DMPGSN3049401900 SMM5108T

MOTOR INSURANCE PROPOSAL

invago decision 24 An of the intervance Act (Cap. 142), you have hild ecision to the insurer in the People Form, have and faithfully, will the facts which you know in eight lickness in properly free realitudes bring proposed attenues. The policy result hereunds me, the risks

IMPORTANT

- The stability of the Company does not opportunity of the process with acceptance has been communicated by the Company to prepare to be apent or break
- An operation in this Proplets Form must be knowled before this Proposal can be considered. Any question not allowed on the calculation in the regions
- So pulsows various personal contributes, cover notes, endersoments for coldinal party a Premium Warranty Cause which requires the premium to be past in full within a specific point. falling which would be no seplicy under the policy rehewal certificate, cover note, endocement, also
- \$ 4.1 amengements artifler currectures are to be initial by the insured

Proposer's Particulars

HE TAN YES TAN

MEN NA SING FOR BOARD

TIONS BARRO INTACE SHIP STREAM AT

Column Tables

OCHEMBE PR TURBUTE Attorney Street, etc.?

SHOT EXCEPT From Parties for

State of Beth #1550X years

Pana Date Commission

Email Address into Author 1 as November 2 company

Martin Status Commission

Dynamic Fords

Contact fid. I down your

Claims Experience in past 3 years.

ACROSS - AM 2018 NO CLAIMS AND NEL DEC (\$1965 TIME NOVEM

301 2017 - Jun 2018 101 102 EUROPE -0.2516 - Jun 2017 DI WARREN

Vehicle's Particulars

Drame by Hausey VII.3

Year of Registration

Date of Registration

CHRES NO THROTH ASSESSMENT

Seating Departy 1

Type of vehicle RATCHEACK

Parallel Import (Pte: Reg. Plate Desk) (I

WAY BERY OF BUILD

\$400 CT 356 TEL

Chitestion Passage: 11

Vehicle Registration Francisco. Corn of Make 1997

Engels No. 52 LANGUEST NO. Volice Capacity 1115

vehicle Make Morrel 11 SDA JESS 2.4

Warnet rathe at the Sea of less 2.0 1.0 2.6 1 10.67 P.D.F.

Mandaya Septeler 10

Autobate (Musi atalineo Autosate Saturne Form), siki-

Attraction 2772

Hire Purchase Company Emphysics, year

Coverage Required

THE WOLLD PAYABLE

EXCESS APPLICABLE

(To coincide with Road Tax expey thate if possible)

Vehicle Usage

Will the extreme be used for the or impared.

Any Business in West Malaysia?

The other 20 year drive to west Malassia?

Named Drivers

Named Orients) - should reach 25 years or less man 65 years as at last building with at least 3 years. Evering experience

traine of Driver

DOM MRIC NE Driving Exp. Dement Genter Marrie Status Compation

N.B. The full-wing excess will be approache for any accident loss or damage other than Named Drivers. (Replicable III Comprehensive Provate Car anty)

TASKICK RESERVICES INVESTMENT NAMED CLOSES.

a Aud Season of \$1,500 are the applied for Landered Dresdrie who consists than that a year Singapore Driver Location

DIG. Add Expess \$1,000.00

\$500.00 FIRST SERVICE A REPORT OF SELECTION OF SELEC