### 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 <u>truthful and accurate</u> 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.

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	ACCIDENT STATEMENT
Date Of Report	13/08/2019 12:45
Date Of Accident	10/08/2019 18:30
Exact Location Of Accident	ALONG SENGKANG EAST AVENUE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCP6666U
Insured/Policyholder	
Name Of Registered Owner	LEE LIP KOK JOSEPH
NRIC No	S1631830B
Email Address	JOSEPH@ABWINBUS.SG
Mobile Phone No	(LOCAL) +65-94503900
Alternative Phone No	OTHERS-94503900
Vehicle Particulars	
Manufacturer	LEXUS
Model	GS300 AUTO
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?	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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMPCSN3044871900
Cover Note Number	
Driver	
Name of Driver	ZACHERY LEE KAI JIE
NIDIO N.	007407001

 NRIC No
 \$9740780J

 Date Of Birth
 10/11/1997

 Occupation
 INDOOR

 Date Of Driving Pass
 02/02/2018

Driving Experience 1 YEAR AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81866717

Fax Number

Contact Number

EMail Address NOEMAIL

229 SUNRISE TERRACE Address

805339 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident **CHAIN COLLISION** 

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

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : SARAH

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

**Circumstances of Accident** 

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SMA2000C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHA4785S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### **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:

- 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
- 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.
- 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.
- 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:

13 AUG 2019

Driver's Signature

(If driver is not the policyholder)

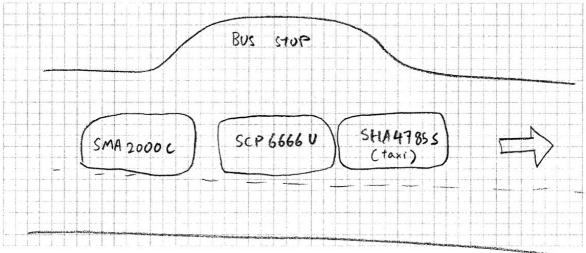
Date & Time: 13 AUG 2019

Reporting Centre Personnel's Signature

Name:

Poh Kwee NRIC/FIN No.

### **SKETCH PLAN**



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I travelled accounts along Sengleony East Avenue, BIK 203B,
on 10 Aug 2019 at 6.30 pm the taxi (SHA47855) infront
Suddenly slow down, I broke my com SCP6666U and the Car
behind me (SMA 2000 C) hit the back of my Car. The impact
caused my car to move forward and hit the taxi in front
(SHA 47855). This caused partient the back of my car to be
Caused my car to more forward and hit the toxi in front (SHA 47855). This caused page for the back of my car to be domaged, however my front of my car and the back of the
taxi looks fine.
·

DECLARATION

 $\ensuremath{\text{I/W}}\xspace$  declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

GIARME SKOULIPIANEOUS 2019- .

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

Date & Time: 1 3 AUG 2019

Reporting Centre Personnel's Signature

5364056SA

Name: NRIC/FIN No.:

### **CERTIFICATE OF INSURANCE Pg. 1**



#### 中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

MX1 N SN AN0597A THIRD PARTY FIRE & THEFT

## 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)

CERTIFICATE No.

DMPCSN3044871900

Engine No : 3GR0273722 Chassis No: JTHBH96S105066928

1. Index Mark and Registration

Number of Vehicle

SCP6666U

Name of Policy Holder

MR LEE LIP KOK JOSEPH

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

25 JULY 2019

4. Date of Expiry of Insurance

24 JANUARY 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.

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.

SG MOTOR TRADER PTE LTD Reg. No.: 201537467C 172 Sin Ming Drive Singapore 575720

Tel: 6933 9400 Fax: 6456 0678

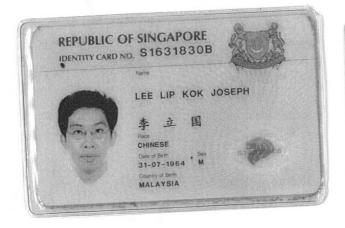
Countersigned By:

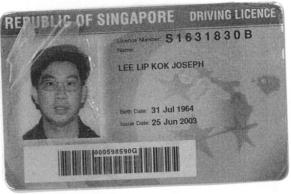
**Authorised Officer** 

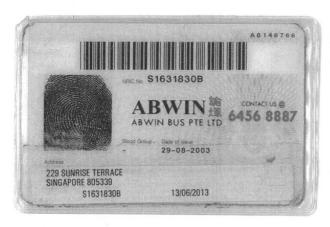
**Authorised Signatory** 

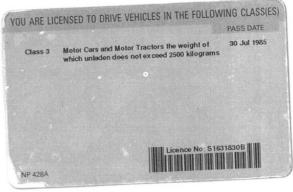
<sup>\*</sup> Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

## OWNER'S NRIC + DRIVING LICENCE Pg. 1

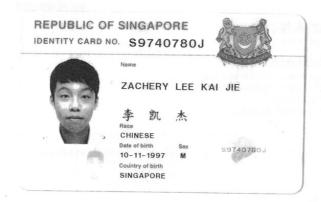


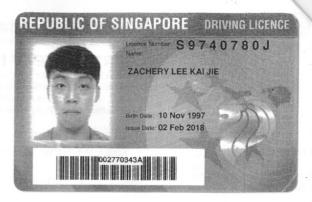




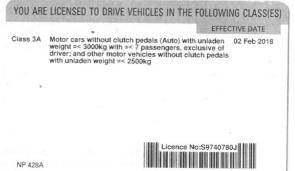


## DRIVER'S NRIC + DRIVING LICENCE Pg. 1









# **Accident Photo**



# **Accident Photo**



# **Accident Photo**



# **CHASSIS NUMBER**

