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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.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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	17/08/2019 15:06
Date Of Accident	25/07/2019 22:25
Exact Location Of Accident	ALONG MAJU ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB617E
Insured/Policyholder	
Name Of Registered Owner	MAK JIA WEI (MAI JIAWEI)
NRIC No	S8013934I
Email Address	MACCA1505@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97241578
Alternative Phone No	OTHERS-97241578
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO-1.6 EX (A)
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	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	DMPCSN1922561900
Cover Note Number	
Driver	
Name of Driver	MAK JIA WEI (MAI JIAWEI)
NRIC No	\$80139341
Date Of Birth	15/05/1980
Occupation	INDOOR
Date Of Driving Pass	29/11/2002
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97241578
Fax Number	
Contact Number	OTHERS-97241578
EMail Address	MACCA1505@GMAIL.COM

BLK 459 ANG MO KIO AVENUE 10 Address

#16-1594

560459 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

Postcode

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?

Was any injured conveyed to hospital by

NO

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:

: ALVIN CHIANG

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 81 ANG MO KIO AVE 3, POSTCODE: 569929, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4519999 - FAX NO: 65535679

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190817/2069

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SJQ277K

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)

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - 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:
 - 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 Personne

Name:

NRIC/FIN No.:

NRIC/FIN No.:

Date & Time:





T/20190817/2069

1 of 3

Report No. T/20190817/2069

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 17/08/2019 13:52		Vide Report No.:	Station Diary No.: 60	
Informa	nt's Partic	ulars			
Name of MAK JIA	f Informant: WEI		Address: APT BLK 459 ANG MO KINGAPORE 560459	O AVENUE 10 #16-1594	
ID Type / ID No.: NRIC NO / S8013934I		341	Contact No.: Home/Office: Mobile: 97241578		
National	ity: ORE CITIZ	EN .	Email:		
Sex: Male	Age:	Date of Birth: 15/05/1980	Type of Informant: Driver		
Race: Chinese		•	Language: English	Institution / School Name:	
Occupat			Driving Licence Information Class: 3	n: Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/07/2019 22:25	Type of Location Straight Road
Location: Along Road 1 MAJU AVENU Weather:	JE	Road Surface:		Road Speed Limit:
Clear		Dry		
2.20		Traffic Control:		Traffic Volume:
Traffic Flow: One Way		Not Controlled		No Traffic

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJQ277K	Car					0
SKB617E	Car	KIA	CERATO 1.6(A) EX	Black	Slightly Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKB617E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN19225619 00	12/06/2019	11/06/2020	





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

2 of 3 Report No. T/20190817/2069

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I						
No. of Pedestrian			Use of P	edestria	n Cross	ing: NA
Driver			030 011	cuestria	Closs	sing. NA
Name	MAK JIA WEI			ID No),	S8013934I
Related Vehicle	SKB617E (Car)			Conta	act No.	97241578
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Dis		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree		NIL	

Brief Details.

On 25/07/2019 at about 2225hrs, I tried to parallel park my vehicle bearing registration plate, SKB617E, along Maju Avenue. There was another vehicle bearing registration plate, SJQ277K, parked across the lot I was trying to park. As the space for the lot I was trying to park was really tight, I decided to park at another further down the road. When I got down from my vehicle, I discovered that there was a minor scratches on my front right bumper. After I cleaned off my scratch, I went back to Maju Avenue however the said vehicle was already gone.

On 17/08/2019 at about 12pm, I opened my letter box and discovered a letter from Traffic police informing me to lodged a police report.

I wish to state that I have in-car camera at the point of time.





3 ot 3

Report No. T/20190817/2069

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

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.

Signature Of Officer Recording The Report: F / Sgt 1 TAN CHEE HEIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/08/2019 13:52
Off L. Charge Of Case:	Classification Of Case:
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	SN 085
Authentication Stamp NP168 Singapore	Police Force



Traffic Police Singapore Police Force 10, Ubi Avenue 3 Singapore 408865

Tel: 6547 0000 Fax: 6547 6259

Date: 09 Aug 2019

Your Ref :

Our Ref

: TP/IP/49193/2019

MAK JIA WEI
APT BLK 459 ANG MO KIO AVENUE 10
#16-1594
SINGAPORE 560459

<u> Կլվեսկիսվիրիկլիկներկի</u>

Dear Sir / Madam.

CASE OF TRAFFIC ACCIDENT INVOLVING SKB617E ALONG MAJU AVENUE ON 25 JUL 2019 @ 10.00 PM

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

- 2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (http://www.police.gov.sg/epc).
- Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.
- You may contact the Investigation Officer NEO ZHI YUAN at his / her office number: 65476079 or the supervisor CHEW SOOK YENG at 65476425 if you have any further queries.
- 5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

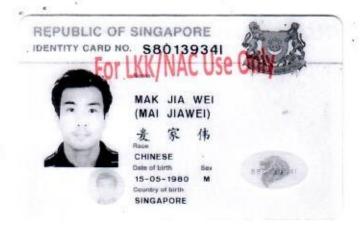
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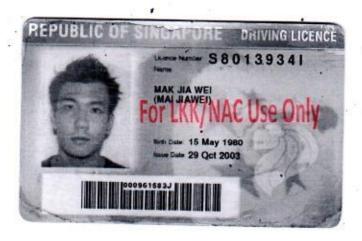


ACCIDENT STATEMENT

ACCIDENT DATE: 25, 7, 2019 (DD/MM/YYY), TIME: 22: 25 (HH:MM)
LOCATION: MAJU AVENUE
DETAILS OF VEHICLE CONTROL SUBSIDER SU
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: KIA CERATO 1.6 & GX I)TYPE: (SALOON / GOUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: PEKSOMPL
i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
BLYIU CHIBRUA CIADDRESS: BIK 459 AND MID ALE 10 #16-1594
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CINCLUDING driver) CINCLUDING driver) CINCLUDING driver) CINCLUDING CINCLUDING MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE
*d)DATE OF BIRTH: (5 / 55 98) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)DATE OF DRIVING PASS 29 NO 2002 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. D)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WEL / OTHERS
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: AND MO KID SOMTH NPC
He of passenger a) VEHICLE NUMBER: SJQ277K. MODEL:
9. THIRD PARTY VEHICLE
Mo of passenger d) VEHICLE NUMBER:MODEL:
(

email = macca 1505 @ gmail.com.











中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1FE SN AN0509A Cov. Type: C

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.

DMPCSN1922561900

Engine No :G4FGJH721854 Chassis No: KNAF3416MK5041033

1. Index Mark and Registration Number of Vehicle

SKB617E

2. Name of Policy Holder

MR MAK JIA WEI

Effective date of the Commencement of Insurance for

NAMED DRIVERS EX SECT. I\$1,100.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS:

10 JUNE 2019 the purposes of the Regulations, Ordinance or Enactment

EX SECT. I - AGE <= 25......\$\$3,000.00 EX SECT. I - AGE >= 26......s\$500.00

Date of Expiry of Insurance

Persons or Classes of Persons entitled to drive *

AGE AS AT DATE OF ACCIDENT EX ON WINDSCREENs\$100.00

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

9 JUNE 2020

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 \$\$500 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. : MAYBANK 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). Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Authorised Signatory