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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

EMail Address

Fax Number Contact Number

- 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 witholding of material facts may allow insurance companies to repudiate policy flability.
- 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.

是这里的世界是1960年	ACCIDENT STATEMENT
Date Of Report	27/09/2019 09:36
Date Of Accident	26/09/2019 18:10
Exact Location Of Accident	ALONG STEVENS ROAD/DRAYCOTT PARK JUNCTION
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG5160J
Insured/Policyholder	
Name Of Registered Owner	ZHANG YUYANYAN
NRIC No	S8484193E
Email Address	PENGHA01908@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97555550
Alternative Phone No	OTHERS-96519819
Vehicle Particulars	
Manufacturer	BMW
Model	3161
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3120121902
Cover Note Number	
Driver	
Name of Driver	XU PENGHAO
NRIC No	S8478720E
Date Of Birth	19/08/1984
Occupation	INDOOR
Date Of Driving Pass	15/12/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mahila Mushas	/LOCAL ) +RE OREHORIO

(LOCAL) +65-96519819

PENGHAO1908@HOTMAIL.COM

OTHERS-97555550

Address

5 LEEDON HEIGHTS

#11-08

Postcode

267952

SPOUSE

Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured

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?

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? 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)

1

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 (TYPE OF COLLISION IS HEAD TO SIDE)

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

SHA4822T

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category

YEE YEW CHIANG

Name of Driver

S1602383C

Contact Number

NRIC/Passport Number

96791093

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.
- 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:
  - (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: 27

1 /09/2019

Reporting Centre Personn

Name:

NEIC/EIN No

A) SLG 5160]	PRAYLOTT PARIC	
B) SHA 4822 T		
	A     A2   B2   ->	
$\rightarrow$		
	← \-\\\ -\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	+ STEVENS ROAD +	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
I was driving	straight, and in front is clear and no car was	**
So when I conti	one driving. A text suddenly turn in at B2	J
2 was unexpected	of such sudden turn in and I tried to stup	
but still hit	onto the texi.	_
_		
ECLARATION	· ·	
We declare the foregoing particula	ars are true in every respect.	
	15	
olicyholder's Signature	Driver's Signature Reporting Centre Personality Sidnature	
ate & Time:	(If driver is not the policyholder)   Name:	13
	Date & Time: 27 69 2519 NRIC/FIN No.: 6080 MONTH	1

# AGCIDENT'STATEMENT

ACCIDENT DATE: (26,09, 2019) (DD/MM/YY	Y), TIME: (/8 . : /3 ) (HH:MM)
LOCATION: Steven Road	Killing (et al., 1997)
DETAILS OF VEHICLE  GIVEHICLE NUMBER: SLG 5160 J  BINSURANCE COMPANY: China  CIPOLICY NUMBER:  d)POLICY TYPE: (COMPREHENSIVE / THIRD PA	CAIPING PARTY FIRE ATHEFT
O MAKE & MODEL: BMW 316  () TYPE: (SALOON) COUPE / MPV / VAN / LOR  GIVEHICLE CATEGORY: (PRIVATE) COMMERCE	RY / MOTORCYCLE / OTHERS)
IT) PURPOSE OF USING AT ACCIDENT TIME:	URANCE (YAS/NO)
2. INSURED / POLICY HOLDER A) NAME: Zhang Yuganyan b) NRIC/FIN/PASSPORT: S8484193E c) ADDRESS: S (eedon height)	CONTACT: 9755550
* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	
Cinduding driver) DRIVER XU PENGHAU  DINRIC/FIN/PASSPORT: 58478720E  CIADDRESS: 5 Leedon heights	(MALE / FEMALE) CONTACT: 9 6519819 #11-08, . \$267952
	12012
4. WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT	H INSURED:
5. GIWEATHER CONDITION: (CLEAR / RAINING / b)ROAD SURFACE: (DRY / WK / OTHERS	OTHERS
6. WAS ANYBODY INJURED (YES / NO) 7. D) REPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATION	
No of passenger of VEHICLE NUMBER. SHA 4822 T	MODEL:
( ) P. THIRD PARTY VEHICLE	CONTACT: 96791093
(40 a) passanger d) VEHICLE NUMBER:	_MODEL:
( ) NRICYFIN/PASSPORT:	CONTACT:

email =



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

MOCLER - MIC AND478A Cov. Type: C ALTOSAFE

## 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. Engine No :A645,7464N13B16A IMPCSN3120171902 Chadsia NorWHARA12030J720428 Index Mark and Registration 51651600 Number of Vehicle 2. Name of Policy Holder ZHANG YUYANYAN Effective date of the Commencement of Insurance for 17 MAY 2019 the purposes of the Regulations, Ordinance or Enactment 4. Date of Expiry of Insurance 18 MAY 2028 5. Persons or Classes of Persons entitled to drive \* 

(A) THE POLICYHOLDER.

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

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REQULATIONS 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 ENACTHENT 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 HIME OR MEMARD TUTTION DRIVING TEST RACING PACE-MAKINS, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRACE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURBING OUTSIDE SINGAPORE [CONSTRUCTIVE TOTAL LOSS/THEFT]

WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST SSI, 600 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. : TORYO CENTURY LEASING (S) FTE LTD

\* 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.

Authorised Signatory

Countersigned By:

Authorised Officer

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