

## 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 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.
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             | 10/10/2019 15:54                            |
| Date Of Accident           | 09/10/2019 18:30                            |
| Exact Location Of Accident | EXIT FROM BUANGKOK GREEN INTO HOUGANG ST 51 |
| Country/State of Loss      | SINGAPORE                                   |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SLJ5150Y                |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | CHONG KOK WAI LAWRENCE  |
| NRIC No                     | S7138231A               |
| Email Address               | NICKYWOONYJ@HOTMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-97298343    |
| Alternative Phone No        | OTHERS-97298343         |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | HONDA          |
| Model  | VEZEL 1.5      |
| 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                                       | 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             | DMPCSN1688091701                              |
| Cover Note Number         |   |

### Driver

|                      |                         |
|----------------------|-------------------------|
| Name of Driver       | WOON YONG JIE NICHOLAS  |
| NRIC No              | S9200306Z               |
| Date Of Birth        | 03/01/1992              |
| Occupation           | OUTDOOR                 |
| Date Of Driving Pass | 30/07/2012              |
| Driving Experience   | 7 YEARS AND 2 MONTHS    |
| Gender               | MALE                    |
| Mobile Number        | (LOCAL) +65-97298343    |
| Fax Number           |                         |
| Contact Number       |                         |
| Email Address        | NICKYWOONYJ@HOTMAIL.COM |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 557 HOUGANG STREET 51 #08-362 |
| Postcode  | 530557                            |
| Was driver an employee of the Insured's Company     | NO                                |
| If No, Relationship of the Driver with the Insured  | RELATIVE                          |
| 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) involved in the accident                         | 2   |
| 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. | 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 attached Motor Accident Advice Form.

#### 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         | SHC626J                            |
| Vehicle Make/Model/Colour           | HYUNDAI SONATA/YELLOW              |
| Details Of Properties               |                                    |
| Vehicle Category                    | TAXI                               |
| Name of Driver                      | LIM GECK SUN                       |
| NRIC/Passport Number                | S2075676D                          |
| Contact Number                      |                                    |
| Address                             | BLK 335 SERANGOON AVENUE 3 #06-325 |
| Postcode                            | 1955                               |
| 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.
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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. 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:

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

10 OCT 2019

Reporting Centre Personnel's Signature  
Name: Deborah Lai  
NRIC/FIN No.: S7332811Z

Mai

SKETCH PLAN

← Please refer to attached →  
sketch.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached motor accident  
advice form.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 10 OCT 2019

  
Reporting Centre Personnel's Signature  
Name: Deborah Lai  
NRIC/FIN No.: S7332811Z

**Motor Accident Advice Form Pg. 1**



**中国太平**  
CHINA TAIPING

**中国太平保险(新加坡)有限公司**

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.sg.cntaiping.com  
Co. Reg No. 200208384E

**MOTOR ACCIDENT ADVICE FORM**

( Applicable to Windscreen Claim )

|   |  |                            |                     |
|---|--|----------------------------|---------------------|
| Agency  |  | Claim No                   |                     |
| <b>1) PARTICULARS OF INSURED</b>  |  |                            |                     |
| Name  | Chong Kok Wai Lawrence                           | Policy No                  | DMPCSN1688091701    |
| Address   | Blk 342 Woodlands Ave 1 #09-629 Singapore 730342 | Contact Nos<br>(H)<br>(HP) | +1(208)599-3292     |
| Occupation  | SAF Regular                                      | Registration No            | SLJ5150Y            |
| Year Model  |  | C.C./ Tonnage              |                     |
|   |  | Make                       |                     |
|   |  | Amount Insured             |                     |
| <b>2) ACCIDENT INFORMATION</b>  |  |                            |                     |
| Date of Accident  | 09/10/2019                                       | Time                       | Honda Vezel 1.5 (A) |
| Place   | Hougang St 51                                    | Approximate Speed          | 10 Km/h             |
| Name of Police Station Reported To  |  |                            |                     |
| <b>3) PARTICULARS OF DRIVER</b>   |  |                            |                     |
| Name of Person driving your vehicle   | Woon Yong Jie Nicholas                           | Age                        | 27                  |
| Licence No  | S9200306Z  | Date of Expiry             |                     |
| Relationship to owner   |  | Cousin                     |                     |
| If Assured was not driving, does driver own a motor vehicle? If so, please state:   |  |                            | Contact Nos         |
| Your Car No   | Name of Insurance Co                             | Occupation of Driver       | (H)                 |
| N/A   |  |                            | (HP)                |
|   |  |                            | 9729 8343           |
| <b>4) DETAILS OF DAMAGE TO YOUR VEHICLE</b>   |  |                            |                     |
| Indent on the left front bumper   |  |                            |                     |
|   |  |                            |                     |
| <b>5) DAMAGES TO THIRD PARTY PROPERTY</b>   |  |                            |                     |
| a. Registration Number(s) and details of damage to the other vehicle(s) involved  |  |                            |                     |
| SHC 626J. Slight protrusion on the right rear bumper  |  |                            |                     |
| b. Any other property   |  |                            |                     |
| <b>6) INJURY TO PERSONS</b>   |  |                            |                     |
| Name  | Address  | Extend of Injury           |                     |
| N/A   |  |                            |                     |
| <b>7) WITNESS</b>   |  |                            |                     |
| Passenger's Name  | Address  | Other Witness Name         | Address             |
| N/A   |  |                            |                     |
| 8) Have you obtained an estimate for repair? If so, give name of repairers and amount of estimate.                                |  |                            |                     |
| No liability attaches this Company UNLESS the vehicle is inspected after accident and the estimate for the cost repairs approved. |  |                            |                     |



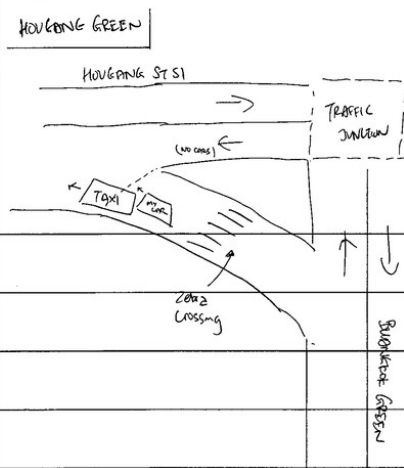
中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.sg.cntaiping.com  
Co Reg No 200208384E

### DETAIL OF ACCIDENT

PLEASE EXPLAIN CLEARLY THE CIRCUMSTANCES UNDER WHICH THE ACCIDENT TOOK PLACE.

SKETCH:



I came to a complete halt after the zebra crossing and before entering Hougang St 51. After realising that there are no more incoming traffic from Hougang St 51, I pressed the accelerator lightly to proceed but realised the taxi was still in a complete stop. Thus, the collision happened.

**NOTE:-** Every communication you receive in connection with this matter should be forwarded to the Company without delay.

### DATA PRIVACY STATEMENT

In accordance with the Personal Data Protection Act 2012, I consent to the collection, use, disclosure of and/or process of my personal data (whether contained in the Claim Form or otherwise obtained) by China Taiping Insurance (Singapore) Pte Ltd, its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my telephone or mobile number in the Singapore's Do Not Call Registry)

Yes, I have read and agreed to the above Data Privacy Statement.

Signature of Claimant

Name: Chong Kok Wai Lawrence  
NRIC/FIN/Passport No S7138231A

Date

Insured Signature

Driver Signature

### FOR OFFICE USE ONLY

#### NAMED DRIVERS:-

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### ENDORSEMENTS:-

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### PERIOD OF INSURANCE:-

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

#### EXCESS:-

- Section I :-
- Section II :-
- Unnamed Driver :-
- TOTAL =
- NO CLAIM BONUS =

HOUGANG GREEN

HOUGANG ST S1

TRAFFIC  
JUNCTION

TAXI

my  
CAR

Zebra  
Crossing

HOUGANG GREEN

## Insurance Certificate Pg. 1



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

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.sg.ctaiping.com  
Co. Reg. No. 200208394E

## RENEWAL NOTICE

YOU CAN NOW PAY YOUR PREMIUM BY:-

1. ANY AXS STATIONS, OR
2. 0% INTEREST INSTALMENT PLAN WITH OCBC CREDIT CARD SUBJECT TO A MINIMUM AMOUNT OF S\$500.00 CHARGED TO THE CARD.

|         |         |                  |                   |               |       |                  |
|---------|---------|------------------|-------------------|---------------|-------|------------------|
| Agency  | AN0295A | Class of Policy  | MOTOR PRIVATE CAR | Policy Number | ..... | DMPCSN1688091701 |
| Account | AN0295A | Ren.Notice Date. | 24/10/2018        | Expiry Date   | ..... | 13/12/2018       |
| Client  | 3203113 |                  |                   |               |       |                  |

Renewal Period from 14/12/2018 to 13/12/2019 , both dates inclusive

|                    |   |
|--------------------|---|
| Insured's Name.... | MR CHONG KOK WAI LAWRENCE                                 |
| Address.           | BLK 342 WOODLANDS AVENUE 1<br>#09-629<br>SINGAPORE 730342 |

Business/Occupn... SAF REGULAR

Financial interest STANDARD CHARTERED BANK(S) LIMITED AS HP OWNER

|               |                                |              |             |             |
|---------------|--------------------------------|--------------|-------------|-------------|
| Premium ..... | Base Annual Premium.....       | S\$2,395.00  |             |             |
|               | Less 10% Loyalty Discount..... | S\$239.50-   |             |             |
|               | No Claim Discount .....50.00%  | S\$1,077.75- |             |             |
|               | Total Annual Premium .....     | S\$1,077.75  | Renew.Prem. | S\$1,077.75 |
|               |                                |              | Premium GST | S\$75.44    |
|               |                                |              | Total.....  | S\$1,153.19 |

|                 |                                |               |                     |                            |
|-----------------|--------------------------------|---------------|---------------------|----------------------------|
| Risk No. 001    | MOTOR PRIVATE CAR              |               |                     |                            |
|                 | ORIGINAL REGN DATE: 14.12.2016 |               |                     |                            |
| 1. Registration | SLJ5150Y                       | Make/Model .. | HONDA VEZEL 1.5 (A) |                            |
| Type of Cover   | Comprehensive                  | No. of seats  | 5                   | Body Type ..... SUV        |
| Engine No. ..   | L15B4407685                    | Capacity cc's | 1496                | Yr of Manuf/Regn 2016/2016 |
| Chassis No. .   | RU11207686                     |               |                     |                            |

Certificate Ref. MX1F

|   |             |
|---|-------------|
| Sum Insured..Market value at the time of loss |             |
| Named Drivers Ex Sect. I .....                | S\$500.00   |
| Additional Ex Other than Named Drivers:       |             |
| Ex Sect. I - Age <= 25.....                   | S\$3,000.00 |
| Ex Sect. I - Age >= 26.....                   | S\$500.00   |
| * Age as at date of accident                  |             |
| EX ON WINDSCREEN .....                        | S\$100.00   |
| Named Drivers THE INSURED                     |             |

The Following clauses and endorsements apply to this policy :

Subject to Endts. 2, 25, 57, 72, N & W.

- |  |                                |
|--|--------------------------------|
| W  | Windscreen/Sun/Moon roof Cover |
| (1) Replace at any Distributor (within warranty period - maximum 3 yrs)... | unlimited                      |
| (2) Replace at any of our Authorised Workshops .....                       | unlimited                      |
| (3) Other than the above .....   | S\$300.00                      |

**ENDORSEMENT I - INEXPERIENCED UNNAMED DRIVERS EXCESS**

It is hereby understood and agreed that an excess of S\$3,500 shall apply for accident loss or damage for any unnamed Authorised Driver who possess a valid Singapore driving licence for less than 1 year

Continued on page 2



TO CHINA TAIPING .

I, CHONG KOK WAI LAWRENCE, S7138231A

CAR OWNER OF SLJ 5150Y AUTHORISED

WOON YONG JIE NICHOLAS, S92003062

TO FILE THE CAR INSURANCE CLAIM  
ON MY BEHALF.

LAWRENCE CHONG



Accident Photo



Accident Photo



Accident Photo



Accident Photo

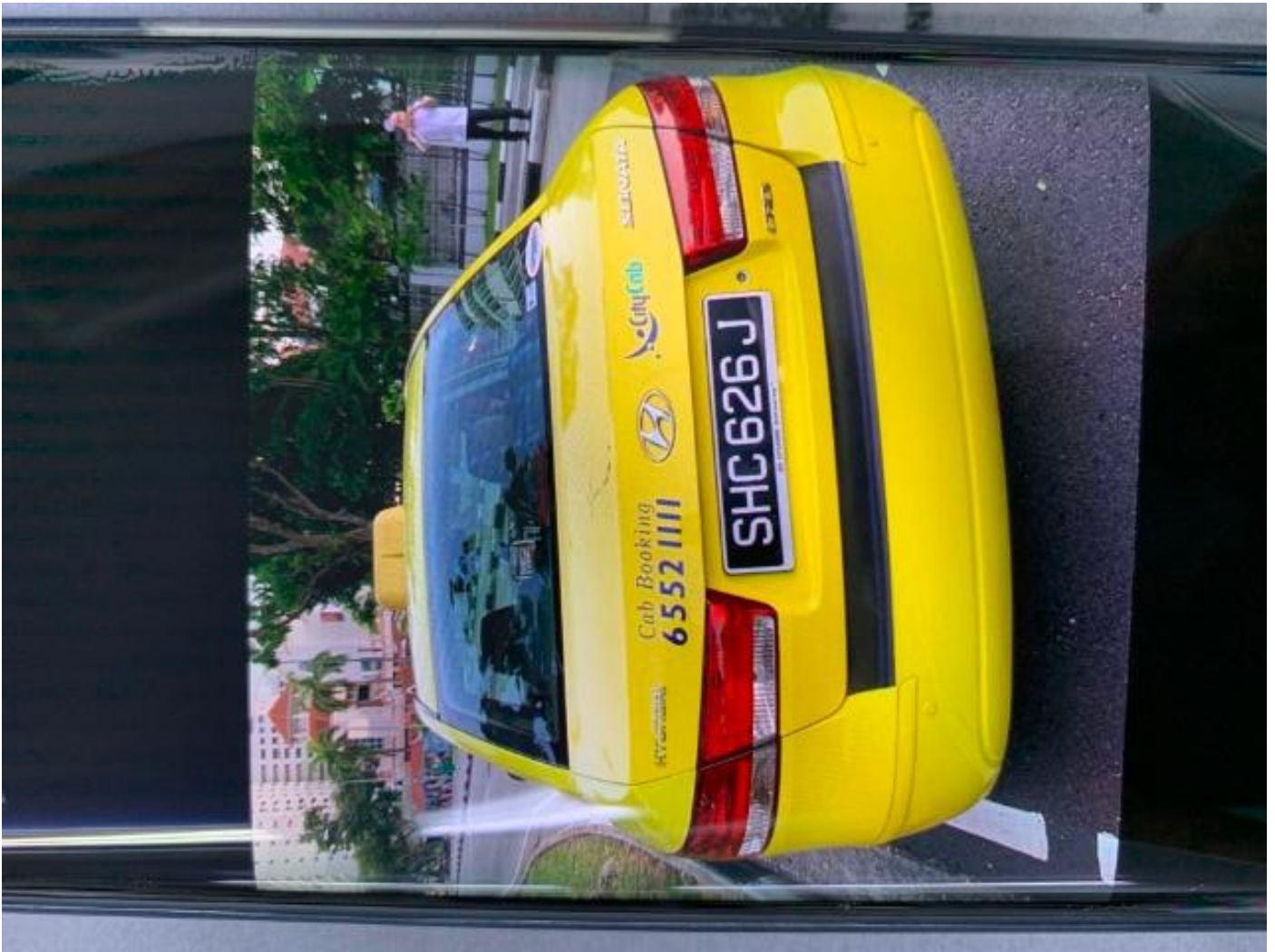


Chassis Number





Accident Photo



Accident Photo





Accident Photo

