

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 willful 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 07/11/2019 15:42
Date Of Accident 06/11/2019 22:45
Exact Location Of Accident ECP TOWARDS CITY AT PIE EXIT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ2815Z

Insured/Policyholder

Name Of Registered Owner SENG HUA HNG FOODSTUFF PTE LTD
Co Reg No 198001761D
Email Address BEN.TEO@CAMELNUITS.COM
Mobile Phone No
Alternative Phone No OFFICE-63833388

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model E200 EXCLUSIVE (R18LED)
Exact Purpose for which vehicle was being used at WORK
Are you claiming under your own insurance policy YES
If No, Please state action to be taken
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 DMPGCSN1816421901
Cover Note Number

Driver

Name of Driver SUM QIAN HUI PEARLIE
NRIC No S9231784F
Date Of Birth 04/09/1992
Occupation INDOOR
Date Of Driving Pass 05/09/2014
Driving Experience 5 YEARS AND 2 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-94573842
Fax Number
Contact Number
Email Address NOEMAIL

Address 12 FLORA ROAD
#08-03
509730
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured FRIEND
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) 3
Passenger 1

NAME: FRIEND (SENG HUA HNG FOODSTUFF PTE LTD ,
GENDER: MALE
NAME: CLIENT
GENDER: MALE
Passenger 2

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

TAXI (SHD2649A) APPLIED EMERGENCY BRAKE AND I WAS UNABLE TO BRAKE IN TIME .THE CAR'S FRONT HIT THE BACK OF THE TAXI.LAST NIGHT I RECEIVES A PHONE CALL FROM THE TAXI DRIVER THAT THE PASSENGER IS SEEKING FOR MEDICAL TREATMENT.
Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD2649A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver TAN KOK YEOW
NRIC/Passport Number S1696158B
Contact Number 822274991

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1
NAME: : PASSENGER
GENDER: : MALE
2

SKETCH PLAN

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7. By the lodgment of this report to the Insurer, 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 Insurers who have insured vehicle(s) involved in this accident (all Insurers 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/are be disclosed by any of the Insurers and/or call to their third party service providers or agents (including their lawyers/law firms), which may be cited 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:

Name:

Reporting Centre Person's Signature



Refer to video footage

B. SHD0649H
A. SLZ3815Z

ECR → CITY

A B

Taxi (SHD 2649) applied emergency brake and I was unable to brake in time. The car's front hit the back of the taxi. Last night we received a phone call from the taxi driver that the passenger is meeting for medical treatment.

Taxi (SHD26447) applied emergency brake and I was unable to brake in time ~~the~~ the car's front hit the back of the taxi. Last night we received a phone call from the taxi driver that the passenger is seeking for medical treatment.

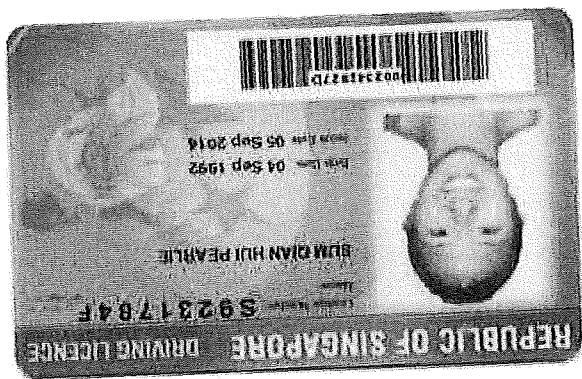


Driver's signature

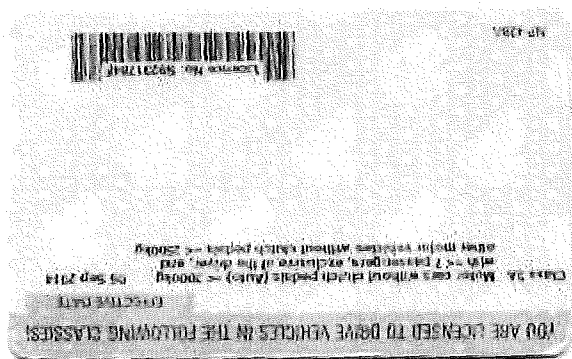
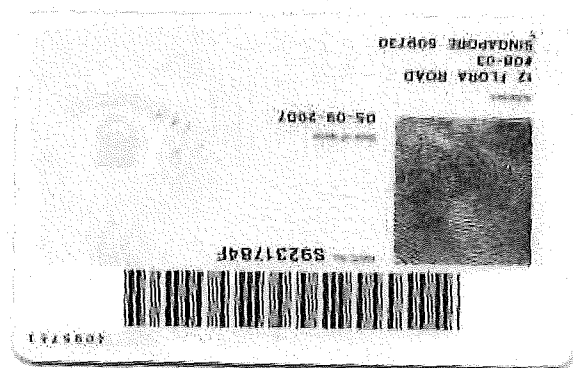
(If driver is not the policyholder)
Date & Time: 2pm 7/11/19

Reporting Entity's Signature: _____

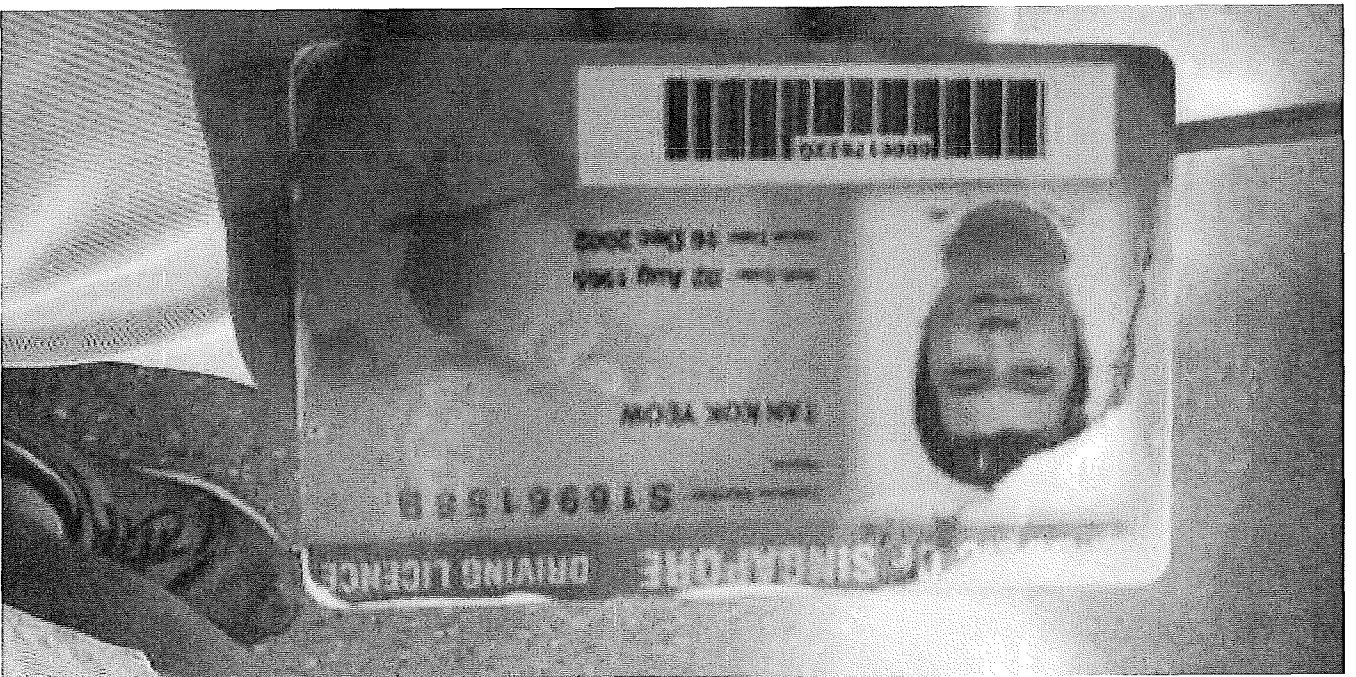
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 3. **Journal:** [Journal]
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 5. **Issue:** [Issue]
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 7. **Year:** [Year]



Identification Card



TAXI LICENSE



Issued By:  Authorised Officer
Please see reverse
 Authorised Signatory
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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).

** 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*

RITE FORTUNE CO. ; DANKEA FORTUNE SVCS AFRICA & ASIA PACIFIC

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Total) will be doubled.
One time waiver of excess for the first \$51,000 will apply to the insured and named drivers in the event.
Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Total) or use for any purpose in connection with the Motor Trade.
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.

6. Limitations as to use:

Any person who is driving on the policyholder's order or with their permission.
Provided that the person driving is permitted to be licensed 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.

5. Persons or Classes of Persons not to drive:

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PLM 327244
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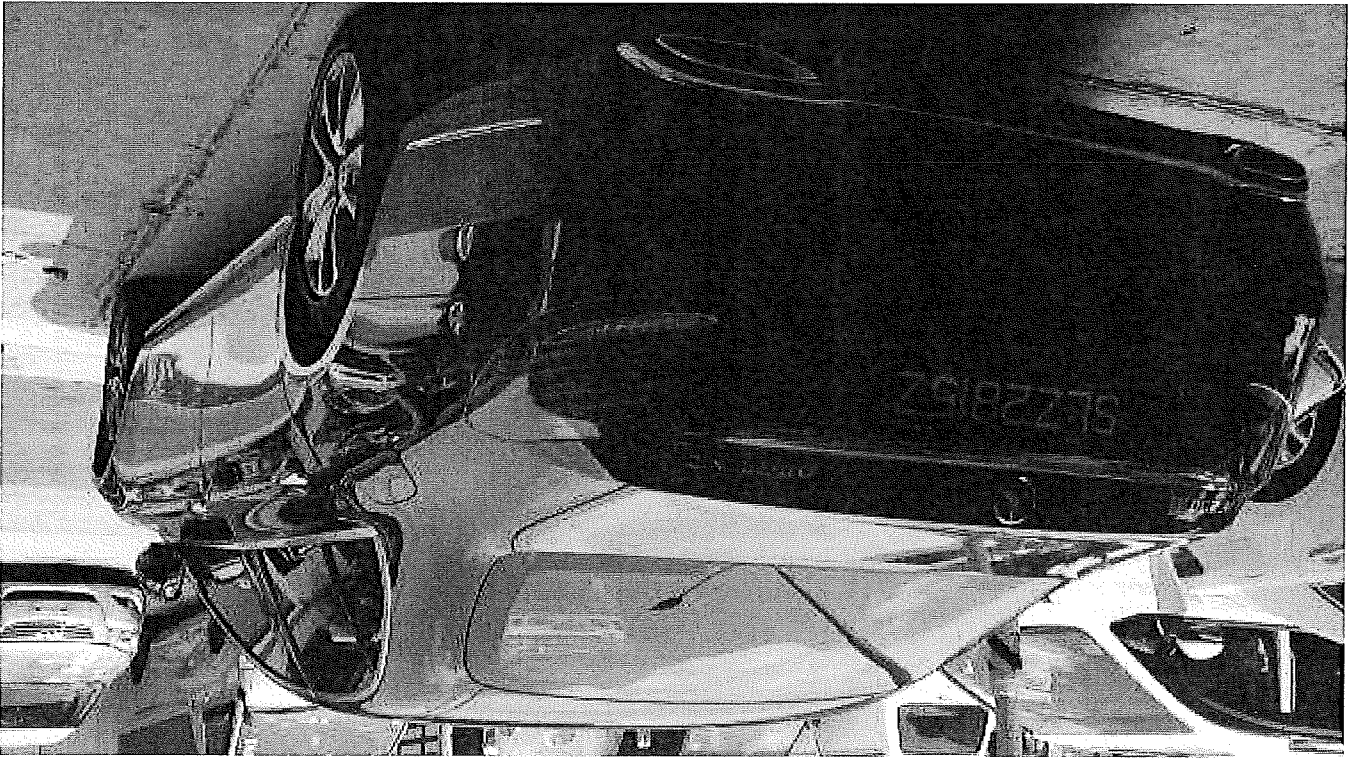
CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Road Transport Act, 1987 (Malaysia)
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Road Transport Act, 1987 (Malaysia)

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co Reg No: 200200041E

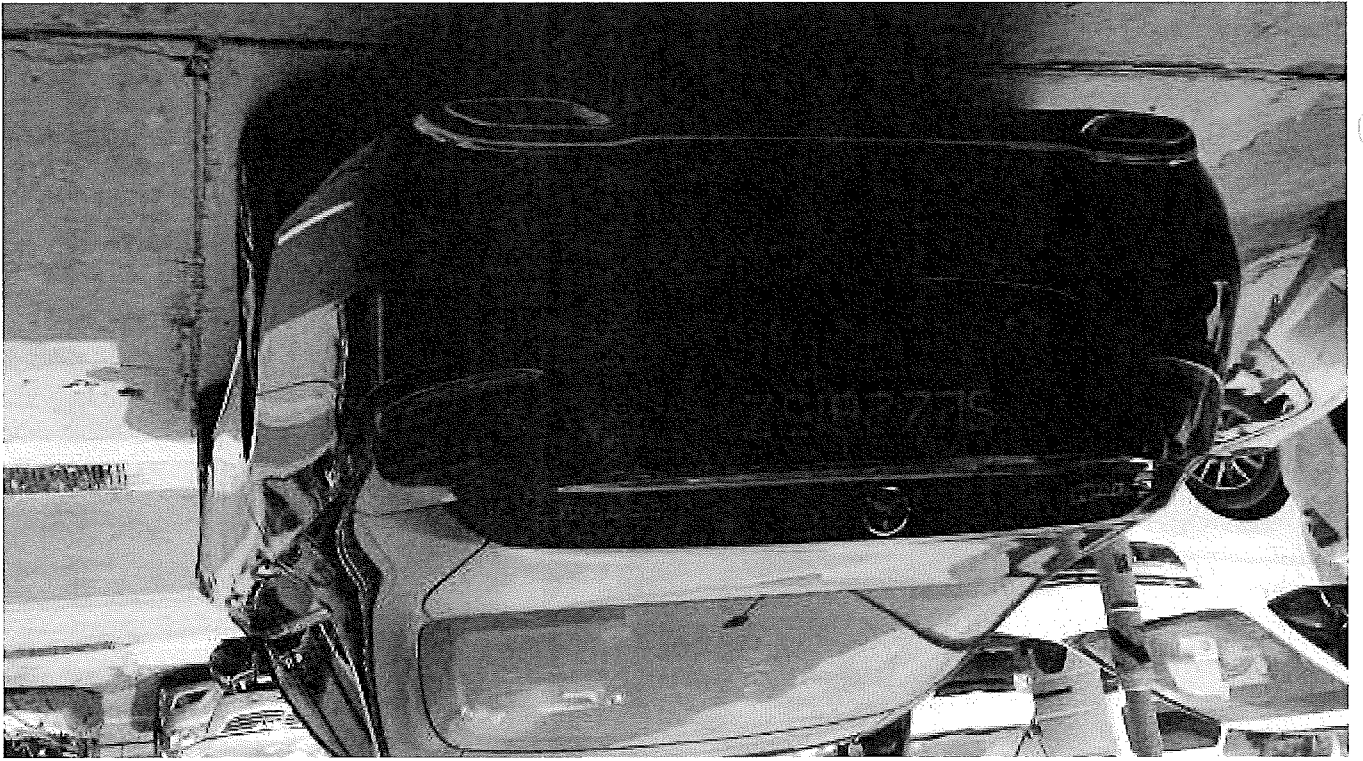
MOTOR PRIVATE CAR



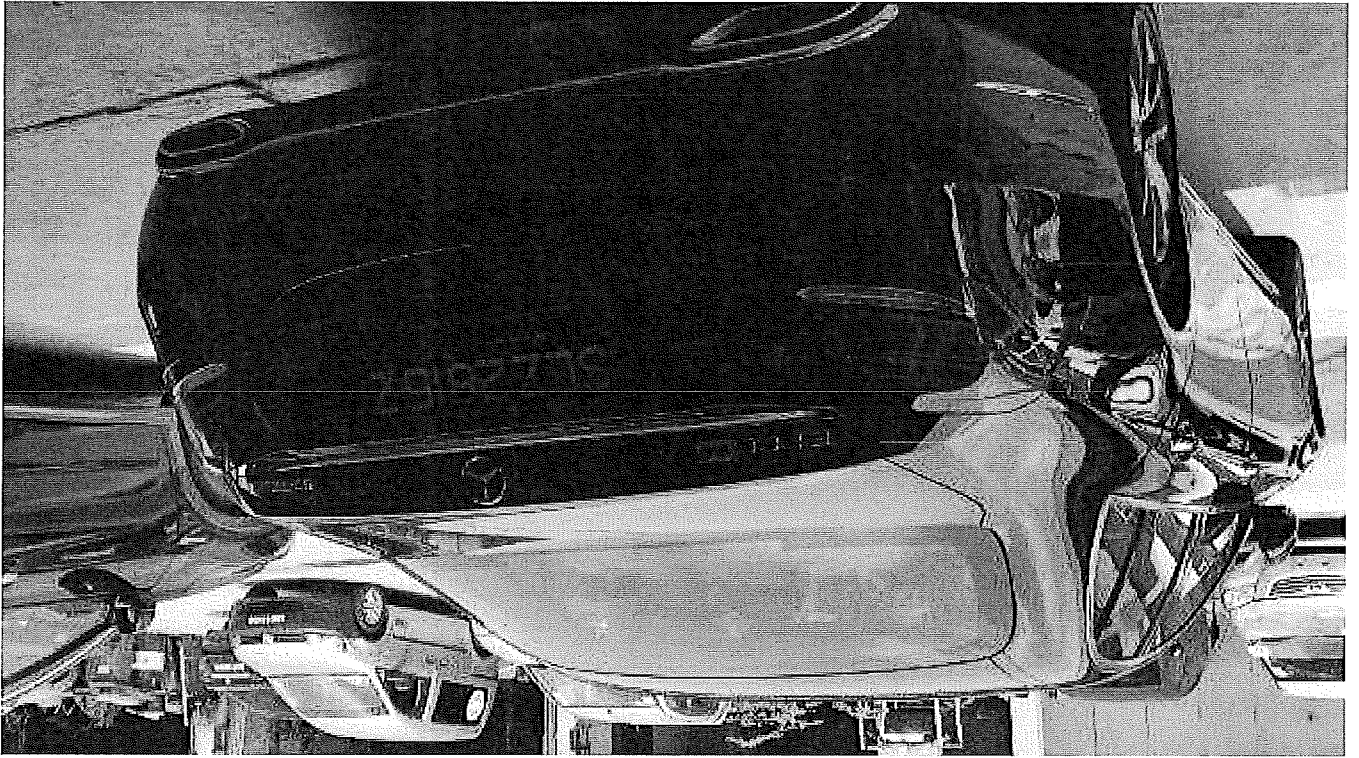
CERTIFICATE OF INSURANCE



Accident Photo



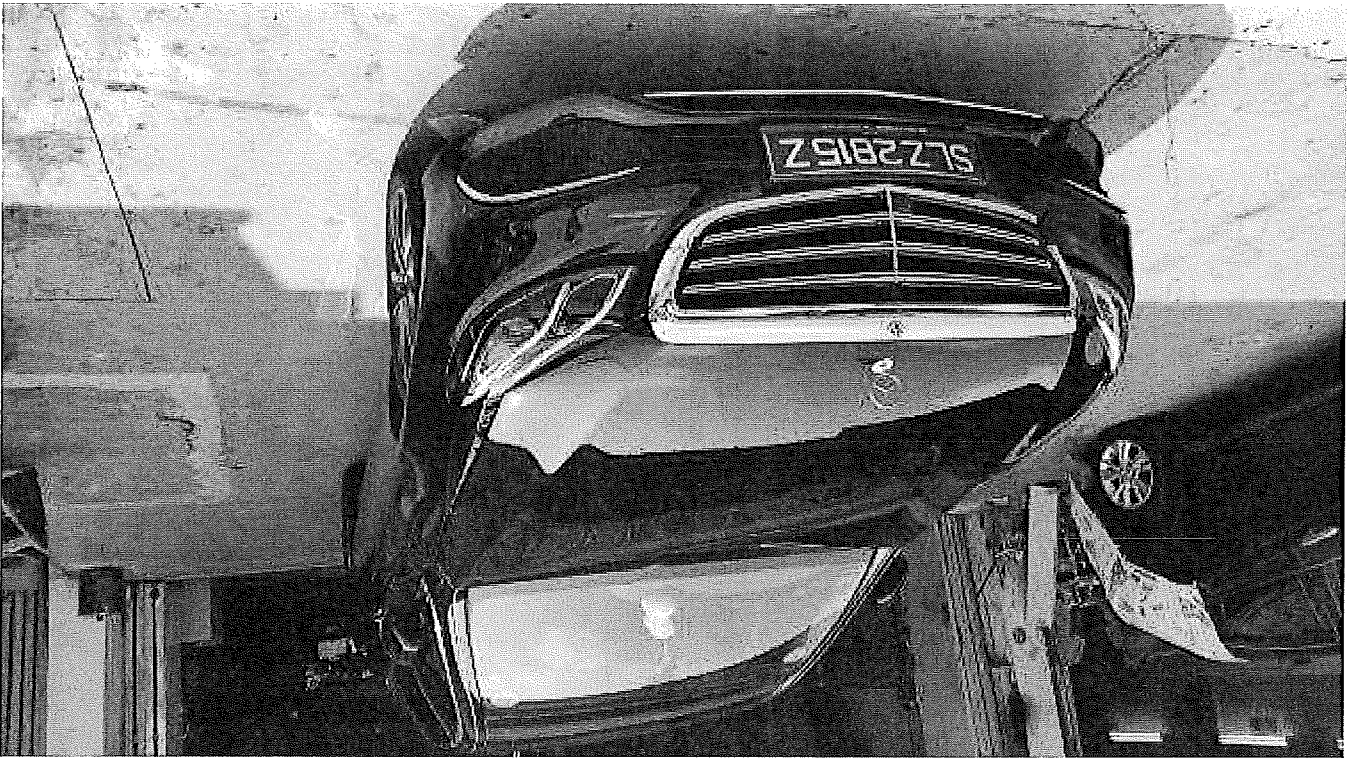
Accident Photo



Accident Photo



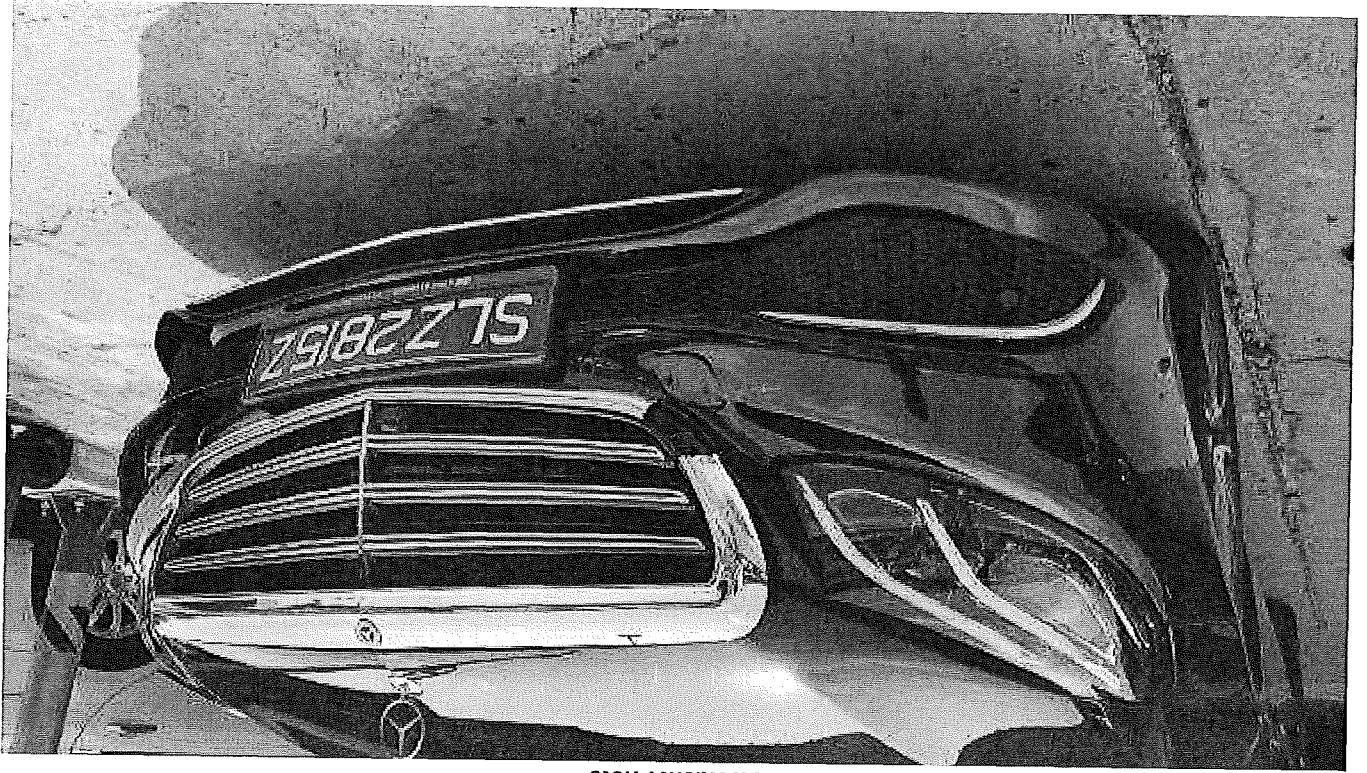
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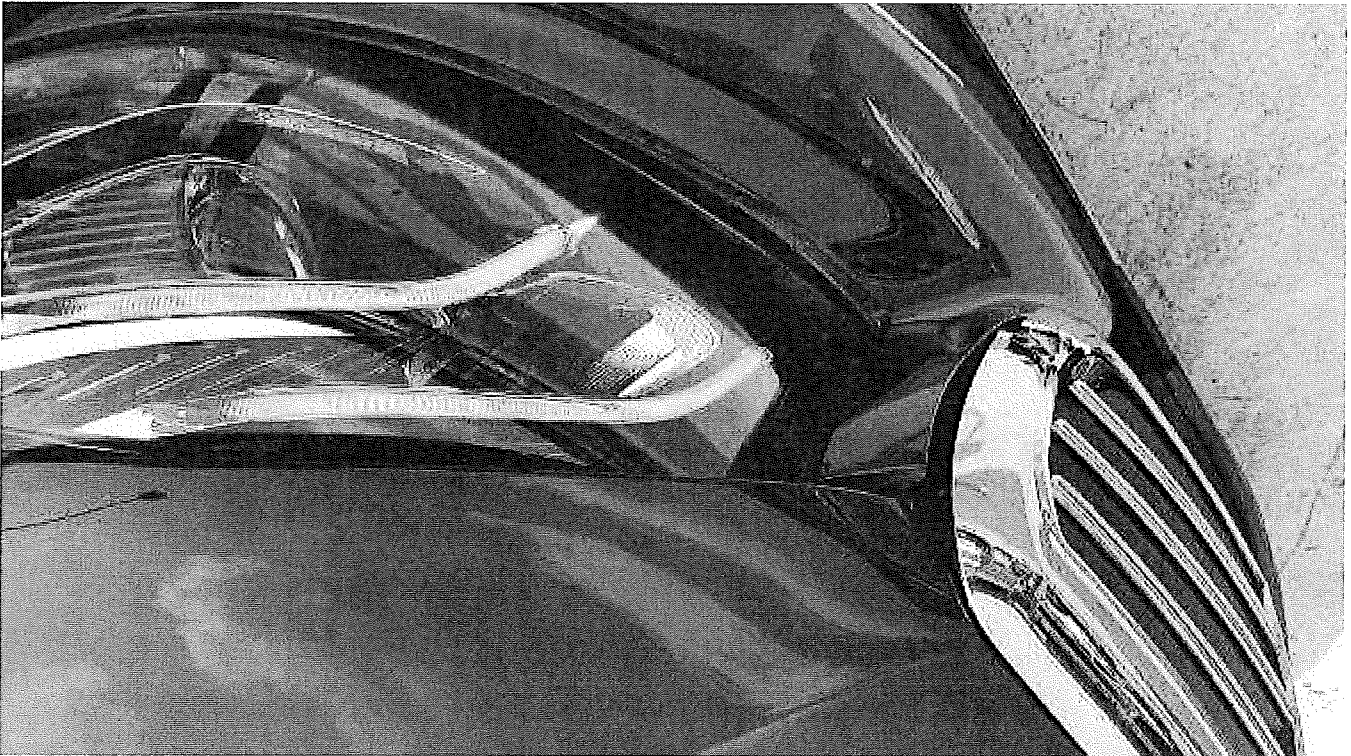
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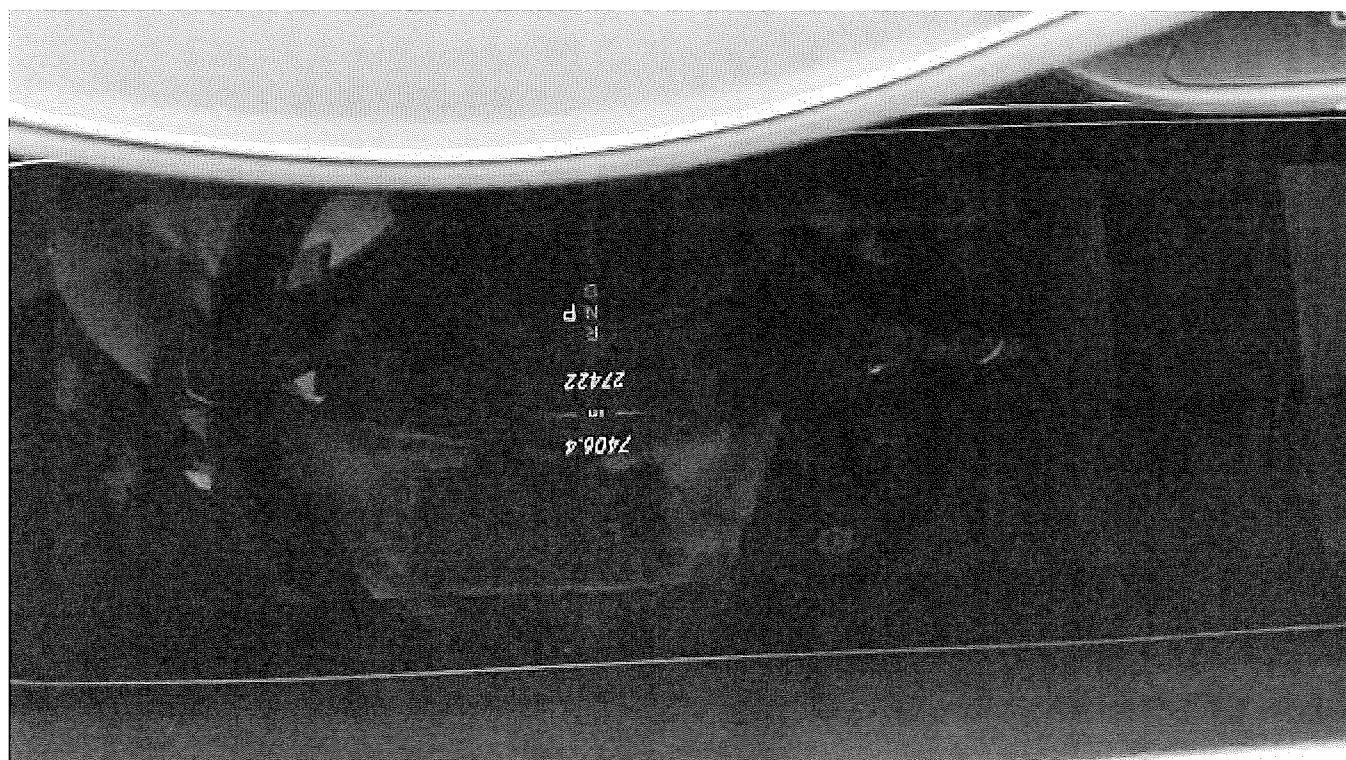
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SCENE PHOTO



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