### 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.

ACCIDE	NT STA	TEMENT
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 Date Of Report
 07/11/2019 11:50

 Date Of Accident
 06/11/2019 11:25

Exact Location Of Accident OPEN SPACE CAPARK BLK 22 ST GEORGE'S RD LOT 127

Country/State of Loss SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SML3282R

Insured/Policyholder

Name Of Registered Owner TEO CHIN CHAI (ZHANG JINCAI)

NRIC No S8133107C

Email Address KELVINTEOCC@GMAIL.COM

Mobile Phone No (LOCAL) +65-90686133
Alternative Phone No OTHERS-90686133

Vehicle Particulars

Manufacturer BMW Model 5231 A

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?

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 DMPCSN3041191900

Cover Note Number

Driver

Name of Driver TEO CHIN CHAI (ZHANG JINCAI)

 NRIC No
 \$8133107C

 Date Of Birth
 21/10/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/01/2003

Driving Experience 16 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90686133

Fax Number

Contact Number OTHERS-90686133

EMail Address KELVINTEOCC@GMAIL.COM

Address

BLK 22 ST. GEORGE'S ROAD

#11-184

Postcode

321022

OWNER

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

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)

0

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

KOLAM AYER NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 72 GEYLANG BAHRU #01-3038, POSTCODE: 330072,

**COUNTRY: SINGAPORE** 

Police Station Contact

TEL NO: 1800-2969999 - FAX NO: 62937659

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20191106/2104.

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

SJT7332Y

Vehicle Make/Model/Colour

BMW 3251

**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 Pg. 1

#### 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.
- 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)

Lunderstand, 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

-7 NOV 2019

11-50 du

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

Name:

NRIC/FIN No.: Poh Kwee Choo

SVETCH DLAN		
SKETCH PLAN  SML3282R		6/1/2019 1/2 tam
B-52773327	TAK 22 1	112 Tam
	B 15	
DESCRIBE CIRCUMSTANCES OF THE AC	CIDENT	
	20rt = T/20191106/3	2/2/
1000 1000010	20171106/	2154
	T	
		×
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6		
DECLARATION.		
I/We declare the foregoing particulars are tru	ue in every respect.	~

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

Date & Time:

Policyholder's Signature Date & Time:

-7 NOV 2019

Page 5 of 14

Reporting Centre Personnel's Signature Name: NRIC/FIN No.Poh Kwee Choo

## POLICE REPORT Pg. 1





Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072 Tel No: 1800-2969999

1 of 3 Report No. T/20191106/2104

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Date/Time Report Made: 06/11/2019 16:01			Vide Report No.: A/20191106/0059	Station Diary No.: 25			
Informa	nt's Partic	ulars					
1 1001110	f Informant: IIN CHAI		Address: APT BLK 22 ST. GEORGE'S 321022	ROAD #11-184 SINGAPORE			
ID Type / ID No.: NRIC NO / S8133107C			Contact No.: Home/Office: Mobile: 90686133				
National SINGAP	ity: ORE CITIZ	ŒN	Email:				
Sex: Male	Age:	Date of Birth: 21/10/1981	Type of Informant: Driver				
Race: Chinese			Language: Institution / School Name: English Driving Licence Information: Class: 3 Date of Expiry:				
Occupation: PROPERTY AGENT							

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/11/2019 11:25	Type of Location: Car Park	
Location: Along Road 1 SAINT GEOF		Lot No. 127			
Weather:	Beorge's Road OSCF,	Road Surface:	F	Road Speed Limit:	
Sunny Dry			2	20 Km/h	
Traffic Flow: Traffic Control:				raffic Volume:	
Two Way Not Controlled			No Traffic		
Type of Collis Moving Vehic	sion: sle Against - Parked Ve	8	Anyone conveyed by ambulance:		

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT7332Y	Car	BMW	325I COUPE XL	White	Slightly Damaged	0
SML3282R	Car	BMW	523I A	Black	Slightly Damaged	0

Details of ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML3282R	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSN30411919 00	03/06/2019	02/06/2020

## POLICE REPORT Pg. 2



Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

2 of 3 Report No. T/20191106/2104

Tel No: 1800-2969999

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No					•
No. of Pedestriar	s Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver	Secretary of the second			17.6 King 4 S.6 19.0 S.6 S.		
Name	TEO CHIN CHAI	(2)		ID No	•	S8133107C
Related Vehicle	SML3282R (Car)				Contact No. 90686133	
Hospital/Clinic	NIL		Class Drivin Licend Expin	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date D			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

On the 06/11/2019 at around 1000hrs, I drove my vehicle bearing licence plate no. SML3282R as I went to send my daughter to school. I then parked my vehicle at Blk 22 Saint Geroge's Road OSCP, Lot No. 127. I then went home. At around 1133hrs, my wife was walking towards my vehicle and saw that there were Police at my vehicle. As such, she gave me a call. There was a vehicle bearing licence plate no. SJT7332Y that collided onto the front right side of my vehicle. My vehicle suffered a slightly dislodged front bumper, broken right head light and dents in the bumper. The driver that collided into my vehicle had already left the scene. His car was still at scene.

As such, I am lodging this report as instructed by the Traffic Police. That is all.

## POLICE REPORT Pg. 3





Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE Tel No: 1800-2969999

3 of 3 Report No. T/20191106/2104

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: A / Sgt 2 GLENN CHEAH YONG QUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/11/2019 16:01
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp	J. L.

PRIVATE CAR

# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD

COMPREHENSIVE

## 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)

3	-	0	 -	-		
Ü	E	K	1	CA	TE	No

Engine No : 10407692N52B25AF Chassis No: WBAFF32030C864394

1. Index Mark and Registration Number of Vehicle

SML3282F

2. Name of Policy Holder

MP TEO CHIN CHAI (ZHANG JINCAI)

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

(16:11 HOURS) 02 JUHE 2020

IN ADDITION TO NAMED DRIVERS EX:

EX SECT. I - AGE <= 25......\$\$3,000.00

AGE AS AT DATE OF ACCIDENT

- 4. Date of Expiry of Insurance
- 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 OF 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: \*

Countersigned By

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) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

\*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 Officer

Authorised Signatory