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#### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

EMail Address

- 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</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.

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

AND AND PARTY OF THE PARTY OF THE PARTY.	ACCIDENT STATEMENT			
Date Of Report	28/11/2019 14:01			
Date Of Accident	28/11/2019 11:40			
Exact Location Of Accident	KEPPEL RD			
Country/State of Loss	SINGAPORE			
	ETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKZ812G			
Insured/Policyholder				
Name Of Registered Owner	LAW LAI PENG			
NRIC No	S7527072J			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-90211033			
Alternative Phone No	OFFICE-90211033			
Vehicle Particulars				
Manufacturer	MERCEDES-BENZ			
Model	\$300L			
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	DMPCSN3023141903			
Cover Note Number				
Driver				
Name of Driver	LAW LAI PENG			
NRIC No	S7527072J			
Date Of Birth	16/09/1975			
Occupation	INDOOR			
Date Of Driving Pass	25/08/2011			
Driving Experience	8 YEARS AND 3 MONTHS			
Gender	FEMALE			
Mobile Number	(LOCAL) +65-90211033			
Fax Number	1924 TW 86 (1934 Sept 1936 Sept 1936 Sept 1937 Sept 1936 Sept 1937			
Contact Number	OFFICE-90211033			

NOEMAIL

Address 10 LORONG SALLEH

Postcode 416761

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

-

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

involved in the accident

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

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)

2

Passenger 1

NAME: : LIM KIM CHAM

GENDER: : FEMALE

**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

I WAS TRAVELLING ALONG KEPPEL RD ON THE CENTER LANE OF 3 LANE ROAD. I WAS DRIVING ON MY LANE AND SUDDENLY I FELT AN IMPACT FROM MY LEFT HAND SIDE, AFTER THE INCIDENT, I REALIZED THE TOW TRUCK (BEARING NO YJ7156P) TOWING A TRUCK WITH CRANE (BEARING NO LM312929E) DRIVE FROM BEHIND DRIVING PASS MY LEFT LANE AND THE TRUCK WITH THE CRANE (LM312929E) BEING BIGGER HIT ONTO MY VEH LEFT HAND SIDE WHEN HE TRYING TO DRIVE PASS ME.

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 YJ7156P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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.
- 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:

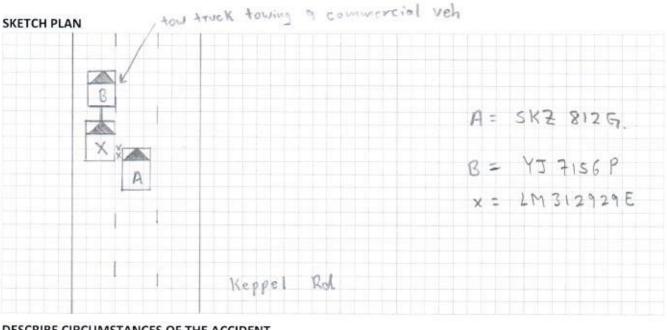
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



Please	Refer	+0	statement
			ſ

DECLARATION

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

Policyholden Spanature Date & Time

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co Red No 2002/38384E

MX1E R SN AN0055A Cov.Type: C

## MOTOR PRIVATE CAR

Servicing Agent: Cowell Insurance Agency Pte Ltd | tel. 6339 2592 Trivex @ 8 Burn Road #09-09

contactus@cowell.com.sg

#### CERTIFICATE OF INSURANCE

otor Vehicles (Thise-Party Risks and Coirpensation) Act (Chapter 189) Motor Vehicles (Thire-Party Risks and Compensation) Rules 1960 Road Transport Act, 1907 (Malaysia) Motor Vehicles (Third-Party Risks) Rules 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMPCSN3023141903

Engine No :27294631998079 ChaNo: wDD2211542A455361

1. Index Mark and Registration Number of Vehicle

4. Date of Expiry of Insurance

SKZ812G

AUTOSAFE

2. Name of Policy Holder

LAW LAT PENG

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

14 March 2019

Named Drivers Ex Sect. I ......... 5\$1,500.00

Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25...... S\$3,000.00

13 March 2020

Ex Sect. I - Age >= 26...... 5\$500.00

" Age as at date of accident

- 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 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) 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.

HIRE PURCHASE CO. : SING INVESTMENTS & FINANCE LTD AS HP OWNER

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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.

Issued By: \_\_\_\_\_COWELL\_INSURANCE\_(AGENCY) PTE\_LTD Authorised Officer

Authorised Signatory