

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	29/11/2019 14:59
Date Of Accident	29/11/2019 11:15
Exact Location Of Accident	PIE TOWARDS JALAN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3661R
Insured/Policyholder	
Name Of Registered Owner	MOK YEW CHEONG
NRIC No	S1264607J
Email Address	MOKYC57@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96409813
Alternative Phone No	OFFICE-96409813

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.6 (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	DMPCSN3072051902
Cover Note Number	

Driver

Name of Driver	MOK YEW CHEONG
NRIC No	S1264607J
Date Of Birth	07/06/1957
Occupation	INDOOR
Date Of Driving Pass	04/10/1979
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96409813
Fax Number	
Contact Number	OFFICE-96409813
E Mail Address	MOKYC57@GMAIL.COM

Address	BLK 396 TAMPINES AVE 7 #07-293
Postcode	520396
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	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)	2
Passenger 1	NAME: : TAN CHWEE HOON 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

AS PER SKETCH PLAN ATTACHED.

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	SHD1871E
Vehicle Make/Model/Colour	TAXI SILVER COLOUR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAU KOK WEI
NRIC/Passport Number	S7529527H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

Sketch Plan Pg. 1

SKETCH PLAN

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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.

[Handwritten Signature]
29/11/15
2:35 PM

Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name: *Sally*
NRIC/FIN No.: *1842*

INSURED INSURANCE SCHEDULE 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 079809
 Tel: 6398 6111 Fax: 6222 1033
 Website: www.sg.cntaiping.com
 Co. Reg. No. 200208384E

ORIGINAL THE SCHEDULE

Agency	AN0006A	Class of Policy	MOTOR PRIVATE CAR	Policy Number DMPCSN3072051902
Account	AN0006A	Issued on	18/06/2019 in SINGAPORE	Replacing Policy no.	DMPCSN3072051801
Client	3215846	Acceptance Date	18/06/2019		

Period of Insurance from 17/07/2019 to 16/07/2020 , both dates inclusive

Insured's Name....	MOK YEW CHEONG
Address.	BLK 396 TAMPINES AVENUE 7 #07-293 SINGAPORE 520396

Business/Occupn... ENGINEER

Premium	Base Annual Premium	\$S2,395.00		
	Less 10% Loyalty Discount	\$S239.50-		
	Less 20% Autosafe Scheme	\$S431.10-		
	No Claim Discount50.00%	\$S862.20-		
	Total Annual Premium	\$S862.20	Premium Due	\$S862.20
			Premium GST	\$S60.35
			Total Due	\$S922.55

 * WEF 02.01.2019, THERE WILL BE NO REFUND FOR CANCELLATION IF THERE *
 * IS A WINDSCREEN CLAIM DURING THE POLICY PERIOD. *

Risk No. 001	MOTOR PRIVATE CAR			
	ORIGINAL REGISTRATION DATE:	17-07-2014		
1. Registration	SLQ3661R	Make/Model ..	TOYOTA COROLLA ALTIS 1.6 VVT-I (A)	
Type of Cover	Comprehensive	No. of seats	5	Body Type SALOON
Engine No. ..	1ZRK424158	Capacity cc's	1598	Yr of Manuf/Regn 2014/2014
Chassis No...	MR053REH104510705			Certificate Ref. MX1F
Sum Insured..	Market value at the time of loss			
Named Drivers Ex Sect. I		\$S500.00		
Additional Ex Other than Named Drivers:				
Ex Sect. I - Age <= 25.....		\$S3,000.00		
Ex Sect. I - Age >= 26.....		\$S500.00		
* Age as at date of accident				
EX ON WINDSCREEN		\$S100.00		
Named Drivers THE INSURED				

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).
 AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Continued on page 2

SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH



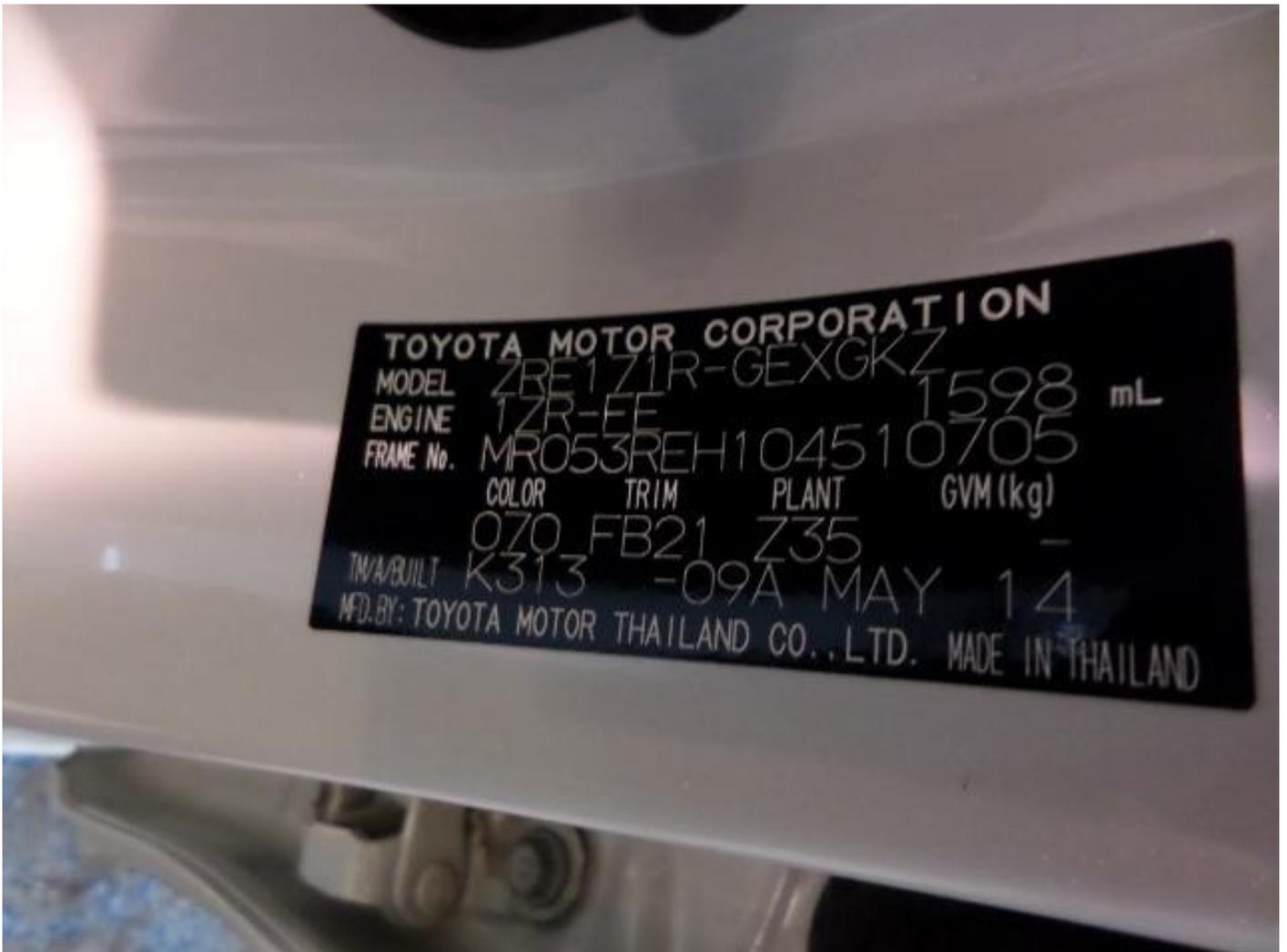
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