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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	02/01/2020 14:59
Date Of Accident	01/01/2020 00:45
Exact Location Of Accident	ALONG SHEARES AVE ON BENJAMIN SHEARES BRIDGE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD5670G
Insured/Policyholder	
Name Of Registered Owner	MR JASON TAN CHEE WEI (CHEN ZHIWEI)
NRIC No	S7635493F
Email Address	TCWJASON@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96259697
Alternative Phone No	OFFICE-96259697
Vehicle Particulars	
Manufacturer	AUDI
Model	A6-2.0 TFSI MU (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?	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	DMPCSN3024921906
Cover Note Number	
Driver	

Name of Driver MR JASON TAN CHEE WEI (CHEN ZHIWEI)

NRIC No S7635493F
Date Of Birth 30/10/1976
Occupation INDOOR
Date Of Driving Pass 06/10/1994

Driving Experience 25 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96259697

Fax Number

Contact Number OFFICE-96259697

EMail Address TCWJASON@SINGNET.COM.SG

Address 73, LORONG 40 GEYLANG #01-60

Postcode

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 ON COLLISION**

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?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s)

Number of Passengers (Including Driver)

soliciting/offering accident claims assistance.

2

Passenger 1

NAME: : LOH SHULONG

GENDER: : MALE

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?

If Yes, against whom?

NO

Circumstances of Accident

AS PER SKETCH PLAN ATTACHED.

Attachment(s)

Are accident photos available for attachment?

Was there any audio recorded?

YES

Was there any video captured by Car Camera? YES

NO

2

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA4543Z

TAXI BLUE COLOUR Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **TAXI**

LIU SIWEI Name of Driver NRIC/Passport Number S8334685Z **Contact Number** 87513385

Address

Postcode

Insurance Company Name

FRONT Nature Of Damage

No. Of Passenger (Including Driver)

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SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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. 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:

- 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)
 - (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
- 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.
- 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: 02/01/2020

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

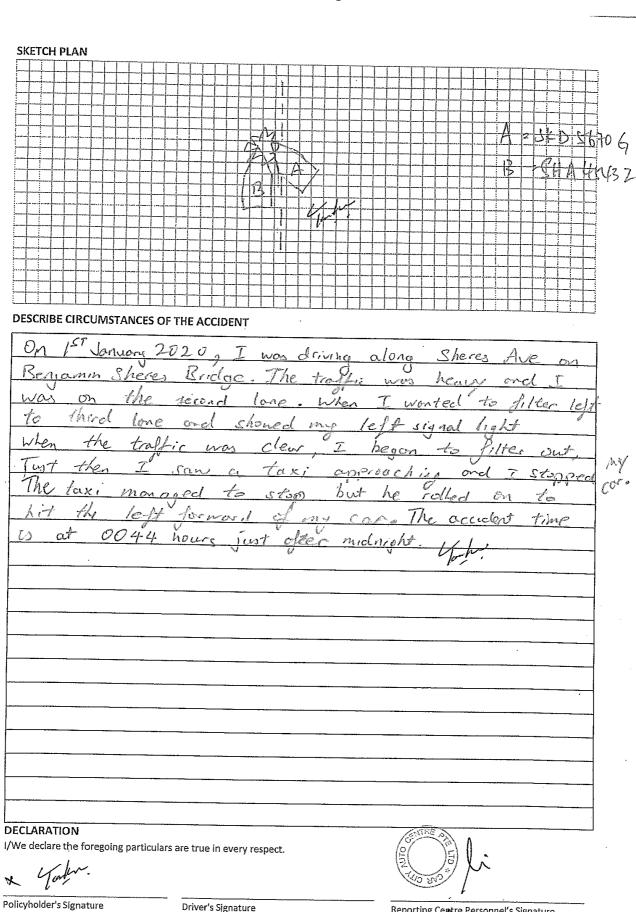
Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

GIARMC SketchPlanForm_V3

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Date & Time: 02/01/2020

GIARMC SketchPlanForm_V3 2:20pm

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

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 079909 Tel: 6399 5111 Fax: 5222 1033 Website: www.sg.cntalping.com Co. Reg. No. 200208384E

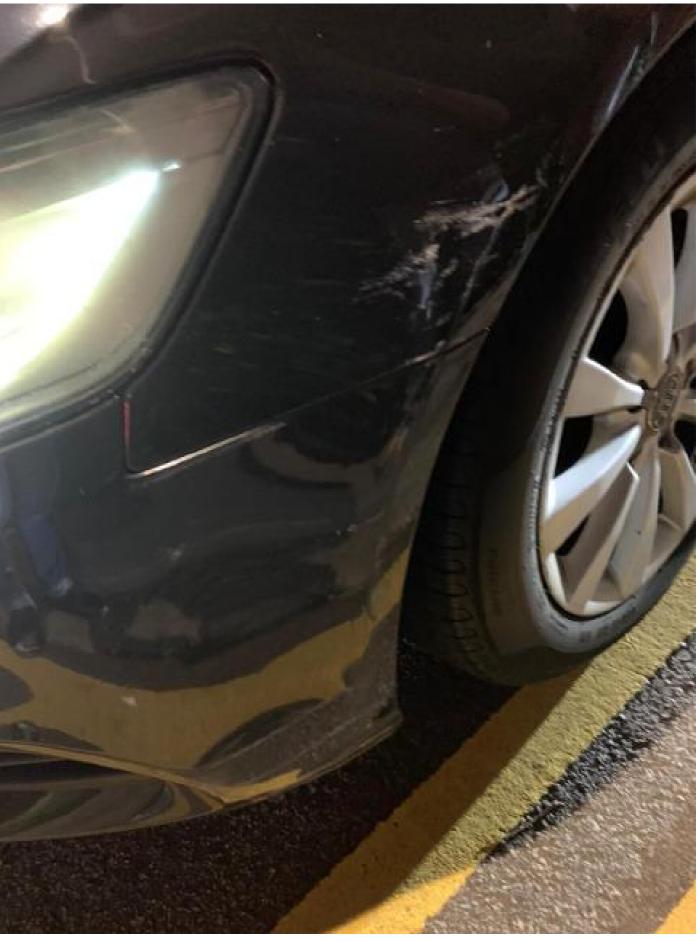
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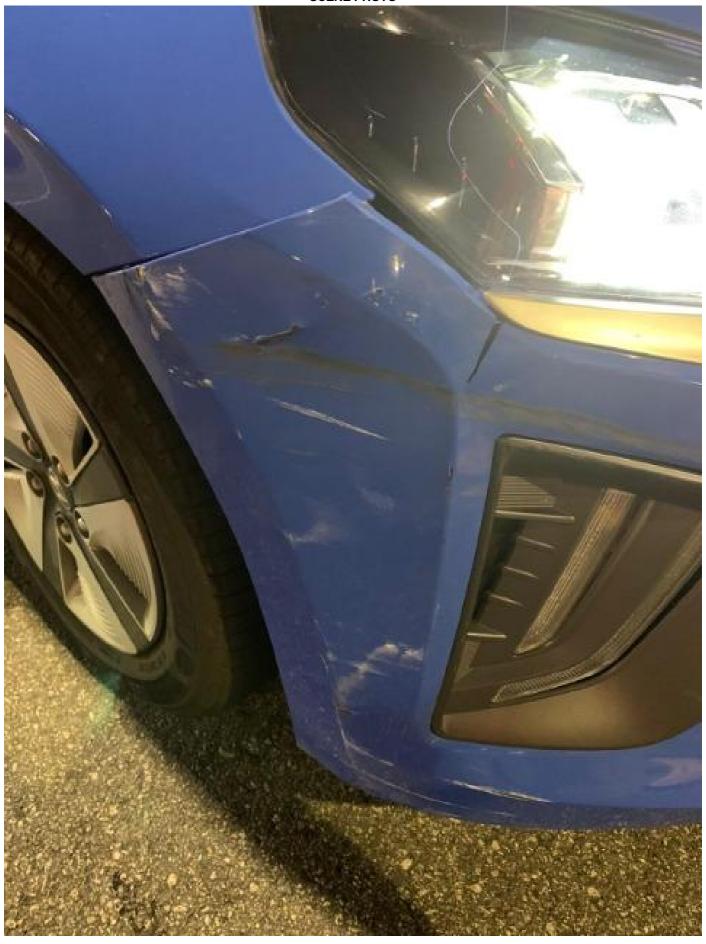
				THE SCHEDUI	LE .		
Agency	ANOOO6A	Class of Policy	MOTOR PRIVE	ATE CAR		Policy Number	DMBCCM303403403
	AN0006A	Issued on	03/06/2019	in SINGAPORE		Replacing Policy no.	DMDCGM3024921906
Client	3140550	Acceptance Date	03/06/2019	•			DUEC2N2024921802
Period o	f Insuranc	ce from 14/06/2019	to 13/06/20	020 , both dat	es inclusive		
insured'.	s Name		MR JASON T	AN CHEE WEI			
			(CHEN ZHIWE	EI)			
	Address.		73 GEYLANG	LORONG 40			
		•	#01-60				
			THE WATERIN	IA.			
			SINGAPORE 3	98089			
		HARBOUR PILOT					
financia	l interest	STANDARD CHARTERS	ED BANK(S)LI	MITED AS HP O	WNER		
Premium .		Base Annual Premi	.um		S\$2,557	7 60	
	•	Less 20% Loyalty			S\$511		
		No Claim Discount			S\$1,023		
		Incentive Discour				15-	
		Total Annual Pres			=		
					S\$971		S\$971.8
						Premium GST	S\$68.0
						Total Due	S\$1,039.9
				*****	******	++++	
*****	*****	*******	******				
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wer 0 ****** isk No. 1. Regi Type Engi Chas	2.01.2019 IS: ********* 001 stration of Cover ne No sis No	, THERE WILL BE NO A WINDSCREEN CLAIM ************* MOTOR PRIVATE CAR ORIGINAL REGISTRA SKD5670G Comprehensive CDN180715 WAUZZZ4G1CN021212	REFUND FOR	CANCELLATION POLICY PERIOD ************************************	IF THERE AUDI A6	* * * ***** 2.0T FSI MU Body Type	n 2011/2011
WEF 0 ******* isk No. 1. Regi Type Engi Chas Sum	2.01.2019	, THERE WILL BE NO A WINDSCREEN CLAIM ************************************	REFUND FOR DURING THE ********** TION DATE:	CANCELLATION POLICY PERIOD ************************************	IF THERE D. ********** AUDI A6 5 1984	* * * ***** 2.0T FSI MU Body Type Yr of Manuf/Reg	n 2011/2011
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wer () ******* isk No. 1. Regi Type Engi Chas Sum Name Addi Ex So	2.01.2019 IS: ********* 001 stration of Cover ne No sis No Insured . N d Drivers tional Ex	THERE WILL BE NO A WINDSCREEN CLAIM *********************** MOTOR PRIVATE CAR ORIGINAL REGISTRA SKD5670G Comprehensive CDN180715 WAUZZZ4G1CN021212 Market value at the Ex Sect. I Other than Named I	REFUND FOR DURING THE *********** TION DATE : c time of lo	CANCELLATION POLICY PERIOD ************************************	IF THERE D. *********** AUDI A6 5 1984 \$\$750.00	* * * ***** 2.0T FSI MU Body Type Yr of Manuf/Reg	n 2011/2011
isk No. 1. Regil Type Engil Chas Sum Name Addil Ex So	2.01.2019 IS: ********* 001 stration of Cover ne No sis No Insured d Drivers tional Ex ect. I - #	THERE WILL BE NO A WINDSCREEN CLAIM ************************ MOTOR PRIVATE CAR ORIGINAL REGISTRA SKD5670G Comprehensive CDN180715 WAUZZZ4G1CN021212 Market value at the Ex Sect. I Other than Named I Age <= 25 Age >= 26	REFUND FOR DURING THE *********** TION DATE : c time of lo	CANCELLATION POLICY PERIOD ************************************	IF THERE D. ************ AUDI A6 5 1984 \$\$\$750.00	* * * ***** 2.0T FSI MU Body Type Yr of Manuf/Reg	n 2011/2011
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The following clauses and endorsements apply to this policy Subject to Endts. 2, 25, 57, 72, N & W(\$2,000.-). ENDORSEMENT I - INEXPERIENCED UNNAMED DRIVERS EXCESS

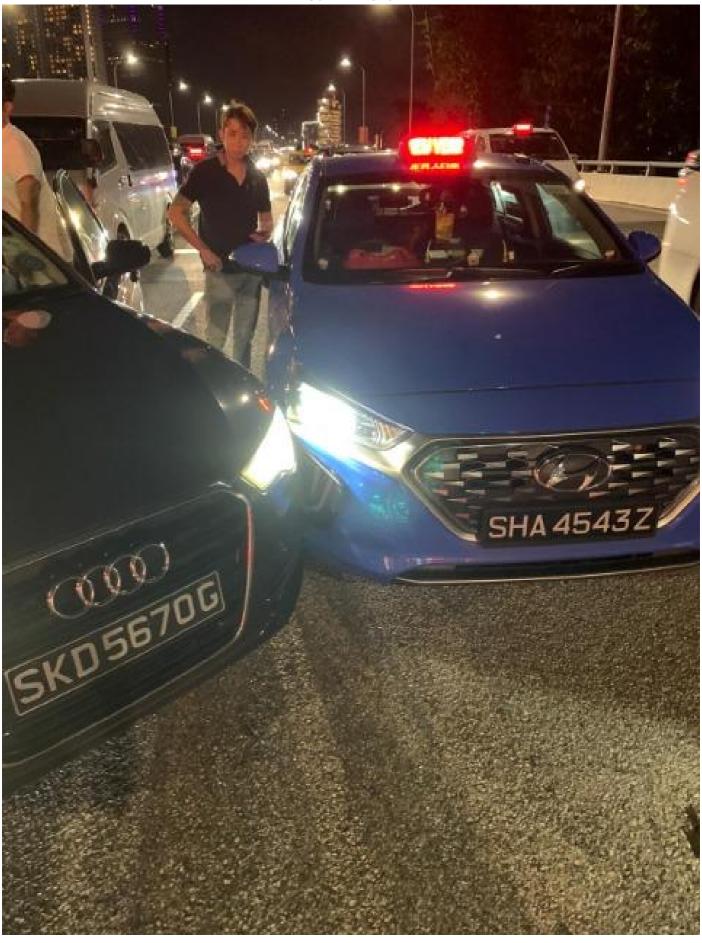
It is hereby understood and agreed that an excess of S\$3,500 shall apply for accident loss or damage for any unnamed Authorised Driver who possess a valid Singapore driving licence for less than 1 year

Continued on page 2











INSURED VEH CHASSIS NO

