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 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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	07/01/2020 12:29
Date Of Accident	07/01/2020 09:50
Exact Location Of Accident	ALONG PIE TWDS TUAS BEFORE BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBH8388M
Insured/Policyholder	
Name Of Registered Owner	NG BOON POH
NRIC No	S7611546Z
Email Address	ALEXNG@KIMSINGAPORE.COM.SG
Mobile Phone No	(LOCAL) +65-98731138
Alternative Phone No	OFFICE-98731138
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200-2.0 SEDAN EDITION E (R18 LED SR) (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

PRIVATE CAR Vehicle Category

Insurance Company

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number DMPCAN30248119000

Cover Note Number

Driver

Name of Driver TAN SIO HUNG NRIC No S7637357D Date Of Birth 16/11/1976 Occupation **INDOOR Date Of Driving Pass** 03/08/2006

Driving Experience 13 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91172978

Fax Number

Contact Number

EMail Address DIANE TAN@KIMSINGAPORE.COM.SG Address 94 ELIAS ROAD #05-46

Postcode 519952

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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?

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

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 SLX6520H

Vehicle Make/Model/Colour TOYOTA PRIUS BLACK COLOUR

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver TAN KIM CHENG

NRIC/Passport Number S1769636Z Contact Number 93293725

Address BLK 295 TAMPINES ST 22 #12-512

Postcode 520295

Insurance Company Name

Nature Of Damage REAR
No. Of Passenger (Including Driver) 2

SKETCH PLAN

IMPORTANT NOTICE

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- 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:

- (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)
 - (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")
- 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.
- 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

ococ abl F

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & T

Driver's Signature

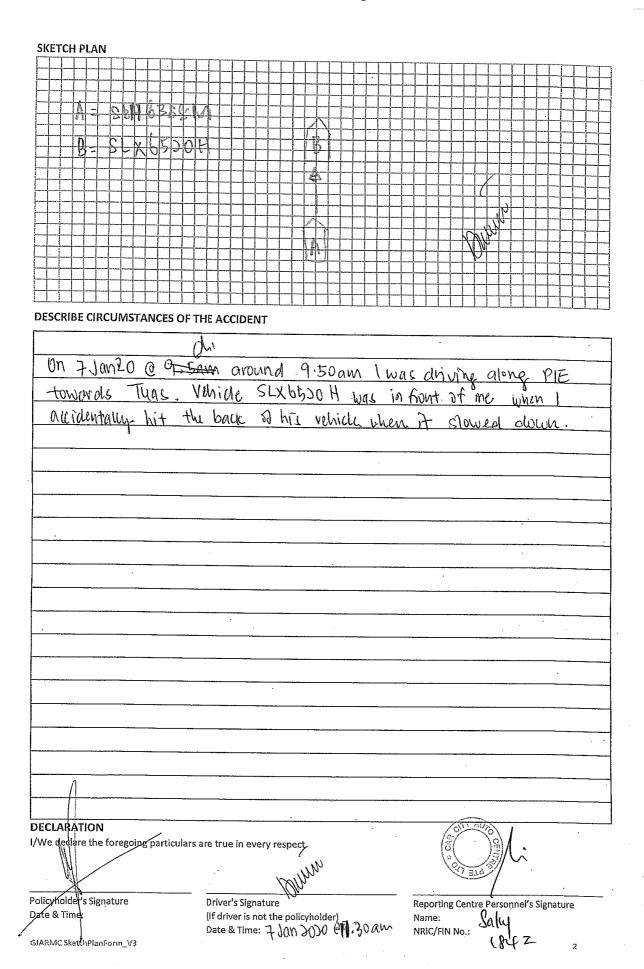
(If driver is not the policyholder)

Date & Time: 7 1 My 2020 @ 11-30 am

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

GIARMC SketchPlanForm V3



INSURED CI Pg. 1



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

SN

CERTIFICATE OF INSURANCE

AN0420A

olor 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)

Cov. Type;C

CERTIFICATE No.

DMPCSN30248119000

Engine No.: 27492030469424

Cha. No.:WDD2120342B242428

 Index Mark and Registration Number of Vehicle

SBH8388M

AUTOSAFE

Name of Policy Holder

NG BOON POH

Named Drivers Ex Sect. I

(S\$750.00

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

03/04/2020

Additional Ex Other than Named Drivers: Ex Sect. 1 - Age <= 25

\$\$3,000.00

4. Date of Expiry of Insurance

28/06/2020

Ex Sect, I - Age >= 26 (

\$\$500.00

* Age as at date of accident EX ON WINDSCREEN .

\$\$100.00

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, Ose for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward futition 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 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.

Issued By: Lim Lee Choo Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) ★3 Anson Road #16-00 Springleaf Tower Singapore 079909

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@6222 1033

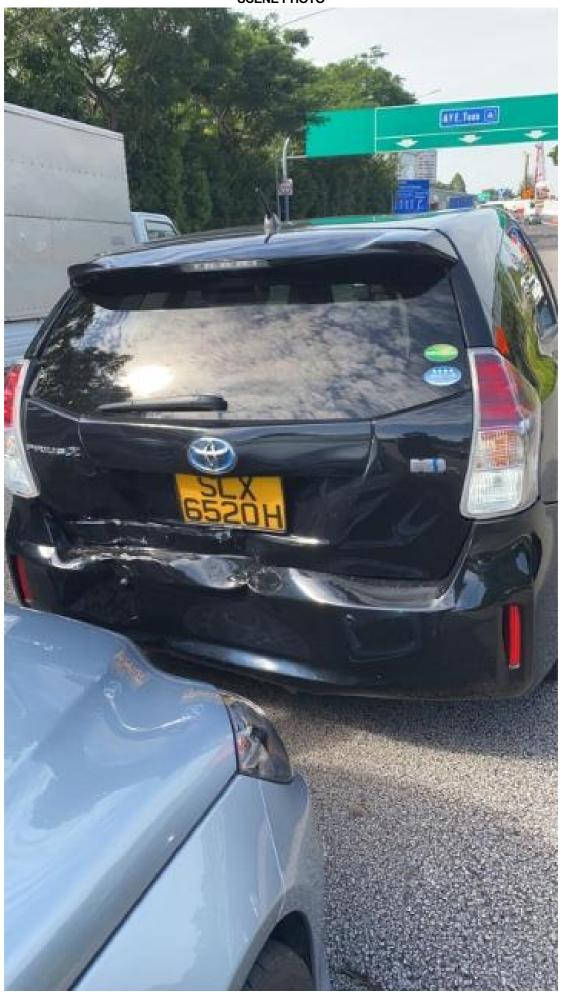
www.sq.cntaiping.com



SCENE PHOTO - INSURED VEH



SCENE PHOTO



SCENE PHOTO - TP VEH





INSURED VEH - CHASSIS NO



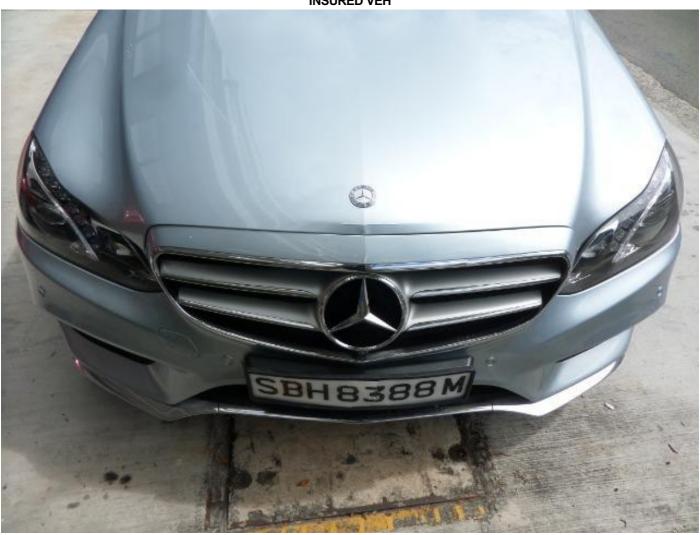


















Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE:</u> Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No: MCCA 2000 2314 Vehicle Registration No: SGK 68647
	Name(as shown in NRIC): Mohaned Toukil Bin Mohaned Nova NRIC/FIN/Passport No: SXXXX094I
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address :Singapore()
	Contact (Tel) :Mobile No.: 97222176
	Email Address : zwaticke gnall.com.
	Date of Accident : 06/01/2000Time of Accident :0810 hm
	Place of Accident: Along Mandai Road Toward, BILG
	Date of Accident: 06/01/2020 Time of Accident: 0810 hm Place of Accident: Along Mandri Road Toward, BILE Insurance Company: Chira Triping lasure (3) 12/12 Hd
(B)	ADDITIONALINFORMATION / AMENDMENTS:
	I have made a report on the above mentioned accident and would like to include additional information or
	make the following amendments:
	Typo error: Vehicle B Nos.
	should be
	SLA9226J
	AR QUA
	Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name:
	NRIC/FIN No.: 7 B + 10 Date:
GIARI	AC addendumform_V3