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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.

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Date Of Report 13/01/2020 14:34
Date Of Accident 11/01/2020 16:55

Exact Location Of Accident SLE BKE EXIT WOODLANDS AVENUE 12

Country/State of Loss SINGAPORE

DET	AILS	OF C	י אאכ	VEH	CLE

Vehicle Registration Number SGG8688T

Insured/Policyholder

Name Of Registered Owner LIM TZE HSIEN
NRIC No SXXXX748J
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-97557657

 Alternative Phone No
 OTHERS-97557657

Vehicle Particulars

Manufacturer MITSUBISHI
Model LANCER EX-1.6 (A)

Exact Purpose for which vehicle was being used at private use time of accident

Are you claiming under your own insurance policy

NO

for repair to your vehicle?

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 DMPCSN3032571900

Cover Note Number

Driver

 Name of Driver
 LIM TZE HSIEN

 NRIC No
 SXXXX748J

 Date Of Birth
 03/01/1989

 Occupation
 INDOOR

 Date Of Driving Pass
 27/12/2013

Driving Experience 6 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97557657

Fax Number

Contact Number OTHERS-97557657

EMail Address NOEMAIL

Address

BLK 111 HO CHING ROAD

OWNER

Postcode

610111

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

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?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: FIONA LIM

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

PLEASE REFER TO SKETCH

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

COMMERCIAL VEHICLE

Vehicle Registration Number

GBG7895C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 16

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling stren	ight
on my rightful love. Vehicle infront of me itopped, I followed.	su, +
The accident hoppened on a downslope, When Im fully stopped	1.
Vehicle is suddenly but onto my stationary vehicle very portion	
	12-12-1
CLARATION	

DECLARATION

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

Policyholder's Signature Date & Time:

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

Name: NRIC/FIN No.: Email: <u>sm@idac.com.sg</u> Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 11/01/2020 (dd/mm/yy)	Time of Accident: 16:54 (24-HR-FORMAT)	
Vehicle No.: SGG 8688 T Vehicle Ma	ake & Model: MITSUBISHI LANCER EX 1.6	
Exact location of Accident: SLE BKE Exit W	Voodlands Ave 12	
Policyholder's Name / IC No. : Lim Tze Hs	sien S8972748J	
Driver's Name / IC No. : Lim Tze Hsien	\$89727481	
Driver's Contact No. : 9755 7657	7 Grant 1 Control 1 Contro	100
nontance Company:	Email address (if any):	
Relationship between Owner & Driver: Owne	r	
	or Others specify:	
What do you wish to claim? (Please TICK on	e only)	
Own Insurance / Other Vehicle (The one y	on want to claim against) / Reporting (For Record Purpose)	E
Exact purpose for which the vehicle Was being used at time of accident?		
Private use / Work purpose	Occupation (nature of job) Indoor/ Outdoor	
125 SEE 10 10 10 10 10 10 10 10 10 10 10 10 10	No. of Passengers (Including Driver): 02	
Passenger Name : Fions Lim Passenger Name :	Gender : Female Gender :	
Weather condition & Road conditions? (On the da		
Clear & Dry / Raining & Wet / After	-Rain & Wet / Drizzling & Wet / Others:	
Was there any video captured by your Car Camer	a? Yes / No	
Any Injuries: Yes / V No (If YES) Injured	d Person' Name:	
Injuries Sustain:	Injured Person in Which Vehicle:	
Police Report filed: Yes / V No (If YES)	Which Police Station:	-
The Ot	ther Party(s) Details:	
1. Driver's Name / IC No:	Vehicle No: GBG 7895 (С
Driver's Contact No:	_Insurance Company (If any):	
2. Driver's Name / IC No:	Vehicle No:	
Driver's Contact No:	Insurance Company of cases	
*Independent Witness (If Any):	Contact No:	
Preferred Workshop Name:	Contact No:	
*If no proper documents are produced, IDAC should not file the con-	Contact No:	

⁶If no proper documents are produced. IDAC should not file the report. Information will be discarded after one week.



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1F N SN AN0214A COMPREHENSIVE AUTOSAFE

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)

CERTIFICATE No. Engine No : 4A92CD1892 DMPCSN3032571900 Chassis No: JMYSRCY1AFU005772 Index Mark and Registration Number of Vehicle SGGB688T 2. Name of Policy Holder MR LIM TZE HSIEN 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 04 MAY 2019 NAMED DRIVERS EX SECT. IN ADDITION TO NAMED DRIVERS EX: Date of Expiry of Insurance 03 MAY 2020 5. Persons or Classes of Persons entitled to drive * * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN......S\$100.00

(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)

ONE TIME WAIVER OF EXCESS FOR THE FIRST \$\$500 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 CG. : MAYBANK 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.

Countersigned By:

Authorised Officer

Authorised Signatory

MAM