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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.
- 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 aforesaid.

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AND RESIDENCE OF THE PARTY OF THE PARTY.	ACCIDENT STATEMENT	
Date Of Report	16/01/2020 14:28	
Date Of Accident	13/01/2020 18:45	
Exact Location Of Accident	SIMEI RD	
Country/State of Loss	SINGAPORE	
Charles and a continue to the continue of	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJP6170A	
Insured/Policyholder		
Name Of Registered Owner	KO PENG CHON	
NRIC No	SXXXX388E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-93822368	
Alternative Phone No	OFFICE-93822368	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	ALLION	
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	REPORTING ONLY	
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	DMPCSN1511491904	
Cover Note Number		
Driver		
Name of Driver	KO PENG CHON	
NRIC No	SXXXX388E	
Data Of Birth	20/20/4044	

 Name of Driver
 KO PENG CHO

 NRIC No
 SXXXX388E

 Date Of Birth
 20/03/1944

 Occupation
 OUTDOOR

 Date Of Driving Pass
 31/10/1964

Driving Experience 55 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93822368

Fax Number

Contact Number OFFICE-93822368

EMail Address NOEMAIL

Address

BLK 155 SIMEI RD #10-204

Postcode

520155

Was driver an employee of the Insured's Company NO

was driver air employee or the insured's company

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

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

1

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 SIMEI RD ON THE LEFT LANE, WHILE FILTERING INTO RIGHT LANE, MY VEH LEFT REAR ACCIDENTALLY GRAZE ONTO VEH B RIGHT REAR PORTION

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

SLR198B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

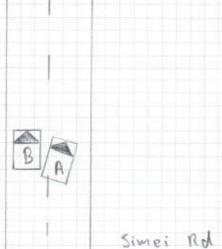
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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.

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN



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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	4.	statement	

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: 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 3 Anson Ropa #16 00 Springled Tower Singapore 079908 for 6389 6111 Fac 6722 1003 Wideste, www.eri (2002)6594E

ORIGINAL

THE SCHEDULE

Agency	ANO420A	Class of Policy				y Number DM	
Account	AN0420A	Issued on		n SINGAPORE	Repla	cing Policy no. DM	ECSMISITA \$1003
Client	3169758	Acceptance Date	22/03/2019				
eriod o	of Insuranc	e from 25/03/2019	to 29/03/202	0 , both dates	inclusive		
Insured	s Name		KO PENG CHON				
	Address.		BLK 155 SIME	I ROAD			
			#10-204				
			SINGAPORE 52	0155			
Businesa	3/Occupn	DIRECTOR					
		SWEE SENG CREDIT	PTE LTD AS H	P OWNER			
Premium		Base Annual Prem	ium		s\$2,811.80		
		Less 20% Loyalty	Discount		S\$562.36-		
		Less 20% Autosaf	e Scheme		S\$449.89-		
		No Claim Discoun	t	20.00%	s\$359.91-		
		Total Annual Pre	mium		8\$1,439.64	Premium Due	S\$1,459.3
						Premium GST	\$\$102.1
						Total Due	8\$1,561.5
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