SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number

EMail Address

- 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

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	ACCIDENT STATEMENT		
Date Of Report	06/03/2020 15:22		
Date Of Accident	03/03/2020 11:15		
Exact Location Of Accident	WOODLAND CAUSEWAY TWDS JB AFTER SPORE CUSTOM		
Country/State of Loss	SINGAPORE		
D	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJP6574T		
Insured/Policyholder			
Name Of Registered Owner	CHEA SIN		
NRIC No	S7326230E		
Email Address	KENNYCHEA@YAHOO.COM.SG		
Mobile Phone No	(LOCAL) +65-90189119		
Alternative Phone No	OTHERS-90189119		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	RUSH-1.5 (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	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	DMPCSN1913101900		
Cover Note Number			
Driver			
Name of Driver	CHEA SIN		
NRIC No	S7326230E		
Date Of Birth	15/07/1973		
Occupation	OUTDOOR		
Date Of Driving Pass	13/05/1998		
Driving Experience	21 YEARS AND 9 MONTHS		

MALE

(LOCAL) +65-90189119

KENNYCHEA@YAHOO.COM.SG

OTHERS-90189119

63 PASIR RIS GROVE #01-07 Address

Postcode 518216

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?

YES

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

soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

Details of Police Action

NO 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 ATTACHED SKETCH PLAN

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 SMR5509T

Vehicle Make/Model/Colour HONDA DARK BLUE COLOUR

Details Of Properties

PRIVATE HIRE Vehicle Category Name of Driver MALE DRIVER

NRIC/Passport Number

98326481 Contact Number

Address Postcode

Insurance Company Name

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

Sketch Plan

SKETCH PLAN

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 interested parties.
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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:
 - 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:

Briver's Signature

(If driver is not the policyholder)

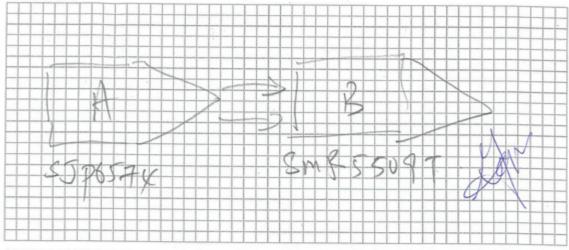
Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 3/3/20 I Drive Thru wood and custom
and land to A Jam Br MelaySp Custon @ 11:151
My Gr SJP6574T was In It gam and the cor
Infrart move and Stop Shellery and I thit
Slithly on the Gar SMR SSO9 T. Infront. H first
We Decided to softe private a my lar
WMCshop But later Car B Ewner Decided
to go Agent and claims so reported
late offer 3 Days as I am on const
as well.
· CAR

DECLARATION

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

Policyholder's Signature Date & Time:

e /

Driver's Signature

(If driver is not the policyholder)

Date & Time:

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

GIARMC SketchPlanForm_V3



中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1FN SN AN0412A Cov.Type: C AUTOSAFE

Engine No :38Z2234605

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)

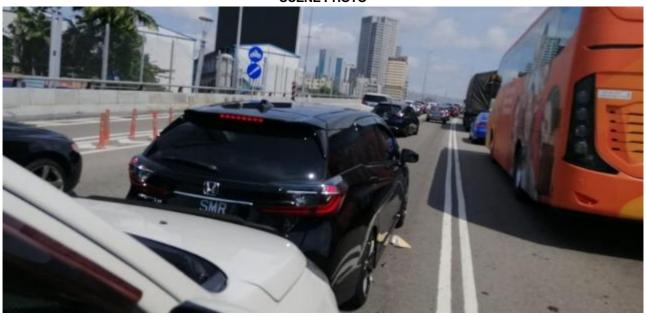
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.		DMPCSN1913101900	Chassis No:J200E0024856
Index Mark and Regis Number of Vehicle	tration	SJP6574T	
2. Name of Policy Holder		CHEA SIN	
	ommencement of Insurance for gulations, Ordinance or Enactment		NAMED DRIVERS EX SECT. I
4. Date of Expiry of Insur	ance	31 MARCH 2020	EX SECT. I - AGE <= 25\$\$3,000.00 EX SECT. I - AGE >= 26\$\$500.00
5. Persons or Classes of	Persons entitled to drive *		* AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN
(A) THE POLIC	YHOLDER.		
(B) ANY OTHER	PERSON WHO IS DRIVING O	N THE POLICYHOLDER	'S ORDER OR WITH HIS PERMISSION.
REGULATIONS T	O DRIVE THE MOTOR VEHICE	E OR HAS BEEN SO P	ANCE WITH THE LICENSING OR OTHER LAWS OR ERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A N IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.
THE POLICY DO TRIAL, SPEED- OR USE FOR AN	L, DOMESTIC AND PLEASURE ES NOT COVER USE FOR HIR TESTING, THE CARRIAGE OF Y PURPOSE IN CONNECTION	E OR REWARD TUITION GOODS OTHER THAN WITH THE MOTOR TRA	THE POLICYHOLDER'S BUSINESS. N DRIVING TEST RACING PACE-MAKING, RELIABILITY SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS DE. SIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS/THEFT)
ONE TIME WALV	ED.	ST S\$500 WILL APPL	Y TO THE INSURED AND NAMED DRIVERS IN THE EVENT
			: (Third-Party Risks and Compensation) Act (Chapter 189) o be included under these headings.
I/We h	ereby Certify that the of the Motor Vehicles (Third-Part sport Act, 1987 (Malaysia),	policy to which this Certifi	cate relates is issued in accordance with the n) Act (Chapter 189) and Part IV of the
			For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
	Ble		Justan
ountersigned By:	Authorised Officer		Authorised Signatory

SCENE PHOTO



3RD PARTY CAR



SCENE PHOTO





















