SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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

	ACCIDENT STATEMENT
Date Of Report	30/03/2020 14:39
Date Of Accident	29/03/2020 16:00
Exact Location Of Accident	SIMS AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ4939U
Insured/Policyholder	
Name Of Registered Owner	LIU FU
NRIC No	S2722643D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98503803
Alternative Phone No	OFFICE-98503803
Vehicle Particulars	
Manufacturer	KIA
Model	MAGENTIS
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	
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	DMPCSN3059241901
Cover Note Number	
Driver	
Name of Driver	YU YINGJIE
NRIC No	S2722642F
Date Of Birth	01/01/1962
Occupation	INDOOR
Date Of Driving Pass	31/05/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65 00503003

(LOCAL) +65-98503803

NOEMAIL

7 LORONG 28 GEYLANG #07-12 Address

Postcode

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

Weather Conditions

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Passenger 1

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

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

NAME: : LIU FU

GENDER: : FEMALE

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

NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG SIMS AVE HEADING TOWARDS HOME, WHEN VEHICLE C: SML6064Y SUDDENLY JAM BRAKE, VEHICLE B: GBC291L COLLIDED INTO ITS REAR PORTION, I FAILED TO STOP IN TIME AND COLLIDED INTO THE

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 GBC291L

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 25

CHAIN COLLISION

DRIZZLING

3

NO

YES

NO

REAR PORTION OF VEHICLE B. NO ONE WAS INJURED.

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SML4064Y

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

SKETCH PLAN

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- 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")
- (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

Driver's Signature

(If driver is not the policyholder)

Time: 30/3

Reporting Contro Personnel's Signature Name:

NRIC/FIN No :

SKETCH PLAN	
HAT !	DOA: 29-3-20
Tel 11	A : SJJ 49394
101	B : GBC 291L
	C:SML 4064Y
1 <u>A</u>	
1	
Sims Are 1	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was	travelling along Sims Ave heading towards hom	۷,
when	vehicle C: SML4064 Y suddenly jam brake	e ,
vehicl	e B: GBC 291L collided into its rear port	ίνη,
I fa	iled to stop in time and collided into the r	ear
portion	n of vehicle B.	
ه ملم	ne was injured.	

DECLARATION

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

Policyholder's Signature Driver's Signature Driver's Signature Driver's Signature (If driver is not the policyholder)
Date & Time: 30 3 20 12 20 kr

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

GIARME SketchPlant orm_V3



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springlant Tower Singapore 079609 Tel: 6389 6111 Fax: 6322 1333 Website www.ag.ontaiping.com Co. Reg. No. 2002063845

ORIGINAL

THE SCHEDULE

Agency AN0655A Class of Policy MOTOR PRIVATE CAR Account AN0655A Issued on 09/09/2019 in SING Client 3232267 Acceptance Date 09/09/2019 Policy Number DMPCSN3059241901 Issued on 09/09/2019 in SINGAPORE Replacing Policy no. DMPCSN3059241800

Period of Insurance from 16/09/2019 to 15/09/2020 , both dates inclusive

Insured's Name....

Address.

LIU FU

7 LORONG 28 GEYLANG

#07-12

ATRIUM RESIDENCES SINGAPORE 398412

Business/Occupe... HOUSEWIFE

Premium Base Annual Premium..... \$\$1,938.00 Less 5% Loyalty Discount...... Less 20% Automafe Scheme..... No Claim Discount40.00%

\$\$96.90-85368 22-\$\$589.15-Loss of Use.... 8\$50.00 Total Annual Premium \$\$933.73 Premium Due

Premium GST Total Due

55933.73 8365.36 \$\$999.09

WEF 02.01.2019, THERE WILL BE NO REFUND FOR CANCELLATION IF THERE IS A WINDSCREEN CLAIM DURING THE POLICY PERIOD.

Risk No. 001

MOTOR PRIVATE CAR

ORIGINAL REGISTRATION DATE: 16-09-2008

1. Registration SJJ4939U Type of Cover Comprehensive Engine No. .. G4KA6H005469

Chassis No ... KNAGE222375114743

Make/Model .. KIA MAGENTIS 2.0 (A)

No. of seats Capacity oc's 1998

8\$750.00

\$\$3,000.00

\$\$500.00

\$\$100.00

5 Body Type SALOON Tr of Manuf/Regn 2006/2008

Certificate Ref. MX1F

Sum Insured. Market value at the time of loss

Named Drivers Ex Sect. I Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25..... Ex Sect. I - Age >= 26.....

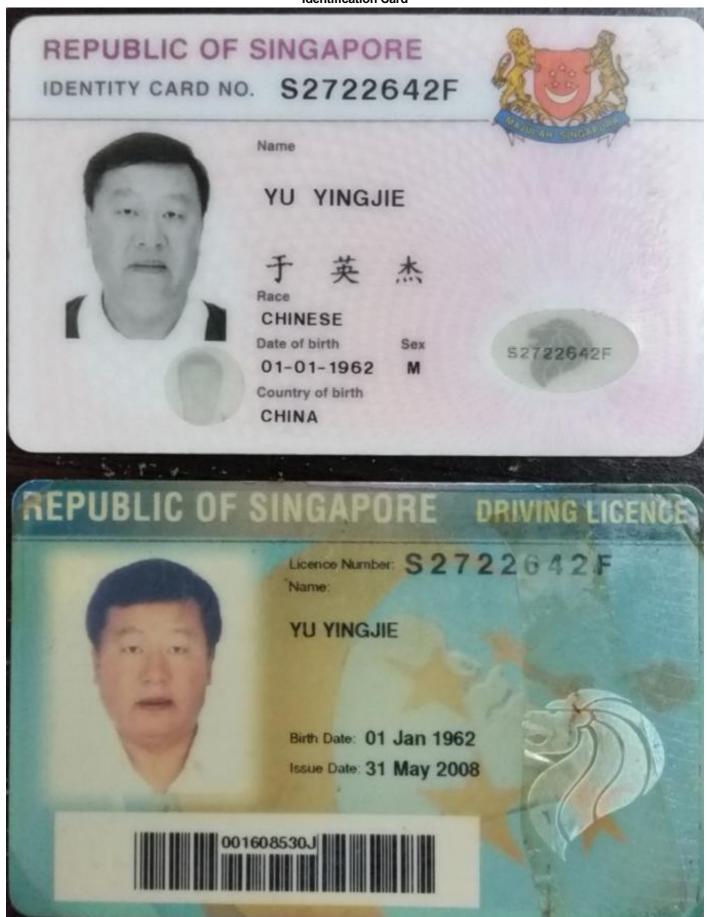
* Age as at date of accident

EX ON WINDSCREEN Named Drivers THE INSURED YU YINGJIE

The following clauses and endorsements apply to this policy Subject to Endts. 2, 25, 57, 72, N & W(unltd). AUTOSAFE SCHEME (W)

> In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

> > Continued on page 2





SCENE PHOTO



SCENE PHOTO



SCENE PHOTO









