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.		
	ACCIDENT STATEMENT	
Date Of Report	16/07/2020 16:56	
Date Of Accident	16/07/2020 13:10	
Exact Location Of Accident	JUNCTION OF BUKIT TIMAH RD AND RACE COURSE RD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKV9973L	
Insured/Policyholder		
Name Of Registered Owner	MARCUS LAI LEE KOON	
NRIC No	S7302130H	
Email Address	EEKLAI2016@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-97600014	
Alternative Phone No	OTHERS-97600014	
Vehicle Particulars		
Manufacturer	CITROEN	
Model	DS5-1.6 I E-HDI ETG6 (A)	

Exact Purpose for which vehicle was being used at LEISURE

time of accident

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 DMPCSN3086441900

Cover Note Number

Driver

Name of Driver MARCUS LAI LEE KOON

NRIC No S7302130H Date Of Birth 09/01/1973 Occupation INDOOR **Date Of Driving Pass** 08/09/1995

Driving Experience 24 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97600014

Fax Number

Contact Number OTHERS-97600014

EMail Address EEKLAI2016@GMAIL.COM Address 107 SENNETT AVE

Postcode 487106

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?

NO

NO

2

NO

NO

Was any other material or property damaged? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : SON

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON THE 16/7/2020, I WAS DRIVING ALONG THE JUNCTION BUKIT TIMAH ROAD AND RACE COURSE. MY VEHICLE SKV9973L HIT THE BUMPER OF SAID VEHICLE SKR380C. DRIVER OF SAID VEHICLE LOH KIM CHAN IS UNHURT. THE INCIDENT HAPPENED AT ABOUT 13:12.

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 SKR380C

Vehicle Make/Model/Colour LEXUS WHITE

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LOH KIM CHAH
NRIC/Passport Number S1076319C
Contact Number 97833888

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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 aforesald.
- 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:
 - 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

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On the was dviviua -1100 unhav 13 DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centra Refridante Signature Date & Time: (If driver is not the policyholder) Name:

NRIC/FIN No.:

Date & Time:

GIARM'S SketchPlunForm_V3

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Sketch Plan #3



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

6339 25 92 cell | Fax 6338 99 06 MXLF N SN ANG055A CCMPREHENSIVE

AUCCSAFE

COWELL INSURANCE (Agency) PTE LTD 8 BURN ROAD I *09-09 TRIVEX S (369977)

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, 1969 (Malaysia)

Engine No : 1CJBFT0042936
CERTIFICATE No DMECSN3086441903 Chassis No: VP7EF9H26D5516599

 Index Mark and Registration Number of Vehicle

4. Date of Expiry of Insurance

SKV99731

2. Name of Policy Holder HR MARCUS LAI LEE KOON (MARCUS LAI LISUN)

 Effective date of the Commencement of Insurance for the curposes of the Regulations, Ordinance or Engitheral 04 DECEMBER 2019 (16:01 HOURS)

IN ADDITION TO NAMED DRIVERS EX:

the purposes of the Regulations, Ordinance or Enactment.

03 DECEMBER 2020 EX SECT

NAMED DRIVERS EX SECT. I........\$\$500.00

* ACE AS AT CATE OF ACCIDENT

(A) THE POLICYHOLDER.

(3) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S CROER OF 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 DEEN SO PERMITTED AND IS NOT DISCUALIFIED BY ORDER OF A COURT OF LAW OR BY REACON OF ANY ENACTMENT OR RESULATION IN TEAT 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 CITED TEAM 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 89500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVERT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH FOLICY YEAR.

HIRE FURCHASE CC. : TORYO CENTURY LEASING (S) PTE LTD AS HP CWNER

(CO

*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 (Maleysia), 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.

		Junany
Countersigned By:	Authorised Officer	Authorised Signatory



















Driving License



Colo. 05/0107014 (R)

103 SEMBLET AVENUE SINCAPORE ARTHON NATIONAL DESCRIPTION

