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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	27/07/2020 16:21
Date Of Accident	26/07/2020 13:15
Exact Location Of Accident	232 BALESTIER ROAD
Country/State of Loss	SINGAPORE
Description of the Control of the Co	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC8312C
Insured/Policyholder	
Name Of Registered Owner	KWEK CHEN SIANG (GUO CHENGXIANG)
NRIC No	SXXXX584F
Email Address	IVANKWEK81@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81806959
Alternative Phone No	OTHERS-81806959
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180-1.6 COUPE URBAN (R18 LED) (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	THIRD PARTY
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	DMPCSNW00015982000
Cover Note Number	
Driver	
Name of Driver	KWEK CHEN SIANG (GUO CHENGXIANG)
NRIC No	SXXXX584F
Date Of Birth	20/12/1981
Occupation	INDOOR
Date Of Driving Pass	04/06/2009
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81806959
Fax Number	

OTHERS-81806959

IVANKWEK81@GMAIL.COM

Address

BLK 438B SENGKANG WEST AVENUE

#24-343

Postcode

792438

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

NO

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

0

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 PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMQ5617U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

96245040

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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. 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.
- 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) of:
 - (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.
- (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:

NRIC/FIN No.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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 Personnells Signature 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)

	Time of Accident:13 : 15(24-HR-FORMAT) ke & Model: MERCEDES CLA180 COUPE URBAN 1
Exact location of Accident: 232 BALESTIER	ROAD
	SIANG (GUO CHENGXIANG) S8141584F
	(GUO CHENGXIANG) S8141584F (As Above)
Driver's Contact No.: 8180 6959	Company Contact No:
Driver's Address: 438B SENGKANG WES	ST AVE #24-343 S792438
THE STANDARD THE MANY AND THE STANDARD THE S	Email address (if any): Ivan Kwek & Cymail con
Relationship between Owner & Driver: OWN	
What do you wish to claim? (Please TICK on	e only)
Own Insurance / Other Vehicle (The one y	you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Vas being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver):
Passenger Name : Passenger Name :	Gender:
Weather condition & Road conditions? (On the d	lay of accident)
Clear & Dry / Raining & Wet / Afte	er-Rain & Wet / Drizzling & Wet / Others:
as there any video captured by your Car Came	
ny Injuries: Yes / V No (If YES) Injur	ed Person' Name:
ijuries Sustain:	Injured Person in Which Vehicle:
	S) Which Police Station:
The C	Other Party(s) Details:
Driver's Name / IC No:	Vehicle No: SMQ 5617 U
Driver's Contact No: 9624 5040	Insurance Company (If any):
	Vehicle No:
Driver's Contact No:	Insurance Company (If any):
	Contact No:
	Contact No:

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.





Motor Private Car

MX1E

SN

AN0498A

Cov. Type C

CERTIFICATE OF INSURANCE

Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) for Vehicles (Third-Party Risks and Compensation) Rules. 1960 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules. 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00015982000

Engine No.: 27091031670614

Cha. No. VVDD1173422N681563

Index Mark and Registration

Number of Vehicle.

4 Date of Expiry of Insurance

SMC8312C

Name of Policy Holder

KWEK CHEN SIANG (GUD CHENGXIANG)

Effective date of the Commencement of insurance for the purposes of the Regulations. Orderance or Enactment

10/02/2020

Named Drivers Ex Sect. I

\$\$500.00

(15:32:44)

Additional Ex Other than Named Drivers

09/02/2021

Ex Sect. 1 - Age <= 25 Ex Sect. I+ Age >= 26

\$\$3,000.00 5\$500.00

Age as at date of accident

EX ON WINDSCREEN

\$\$100.00

5. Persons or Classes of Persons entitled to drive"

(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 us to use *

Use for social, domestic and pleasure purposes and for the Policyholder's business. Use for social, domestic and pressure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward fulfion 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/Theth) will be doubled. One time Waiver of Excess for the first \$51,000 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 CO. RICARDO CARS PTE LTD 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.

Issued By. NEO & COMPANY INSURANCE AGENCY Authorised Officer

Authorised Signatory