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.
- 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	27/07/2020 12:51
Date Of Accident	26/07/2020 16:35
Exact Location Of Accident	BLK 29 BENDEMEER ROAD OPEN CARPARK ENTERENCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GU8239H
Insured/Policyholder	
Name Of Registered Owner	TAN CHONG MONG
NRIC No	S1211004I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96559860
Alternative Phone No	OFFICE-96559860
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE-2.0 (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	GOODS VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSNW00051092000
Cover Note Number	
Driver	
Name of Driver	TANI CHONG MONG

Name of Driver TAN CHONG MONG

NRIC No S1211004I
Date Of Birth 21/03/1956
Occupation OUTDOOR
Date Of Driving Pass 06/06/1978

Driving Experience 42 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96559860

Fax Number

Contact Number OFFICE-96559860

EMail Address NOEMAIL

Address BLK 509 HOUGANG AVE 10, #02-109

Postcode 530509

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 SIDE SWIPE Weather Conditions **RAINING** Road Surface WET

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

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

NO

1

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-4890999 - FAX NO: 63128989 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

AS PER SKETCH PLAN & POLICE REPORT ATTACHED.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJE86H

Vehicle Make/Model/Colour LEXUS RED COLOUR

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver MALE 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.
- 3. 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>.
- 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:
 - 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:

17/20 12:15 pi

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN .	arts.	•	
Bencler	NOF ROAD		
And the second s			
	4-44		
		A G1/82 2 9 1-1	
	+ 		
		BELEPOR	
	THE HAR THE		
		The Mein I I I	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT			
(A)			
ON 2/1642 20 11 1 1/221 7 11 1			
ON. 26/07/2020 at about 1637 hrs I was driving.			
GU8239H at BUC29 Bendemeer RIAD open car park. It was raining very heavy: I stopped and vitrathic from my left. I			
It was raining very heavy			
I storred and traffic from my loft. T			
check check			
Thecit			
Astro-de Carrollel and Carroll			
Noticed SJE86H right signal light is ON.			
		7	
I proceed to two left Suddenly SJE86H			
incteacl			
did not turn right instead drive straight			
and hit my left partion.			
ony his my left partion,			
111.7			
Note: Driver explained the accirlent and			
reporting centre statt assist to untertle			
report.			
1			
DECLARATION		<u> </u>	
I/We declare the foregoing particulars are true in every respect. $\begin{pmatrix} \mathcal{L} \\ a. \end{pmatrix} \begin{pmatrix} \mathcal{L} \\ a. \end{pmatrix} \begin{pmatrix} \mathcal{L} \\ a. \end{pmatrix} \begin{pmatrix} \mathcal{L} \\ a. \end{pmatrix}$			
0.7/7/20 12:15 py			
Tg1 27/7/20 12=15px			
Policyholder's Signature Driver's Signature Reportir Date & Time: (If driver is not the policyholder) Name:		Reporting Centre Personnel's Signature	
	Date & Time:	NRIC/FIN No.:	

GIARMC SketchPlanForm_V3

Page 5 of 19

POLICE REPOR Pg. 1

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Tan Chong Mong, HP: 96559860, of Blk 509 Hougang Avenue 10 #02-109, NRIC/FIN S1211004I, has reported to the Police a non-injury traffic accident which occurred at the car park in front of Blk 29 Bendemeer Road, where my van and another car collided into each other's front on 26/07/2020 at 4.38-am/pm involving the following vehicles:

- 1) GU8239H Complainant
- 2) SJE86H The other vehicle
- 2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: <u>Sgt 3 Anna</u>

Date: 26/07/2020

Time: 2141hrs

S/D Ref: 81

HOUGANG NPC 60 HOUGANG AVE 9 SINGAPORE 538775 TEL: 1800-4890999

Police Post/Unit: Hougang NPC

Original - to be issued to informant Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

INSURED CI Pg. 1

CHINA TAIPING

10.02898180

;6563429088

1/ 3

TEMANT MEZ / MINIST MEX CA EN CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.

Motor Commercial

MZ300/P

SN

AN0472A Cov. Type:F

CERTIFICATE OF INSURANCE oter Vehicles (Third-Party Risks and Componsation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rulea, 1980 Road Transport Act, 1987 (Melaysla) Motor Vohicles (Third-Party Risks) Rules, 1959 (Melaysia)

CERTIFICATE No.

DMCVSNW00051092000

Engine No.: 3C3906259 Cha. No.:CR420018531

Index Mark and Registration

Number of Vehiclo

GU8239H

2. Name of Policy Holder

TAN CHONG MONG

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

09/07/2020

4. Date of Explry of Insurance

30/06/2021

Persons or Classes of Persons untilled 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 ilcensing 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

8. Limitations as to use:"

(1) Use in connection with the Pollcyholder's business,
 (2) Use for the carriage of passengers (other than for hiro or reward) in connection with the Pollcyholder's business,
 (3) Use for social, domestic or pleasure purposes,

(2) Use or hire or reward or racing, pace-making, reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing of any one disabled machanically propelled vehicle.

* 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

Please see reverse CCL INSURANCE AGENCY PTE LTD BLK 9006 TAMPINES ST.93

#01-198 SINGAPORE 528840

Issued By: TEL CEZANSUPAN FAX: 6342 9088 / 6344 7554

Authorised Officer

For China Taiping Insurance (Singapore) PTE, LTD.

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 盤3 Anson Road #16-00 Springleaf Tower Singapore 079909

O6389 6771 CC \$6222(1033) (7

www.sg.cntaiping.com

Hotline: 96214 666

24 Hours / 7 Days



INSURED VEH CHASSIS NO





















