

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 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. 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	30/07/2020 16:29
Date Of Accident	29/07/2020 15:30
Exact Location Of Accident	PASIR RIS STREET 11 NEAR BLOCK 180
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ES9120T
Insured/Policyholder	
Name Of Registered Owner	WANG LEI
NRIC No	S8857204A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91995182
Alternative Phone No	OFFICE-91995182

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 ABS AIRBAG (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	DMPCSN30657819000
Cover Note Number	

Driver

Name of Driver	LIU LIBAO
Passport No/FIN	G2260549L
Date Of Birth	10/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2019
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84536434
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	1 KAKI BUKIT ROAD 1 #05-2728
Postcode	415934
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	1

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

I WAS STATIONARY POSITION NEAR THE EXIT OF BLK 180 PASIR RIS STREET 11. THEN I SAW BIG LORRY STOPPED AT THE LEFTMOST LANE AND SIGNALLED TO TURN LEFT. SO I STARTED TO INCH OUT SLOWLY WHEN THE TRAFFIC WAS CLEARED. SUDDENLY, VEHICLE B (SJT5965J) APPEARED ON MY RIGHT AND COLLIDED INTO MY FRONT RIGHT PORTION. ON ALIGHTING, THE DRIVER OF VEHICLE B COMPLAINT OF PAIN ON HIS WAIST. THE ACCIDENT WAS ATTENDED BY TRAFFIC POLICE AND AMBULANCE WAS CALLED TO RENDER SOME MEDICAL ASSISTANCE TO THE DRIVER. NO ONE WAS CONVEYED TO HOSPITAL.

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	SJT5965J
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)

2

DETAILS OF INJURED PERSON 1

Name

UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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)**

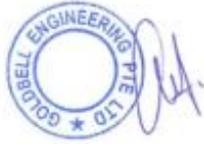
I understand, acknowledge, agree and consent that:

- (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) 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
- (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:

李立宝

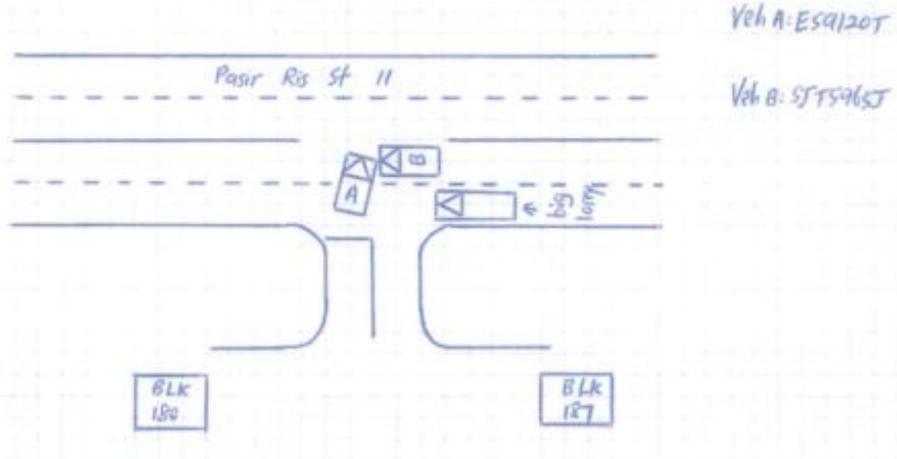
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Angie Kai Leng
NRIC/FIN No.: G0155369W

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at stationary position near the exit of Block 180 Pasir Ris St 11. Then I saw a big lorry stopped at the leftmost lane and signalled to turn left. So I started to inch out slowly when the traffic was cleared. Suddenly, Veh B (ST5965J) appeared on my right and collided into my front right portion. On alighting, the driver of Veh B complaint of pain on his waist. The accident was attended by traffic police and ambulance was called to render some medical assistance to the driver. No one was conveyed to hospital.

DECLARATION

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



Policyholder's Signature
Date & Time:

柳立宗
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: 80153269 W Chong Kai Ling
NRIC/FIN No.:

Insurance Certificate Pg. 1



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

Motor Private Car

MX1

N SN

AN0055A

Cov. Type:F

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)

Form containing certificate details: CERTIFICATE No., Engine No., Cha. No., Index Mark and Registration, Name of Policy Holder, Effective date, Date of Expiry, Persons entitled to drive, and Limitations as to use.

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: Authorised Officer

Signature of Authorised Signatory

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

6389 6111

6222 1033

www.sg.cntaiping.com

Identification Card Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8857204A



Name
WANG LEI

王 蕾

Race
CHINESE

Date of birth
26-03-1988

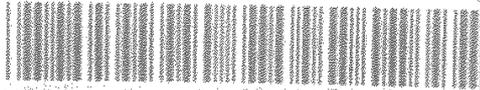
Sex
F

S8857204A

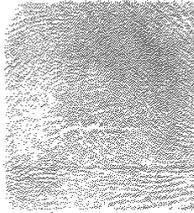


Country/Place of birth
CHINA

9353595



NRIC No. S8857204A



Nationality
CHINESE

Issue of card
05-12-2014

73 LORONG MARZUKI
SINGAPORE 417162

NRIC No: S8857204A

Date: 25/08/2017

Driving License Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G 2260549L**
Name: **LIU LIBAO**

Birth Date: **10 Nov 1984**
Issue Date: **23 Jan 2019**
Valid Till: **22/01/2024**

002895480C



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
HEWTOP CATERING PTE. LTD.



Name:
LIU LIBAO

Work Permit No.: **0 75606745** Sector: **MANUFACTURING**



 **K1780903**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3C Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver	23 Jan 2019

NP 428A

Licence No: G2260549L



VISIT PASS
Immigration Regulations

20-09-2019

Name:
LIU LIBAO

FIN:
G2260549L

Date of Birth: **10-11-1984** Sex: **M**

Nationality:
CHINESE

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

