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.

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	ACCIDENT STATEMENT	
Date Of Report	30/07/2020 14:54	
Date Of Accident	29/07/2020 16:40	
Exact Location Of Accident	SERANGOON CENTRE TOWARDS YIO CHU KANG LINK	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKL2325G	
Insured/Policyholder		
Name Of Registered Owner	SAM SENG THIM	
NRIC No	S1768206G	
Email Address	STSAM@LIVE.COM	
Mobile Phone No	(LOCAL) +65-97638206	
Alternative Phone No	OFFICE-97638206	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	C200 SEDAN EDITION C (SR)	
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	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	DMPCSN3097811903	
Cover Note Number		
Driver		

Name of Driver

NRIC No

S1768206G

Date Of Birth

Occupation

Date Of Driving Pass

SAM SENG THIM

S1768206G

1/01/1966

INDOOR

12/09/1983

Driving Experience 36 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97638206

Fax Number

Contact Number OFFICE-97638206
EMail Address STSAM@LIVE.COM

BLK 275A COMPASSVALE LINK #10-254 Address

Postcode

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 **DRIZZLING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident 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)

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

Please refer to Sketch Plan & attachment.

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

SHD7140S Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

OH BENG CHYE Name of Driver

NRIC/Passport Number S0174951Z

Contact Number

Address BLK 148 SERANGOON NORTH AVENUE 1 #01-473

Postcode 550148

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 .
 - 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 & Tin e: 30 JUL 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

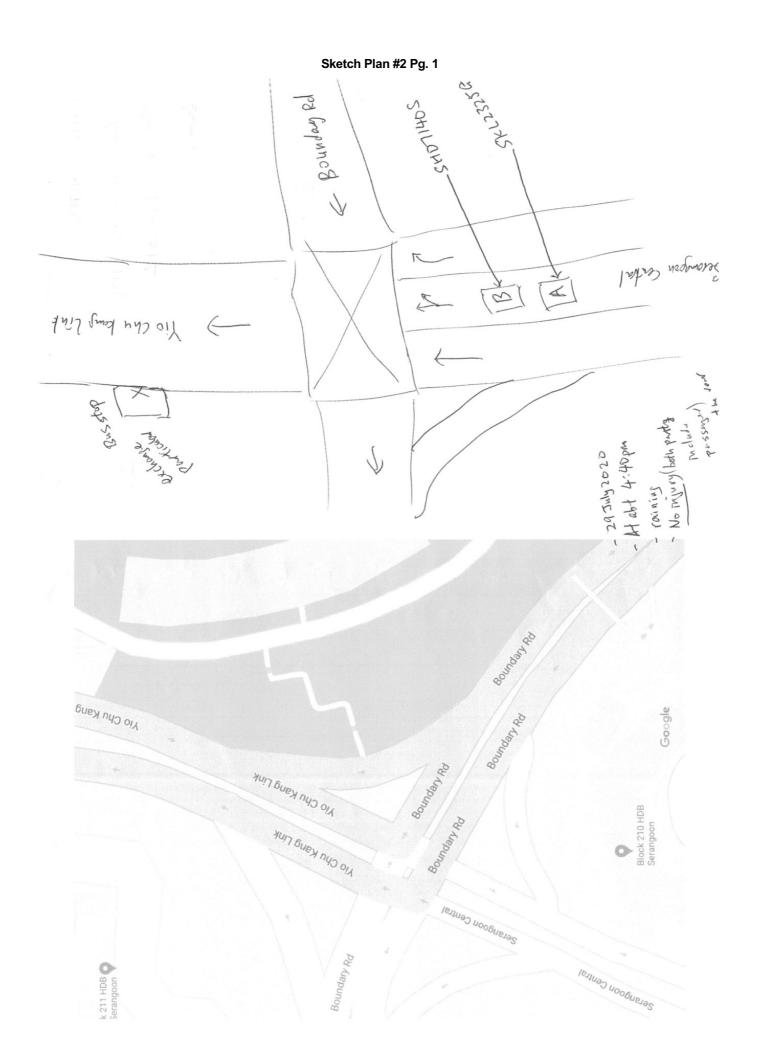
Reporting Centre Personnel's Signature

Name: Tracia Leong

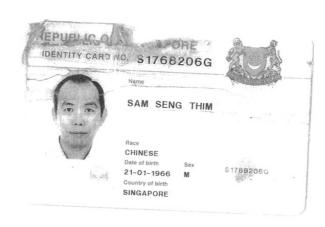
NRIC/FIN No.: -

30 JUL 2020

SKETCH PLAN		
	to affachment	
Refer	to affachment	
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	
		1 h
Un 29 July 2020	at about 7.70pm	I have stopped my Due to light traffic
vehicle (A) bei	and behicle &.	Due to light traffic
Hout Red to	affic light.	
When the tr	affic light turne	enly stopped which
my car and vie	hicle B Sudd	enly stopped which
Coursed me	to 1117 vericke 1	\
They take drie	Ler (Neficle B) a	and the passensier
was not invi	wood of the poi	und the passensier:
Was not	5,1 (2)	The state of the s
Location: Schang	oon Centre towards	Tio Chy kang LINK
		9
DECLARATION		
I/We declare the foregoing particulars	are true in every respect.	1
Vand,		far
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 3 0 JUL 2020	(If driver is not the policyholder) Date & Time:	Name: Tracia Leong NRIC/FIN No.: - 30 JUL 2020

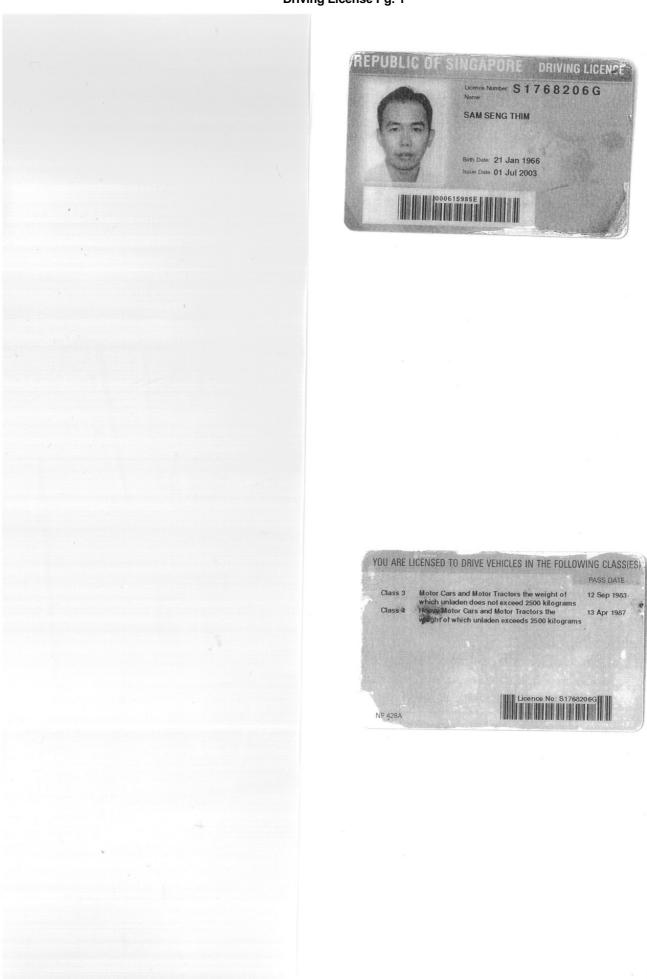


Identification Card Pg. 1





Driving License Pg. 1



Insurance Certificate Pg. 1



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MX1E R SN AN0218A Cov.Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1997 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

Engine No :27186030695345 CERTIFICATE No. DMPCSN3097811903 ChaNo: WDD2040482A896833 1. Index Mark and Registration SKI 2325G AUTOSAFE Number of Vehicle 2. Name of Policy Holder SAM SENG THIM Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 17 October 2019 Named Drivers Ex Sect. I 5\$750.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25...... S\$3,000.00 4. Date of Expiry of Insurance 16 October 2020 Ex Sect. I - Age \Rightarrow 26..... S\$500.00 * Age as at date of accident EX ON WINDSCREEN \$\$100.00 5. Persons or Classes of Persons entitled to drive

- b. Felsons of Classes of Fersons entitled
 - (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 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 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/Theft) will be doubled.

One time Waiver of Excess for the first S\$1,000 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.: UNITED OVERSEAS BANK LIMITED 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

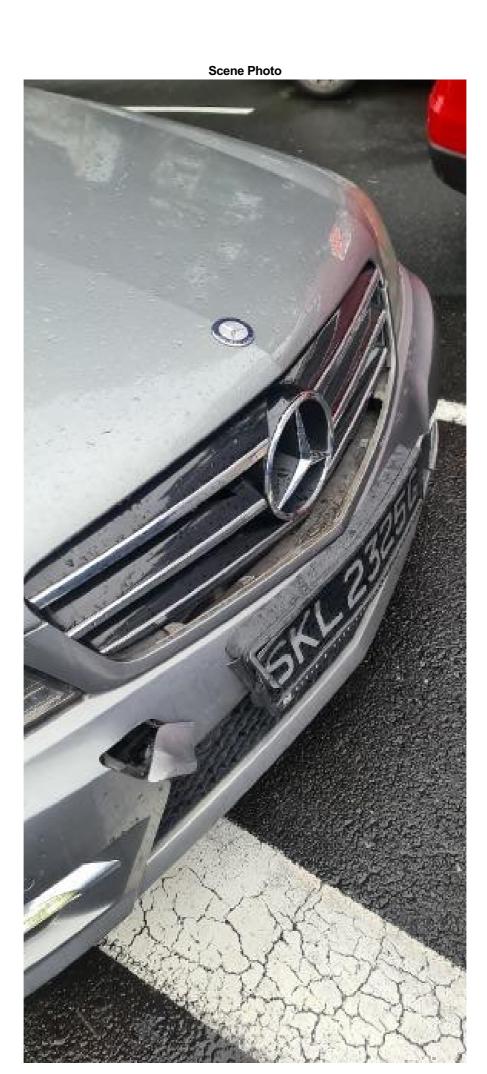
Authorised Office

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ____SHUANG HUE

Authorised Signatory







Scene Photo













