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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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.
- 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

到1950年,他们是大型的1950年,1950年,	ACCIDENT STATEMENT			
Date Of Report	04/08/2020 16:08			
Date Of Accident	04/08/2020 14:00			
Exact Location Of Accident	JURONG WEST AVE 4 AND JURONG WEST ST 64 SLIP ROAD			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SGF8086K			
Insured/Policyholder				
Name Of Registered Owner	LEK YIAK LEE			
NRIC No	SXXXX439J			
Email Address	JLEKKAISHENG@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-90488870			
Alternative Phone No	OTHERS-90488870			
Vehicle Particulars				
Manufacturer	TOYOTA			
Model	VIOS			
Exact Purpose for which vehicle was being used a 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	THIRD PARTY			
Fleet Policy	NO			
Policy Number	DMPCSNW00069492000			
Cover Note Number				
Driver				
Name of Driver	JAMES LEK KAI SHENG			
NRIC No	SXXXX801E			
Date Of Birth	27/07/1997			
Occupation	INDOOR			
Date Of Driving Pass	10/08/2017			
Driving Experience	2 YEARS AND 11 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-90488870			
Fax Number				
Contact Number	OTHERS-90488870			

JLEKKAISHENG@GMAIL.COM

Address

BLK 819 JURONG WEST STREET 81

#06-242

Postcode

640819

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

CHILDREN

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

NO

Was any body injured in the Accident? 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)

Passenger 1

NAME:

: DANIEL CHOW

GENDER:

MALE

**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

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

PC3860J

Vehicle Make/Model/Colour

TOYOTA HIACE

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

KONG LIM TSONG

NRIC/Passport Number

GXXXX691X

Contact Number

82398858

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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
- (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.
- 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

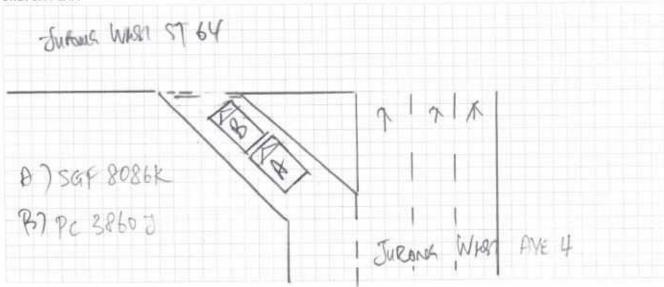
Date & Time: 04/08/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 04/08/2020 15:13

Reporting Centre



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

filter lane Jurona the Avenue and West driving Was van in front Street van' referred commed exitina in WEST prakes not bumper ot and rear St the most Jurona Those in al ahted. van Injured damage one was was Chow, was herinatter the Lim Van contact Told details photos ot hereinafter referre SGF8086 alco WERE contact. was the of paint tront Ü contact asked they have 10 tor work photos of my can van and Bukit Melah and the Whateapp messages between Isong the provided and Lane 3 BLK 1007 Ido not intend DECLARATION to claim. This is for reporting

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

Policyholder's Signature Date & Time: 16:13 04/08/2020

Driver's Signature (If driver is not the policyholder) Date & Time: |6:13 0f08/2020

Reporting Centre Personne Name: NRIC/FIN No .:

# ACCIDENT STATEMENT

ACCIDENT DATE: 04 / 08	2020 JODIM	M/YYYYL TIME	14.00	MUUAAA
LOCATION: Jurong W	est Ave 4	F / Tucasa	West Ct 1	
	1100	1 Jurang	West Street	6T tilter Land
L. DETAILS OF VEHICLE		5-7		
<ul> <li>d)VEHICLE NUMBER:_</li> </ul>	SGF 8086	K	(*	
DINSURANCE COMP.	LNY: China T	miping Inguera	m / Sim wal of	· vel
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e)MAKE & MODEL: T	vota Vios	WOLVELLY H	HED RAISTY FIRE	<del>a Sci HEF</del> T)
f)TYPE:(SALOON / COL	IDE CAUDY (VIAL)	// 000// ///		4
g) VEHICLE CATEGORY	(PDN/ATE / COL	LONKY / MO	ORCYCLE,/ C	THERS!
DAREYOU CLAIMING	INDER VOUR OW	E: 3000 / 1001	nestic	- 4
I) ARE YOU CLAIMING L IF NO. PLEASE STATE P	HIER PARTY OF	N INSURANCE	(AER/MO)	
2. INSURED / POLICY HOL	OFR	*** / REPORTIN	G ONLY)	261
A)NAME: Lek Yiak	Lee		142/02/12/17:51/17:59/7/	- The State of the
ANIEL CHOW DINRIC/FIN/PASSPORTS	S1322439.T	201	(MALE / +54	AALE
CIADDICESS: DLK X19	Jurona We	et Ctont	TACT:	
(M) Singapor	640819	-	81 #06-242	
	RIVER ALSO POLI	CYHOLDED		
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DINRIC/FIN/PASSPORT	S9725801F	CON	_(MALE / FEN TACT:_ 9048	
CIADDRESS: DIC 19	Junona West Sta	et 81 #06-24	ACI: 4048	50 10
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IF YES, PLEASE STATE WE	ICH POLICE STAT	10N:		*
4 10 of passings a) VEHICLE NUMBER: PC			- A 1111	Table
Chichiding dulver) B) DRIVER'S NAME: Kon	Jobby Trace	MODEL	: Toyota HIA	CE
( ) NRIC/FIN/PASSPORT	CANAN POIN		5350 00	- 6
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( Ind. ) OI DRIVER'S NAME:		MODEL	-	
(Induding driver) I) HRIC/FIN/PASSPORT:	The Mills dive	والماوال إسرامي	nr.	
		UONTA	(CT: <u>:-</u>	
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email = jlekkaisheng@gmail com VIDBO given by thumb drive





Motor Private Car

MX1

N SN

ANOS95A Cov. Type:T

CERTIFICATE OF INSURANCE

stor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990 Road Transport Act, 1987 (Malaysta) Motor Vehicles (Third-Party Risks) Rules, 1959 (Mataysia)

CERTIFICATE No.

DMPCSNW00069492000

Engine No.: 1NZX396609

Cha. No.:MR053HY4204179506

1. Index Mark and Registration

SGFB086K

Number of Vehicle

2. Name of Policy Holder

LEK YIAK LEE

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Erischment (11:03:39)

17/06/2020

4 Date of Expiry of Insurance

16/06/2021

5. Persons or Classes of Persons entitled to drive."

(a) The Policyholder.

(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.

\* 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

TECK WEI CREDIT PTE LTD FOR CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

210 Turf Club Road The Grandstand, Lot A8

Issued By: TECK WEI CREDIT PTE LTD Authorised Officer

Singapore 287995 Tel: 6465 0020 Fax: 6465 0017 Email: info@teckwei.com.sg

Authorised Signatory

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

O6389 6111

6222 1033

www.sg.cntaiping.com