

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	17/08/2020 16:15
Date Of Accident	17/08/2020 08:05
Exact Location Of Accident	ALONG UPPER SERANGOON RD AFT LOR LIEW LIAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCM1234G
Insured/Policyholder	
Name Of Registered Owner	NG BOON LIN
NRIC No	S0363337C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98553492
Alternative Phone No	OFFICE-98553492

Vehicle Particulars

Manufacturer	NISSAN
Model	NISSAN / SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PERSONNEL
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	DMPCSNA00056512007
Cover Note Number	

Driver

Name of Driver	TAN MOI ING
NRIC No	S0363335G
Date Of Birth	01/01/1928
Occupation	INDOOR
Date Of Driving Pass	12/11/1964
Driving Experience	55 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98553492
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	49A LORONG ONG LYE
Postcode	536423
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - WIFE
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	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 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 TRAVELLING ALONG UPPER SERANGOON ROAD AFTER LORONG LIEW LIAN ON THE CENTER LANE. A RED TAXI SHC5344P COMING FROM EXTREME RIGHT LANE AT A VERY FAST SPEED SIDE SWIPE MY VEHICLE ONTO THE DRIVER REAR SIDE ALL THE WAY TO THE FRONT. SHC5344P FRONT BUMPER AND SCRATCHES ON FRONT LEFT SIDE OF VEHICLE.

Attachment(s)

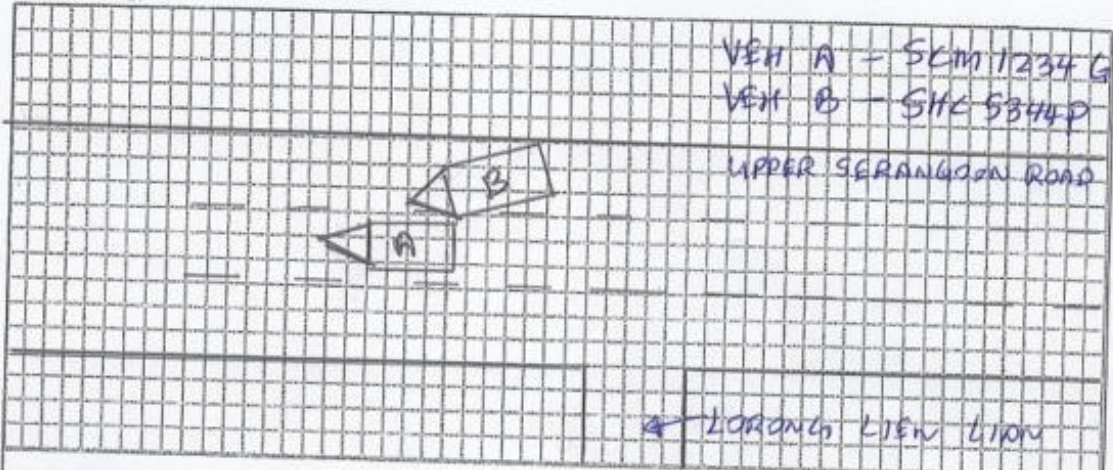
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5344P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG UPPER SERANGOON ROAD AFTER LORONG LIEW LIAN ON THE CENTER LANE. A RED TAXI SHL 5344P COMING FROM EXTREME RIGHT LANE AT A VERY FAST SPEED SIDE SWIPE MY VEHICLE ONTO THE DRAINER REAR SIDE ALL THE WAY TO THE FRONT. SHL 5344P FRONT BUMPER AND SCRATCHES ON FRONT LEFT SIDE OF VEHICLE.

IMPORTANT NOTE

Under General Condition - Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

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

* Ng Ben Lian 陳妹英
Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name: RAMESH
NRIC / Pin No.:



Accident Sketch Plan

SKETCH PLAN

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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:

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

Reporting Centre Personnel's Signature
Name: Ramesa
NRIC/FIN No.:



Certificate of Insurance



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

Motor Private Car

MX1F

R SN

AN0185A

Cov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1989
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1956 (Malaysia)

CERTIFICATE No. DMPCSHA00050512007

Engine No.: HR10990135A
Chs. No. MNTBSAB17Z0008603

1. Index Mark and Registration Number of Vehicle SCM1234G

2. Name of Policy Holder NG BOON LIN

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Decree 12/08/2020

4. Date of Expiry of Insurance 11/09/2021

Named Drivers Ex Sect. I \$5500.00
Additional Ex Other than Named Drivers:
Ex Sect. I - Age <= 25 \$53,000.00
Ex Sect. I - Age >= 26 \$5500.00
* Age as at date of accident
EX ON WINDSCREEN \$5100.00

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 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 \$3500 will apply to the Insured and Named Drivers in the event of Own Damage Claims at our Authorised Workshops for each Policy Year.

* 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 Readings.

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: Ho Li Hwa Irene
Authorised Officer

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

DRIVER

5827443



NRIC No: S0363335G



Date of issue
27-10-2017


Address:
49A LORONG ONG LYE
SINGAPORE 536423

DRIVER

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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 1		12 Nov 1994

NP 428A



License No: S0363335G

Identification Card

DRIVER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0363335G



Name
TAN MOI ING

陈妹英

Race
CHINESE

Date of Birth
1928

Country/Place of birth
CHINA

Sex
F



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S0363335G

Name:
TAN MOI ING

Birth Date: 1928

Issue Date: 18 Dec 2002



DRIVER

Identification Card

POLICY HOLDER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0363337C



NAME
NG BOON LIN
黄文林

RACE
CHINESE

Date of Birth
1927

Sex
M

Country of Birth
CHINA



0487362



HIC No. S0363337C



Blood Group
O+

Date of Issue
23-04-1992

Address
49A LORONG ONG LYE
SINGAPORE 1953

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

