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Owner / Driver: (		,	Tel:	)	
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.
- 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.

-0.000000		
	ACCIDENT STATEMENT	
Date Of Report	04/09/2020 10:40	
Date Of Accident	03/09/2020 12:20	
Exact Location Of Accident	JURONG POINT SHOPPING MALL BASEMENT 1 CARPARK	
Country/State of Loss	SINGAPORE	
establishment of the Design of	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMJ8791R	
Insured/Policyholder		
Name Of Registered Owner	NAH BOON HUI MAX	
NRIC No	SXXXX734H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97942315	
Alternative Phone No	OTHERS-97942315	
Vehicle Particulars		
Manufacturer	BMW	
Model	5201-2.0 L AT D/AB 2WD 4DR GAS/D NAV (A)	
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	THIRD PARTY	
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	DMPCSN30329819000	
Cover Note Number		
Driver		
Name of Driver	CHANG MEI KHUAN MARY	
NRIC No	SXXXX592A	
Date Of Birth	25/12/1969	
Occupation	INDOOR	
Date Of Driving Pass	26/05/1998	
Driving Experience	22 YEARS AND 3 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-97942315	
Fax Number	Wishoosed (1986)94-540 (1986)	
그런 중 점점 : : :		

OTHERS-97942315

NOEMAIL

Address

351 PASIR PANJANG ROAD

#03-11 MURANO

Postcode

118693

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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)

0

**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?

NO NO

Was there any audio recorded?

**Details of Witness 1** 

Name

KONG KWEK FON

Phone Number

SECURITY OFFICER

Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

YP506C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 14

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
- 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)
  - (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

olicyholder's Signature

Date & Time:

Driver's Signature

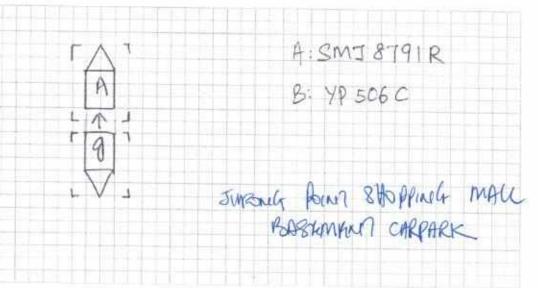
(If driver is not the policyholder)

Date & Time:

Reporting Centr

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	parked my vehicle at Jurong Point Shopping Mall at
Bacement	1 Carpark lot. When I returned back to my
vehicle o	it about 12:20pm, I realised my vehicle rear portion was
damaged	and vehicle B had collided into my vehicle. I went
to look	for the security and they witnessed both
lehicles w	ere in contact. The security officer is Kong kwek fon from
rosegur	Security. I waited for the dover and we both
igreed t	o proceed with insurance claim. The DRIVER OF THE
LORRY H	H ADMITTED THIS IS HIS FAULT

## DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's

Name: NRIC/FIN No.:

## SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 03-Sep-2020 ACCIDENT TIME: 1220

LOCATION: JURONG POINT CARPARK

VEHICLE NUMBER: SMJ8791R

INSURED NAME: NAH BOON HUI MAX

NRIC / FIN: S7013734H

CONTACT: 97942315

MAKE: B.M.W.

MODEL: 520I 2.0L AT D/AB 2WD 4DR GAS/D

NAV

Are you claiming under your own insurance policy for repair to your vehicle?

) Yes, If No, Pls Select: ( 

) Third Party (

) Reporting Only

INSURANCE COMPANY: CHINA TAIPING

TYPE OF POLICY: Comprehensive

POLICY NUMBER: DMPCSN3032981900

EXPIRY DATE: 27-Sep-2020

NAME DRIVER: CHANG MEI KHUAN MARY

NRIC / FIN: S6945592A

CONTACT: 97942315

DATE OF BIRTH: 25-Dec-1969

DRIVING PASS DATE: 26-May-1998

OCCUPATION: Indoor

GENDER: Female

EMAIL ADDRESS:

ADDRESS OF DRIVER: 351 PASIR PANJANG ROAD #03-11 MURANO SINGAPORE 118693

Relationship Of The Driver With The Insured:

Spouse

Number Of Passenger Include Driver:

1 Driver

NAME

NRIC/FIN/BC

GENDER

INJURED

CHANG MEI KHUAN MARY

S6945592A

Female

INJURY DETAILS: 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident?

No

Convey By Ambulance:

No

Was There Any Video Capture By Car Camera? Was There Accident Reported To The Police?

No

No

Police Report Number:

NIL

**Details Of 3rd Party** 

Name

NRIC

Contact

No.of Paxs(incl' driver)

Veh B YP506C

Not Sure



Motor Private Car

MX1/NDE

SN

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)

AN0667A Cov. Type:C

CERTIFICATE No.

DMPCSN30329819000

Engine No.: A0850370N20B20B

Cha. No.:WBAXG12040DX52299

Index Mark and Registration

SMJ8791R

AUTOSAFE

Number of Vehicle

4. Date of Expiry of Insurance

2. Name of Policy Holder

NAH BOON HUI MAX (NON-DRIVER)

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

04/05/2019

Named Drivers Ex Sect. I

\$\$750.00

27/09/2020

Additional Ex Other than Named Drivers; Ex Sect. 1 - Age <= 25

\$\$3,000.00 \$\$500.00

Ex Sect. 1 - Age >= 26

\* Age as at date of accident EX ON WINDSCREEN.

5\$100.00

Persons or Classes of Persons entitled to drive\*

Any 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,

CHANG MEI KHUAN MARY

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 lossed 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.: MAYBANK 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Lim Lee Choo Issued By: ..... Authorised Officer

Authorised Signatory

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	note.
Owner ID Type:	Singapore NRIC
Owner ID:	Follows (March
Vehicle Details	734H
Vehicle No.:	SMJ8791R
Vehicle to be Exported:	Yes
Intended Deregistration Date:	05 Sep 2020
Vehicle Make:	8.M.W.
Vehicle Model:	17.11
Primary Colour:	5201 2.0L AT D/AB 2WD 4DR GAS/D NAV
Manufacturing Year:	Grey
Engine No.:	2012
Chassis No.:	A0850370N20B20B
Maximum Power Output:	WBAXG12040DX52299
Open Market Value:	135.0 kW (181 bhp)
Original Registration Date:	\$41,668.00
First Registration Date:	28 Mar 2013
Transfer Count:	28 Mar 2013
Actual ARF Paid:	1
Intended PARF Rebate Details	\$45,336.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Mar 2023
PARF Rebate Amount: Intended COE Rebate Details	\$27,201.00
COE Expiry Date:	27 Mar 2023
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$73,900.00
COE Rebate Amount:	\$18,912.00
Total Rebate Amount:	\$46,113.00
information contained herein is correct as at 04 Sep 2020	940,113.00