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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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

Date Of Report 22/09/2020 09:30 Date Of Accident 20/09/2020 20:30 Exact Location Of Accident BEATTY LANE Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SL3323T Insured/Policyholder Name Of Registered Owner LIU YAT HENG NRIC No SXXXXX887I Email Address NOEMAIL Mobile Phone No (LOCAL) +65-88583323 Alternative Phone No OFFICE-88583323 Vehicle Particulars MASERATI Model GRANTURISMO Exact Purpose for which vehicle was being used at me of accident PARKED Are you claiming under your own insurance policy for repair to your vehicle? NO Ho, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD. Typpe Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number DMPCSNW00090102000 Cover Note Number LIU YAT HENG		ACCIDENT STATEMENT
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Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE Fleet Policy NO Policy Number DMPCSNW00090102000 Cover Note Number LIU YAT HENG NRIC No SXXXX887I Date Of Birth 23/05/1975 Occupation Date Of Driving Pass 31/01/2000 Driving Experience COMPREHENSIVE NO DMPCSNW00090102000 LIU YAT HENG SXXXX887I DOOR 31/01/2000 Driving Experience 20 YEARS AND 7 MONTHS Gender MALE	Vehicle Category	PRIVATE CAR
Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number DMPCSNW00090102000 Cover Note Number Driver LIU YAT HENG NRIC No SXXXX887I Date Of Birth 23/05/1975 Occupation INDOOR Date Of Driving Pass 31/01/2000 Driving Experience 20 YEARS AND 7 MONTHS Gender MALE	Insurance Company	
NO	Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
DMPCSNW00090102000	Type Of Coverage	COMPREHENSIVE
Cover Note Number Driver Name of Driver LIU YAT HENG NRIC No SXXXX887I Date Of Birth 23/05/1975 Occupation INDOOR Date Of Driving Pass 31/01/2000 Driving Experience 20 YEARS AND 7 MONTHS Gender MALE	Fleet Policy	NO
Driver LIU YAT HENG NRIC No SXXXX887I Date Of Birth 23/05/1975 Occupation INDOOR Date Of Driving Pass 31/01/2000 Driving Experience 20 YEARS AND 7 MONTHS Gender MALE	Policy Number	DMPCSNW00090102000
Name of Driver LIU YAT HENG NRIC No SXXXX887I Date Of Birth 23/05/1975 Occupation INDOOR Date Of Driving Pass 31/01/2000 Driving Experience 20 YEARS AND 7 MONTHS Gender MALE	Cover Note Number	
NRIC No SXXXX887I Date Of Birth 23/05/1975 Occupation INDOOR Date Of Driving Pass 31/01/2000 Driving Experience 20 YEARS AND 7 MONTHS Gender MALE	Driver	
Date Of Birth 23/05/1975 Occupation INDOOR Date Of Driving Pass 31/01/2000 Driving Experience 20 YEARS AND 7 MONTHS Gender MALE	Name of Driver	LIU YAT HENG
Occupation INDOOR Date Of Driving Pass 31/01/2000 Driving Experience 20 YEARS AND 7 MONTHS Gender MALE	NRIC No	SXXXX887I
Date Of Driving Pass 31/01/2000 Driving Experience 20 YEARS AND 7 MONTHS Gender MALE	Date Of Birth	23/05/1975
Driving Experience 20 YEARS AND 7 MONTHS Gender MALE	Occupation	INDOOR
Gender MALE	Date Of Driving Pass	31/01/2000
	Driving Experience	20 YEARS AND 7 MONTHS
	Gender	MALE
Mobile Number (LOCAL) +65-88583323	Mobile Number	(LOCAL) +65-88583323
Fax Number	Fax Number	
Contact Number OFFICE-88583323	Contact Number	OFFICE-88583323

NOEMAIL

Address BLK 9 BOON KENG RD #34-164

Postcode 330009

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 -

insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

NO

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name MOULMEIN NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 101 JALAN RAJAH , POSTCODE: 320101 , COUNTRY:

n Address SINGAPORE

Police Station Contact TEL NO: 1800-2508999 - FAX NO: 63554312

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200921/2065

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGH7872D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Transit desport rames

Address

Postcode

Insurance Company Name

Page 2 of 21

Nature Of Damage	
No. Of Passenger (Including Driver)	
	Page 3 of 21

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No.:

		A) SLL 3323 T
	AN	B.) SGH 7872D
	Beatty 1	lane
DIDE CIDENTACE		
RIBE CIRCUIVISTAN	CES OF THE ACCIDENT	
* Refer th	e attached Police Report No : T	/20200921/2065.
7 NC1C1 10	e disented intro vehoci ilo a l	1 20200 12 1 2003 .
<u> </u>		
		41
1		
RATION	A	
RATION eclare the foregoing pa	articulars are true in every respect.	
	articulars are true in every respect.	<u>L</u>
	articulars are true in every respect.	A.
	articulars are true in every respect. Driver's Signature	Reporting Centre Personnel's Signature

NRIC/FIN No.:

Date & Time:





Police Station Of Origin:

Moulmein NPP

101 Jalan Rajah #01-01 SINGAPORE

321101

Tel No: 1800-25089999

REPORT OF A TRAFFIC ACCIDENT

T/20200921/2065

1 of 3 Report No. T/20200921/2065

Date/Time Report Made: 21/09/2020 13:55		Vide Report No.:	Station Diary No. 16		
Informa	nt's Partic	ulars	GIVE AND AND THE		
Name o	f Informant: HENG		Address: APT BLK 9 BOON KENG ROAD #34-164 SINGAPOR 330009		
ID Type / ID No.: NRIC NO / S7514887I		Contact No.: Home/Office:	Mobile: 88583323		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 45	Date of Birth: 23/05/1975	Type of Informant: Vehicle Owner		
Race: Chinese		Language:	Institution / School Name:		
Occupation: HOTEL MANAGEMENT		Driving Licence Informa Class: 3	ation: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/09/2020 20:30	Type of Location Straight Road	
Location: BEATTY LAN Weather: Clear	E	Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume: Light	
		Not Controlled		Ligit	

Details of V	ehicle Invo	lved			N. HERRISONS IN	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGH7872D	Car	NISSAN	Sylphy	Black	No Damage	0
SLL3323T	Car	MASERATI		Black	Slightly Damaged	0

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL3323T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000901 02000	20/07/2020	19/07/2021





Police Station Of Origin: Moulmein NPP 101 Jalan Rajah #01-01 SINGAPORE 321101 Tel No: 1800-25089999

CONTINUATION OF REPORT

2 of 3 Report No. T/20200921/2065

Any Pedestrian I	nvolved: No				
No. of Pedestrian		Use of Peo	lestria	Cross	ing: NA
Vehicle Owner		1 000 011 00	acoura.	101033	ang. IVA
Name	LIU YAT HENG		ID No		S7514887I
Related Vehicle	SLL3323T (Car)		Conta	ct No.	88583323
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	The same of the sa	NIL	
No. of Days granted Medical Leave NIL		Degree of			

Brief Details.

On 20/09/2020 @ about 1928hrs, I parked my car, one Black Maserati (SLL3323T), in front of Thekchen Choling Temple. I then came back to my car at about 2100hrs, and discovered the right rear bumper and rim moderately damaged. While I was checking the damages, one male Chinese (Patrick, 90908755) approached me and informed me that he earlier witnessed one grey Nissan Sylphy (SGH7872D), parked directly behind my Maserati, had side swiped my car while attempting to turn out from the lot, and subsequently drove off. He then passed me video footages from his in-car camera, which aligned with his facts.

I reviewed my in-car camera footage and saw one grey vehicle, parked behind my car, come to an abrupt stop beside my car while turning out from their lot as well.

I wish to state that I am unsure of the exact lot number and am unsure if there are any CCTVs around.





T/20200921/2065

3 of 3

Report No. T/20200921/2065

Police Station Of Origin: Moulmein NPP 101 Jalan Rajah #01-01 SINGAPORE 321101 Tel No: 1800-25089999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 ADAM MALIK BIN MOHAMED ABUSALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/09/2020 13:55
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	5.4.60
Authentication Stamp	\



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1/B

N

SN BR0128A

Cov. Type:C

CERTIFICATE OF INSURANCE Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00090102000

Engine No : M145T183083

1. Index Mark and Registration

Cha. No.: ZAMLN45C000063407

Number of Vehicle

SLL3323T

2. Name of Policy Holder

LIU YAT HENG

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (17:31:02)

Excess Sect 1.

\$\$5,000.00

Excess Sect. I (Outside Singapore) EX ON WINDSCREEN .

S\$10,000.00

4. Date of Expiry of Insurance

\$\$500.00

19/07/2021

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below. 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

LIU YAT HENG

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 fulfion 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,

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: G&M PTE LTD Authorised Officer

Authorised Signatory

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

O6389 6111

6222 1033

www.sg.cntaiping.com

^{*} 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 (Malaysie), are not to be included under these headings.

Date of Accident	: 10.09.2020 Accident Time: 20.30 MM (24-HR-Format)
Accident Place	: Beatty Lane
Vehicle. No. (Car Plate No.)	: SLL 3323T Make/Model: Maserati Granturismo.
Insurace Company	: china Taijing Policy No: DMPCSHW 00090102000
Owner or Company Name /IC No.	: Liu Yat Heng (S 7514887I).
Owner or Company Contact No.	: 8858 3323 . Owner's Hp Company Tel
DRIVER'S Name / IC No.	: as above
DRIVER'S Date Of Birth	: 13.05. 1975 DRIVER'S License Pass Date 13.05.1975
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 9 Boon Keng Road #34-164 (5) 330009.
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	:CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	river): No Driver / No passenger.
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident Private use Work purpose
Other P	arty Driver's Particular (if anv)
Vehicle. No: 36 H 7872	Vehicle, No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	
IC No. Driver/Contact:	

* NEW - Passenger's name & gender:

