MJAS20051105-01 / Jin Auto Services Pte Ltd - Defu
ENTRY DATE & TIME: 12/06/2020 12:25
SUBMITTED BY: Soh Wah Jin

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 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.

ACCIDENT STATEMENT

Date Of Report	12/06/2020 12:25
Date Of Accident	12/06/2020 08:50
Exact Location Of Accident	JUNCTION OF JLN ISHAK & JALAN MARZUKI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP73L
Insured/Policyholder	
Name Of Registered Owner	LOH TZE KEONG RICHARD
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 AVANT 2.0 TFSI QU S TRONIC
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	DMPCSN1529891904
Cover Note Number	
Driver	
Name of Driver	LOH TZE KEONG RICHARD
NRIC No	S1647114C
Address	BLK 103 LENGKONG TIGA #11-381
General Information of the Accident	
Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Other Information	
Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

Circumstances of Accident

WHEN I WAS TRAVELLING ALONG JALAN MARZUKI TURING RIGHT INTO JALAN ISHAK , VEHICLE B WAS MOVING STRAIGHT OF JALAN ISHAK ,WHEN I WAS TURNING MY VEHICLE FRONT LEFT PORTION ACCIDENTALLY COLLIDED ONTO VEHICLE B'S FRONT RIGHT PORTION . NO ONE WAS INJURED .

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	SLH1632K
Vehicle Make/Model/Colour	NISSAN
Name of Driver	CHANDRI RAMESH JETHWANI
Insurance Company Name	

DETAILS OF INJURED PERSON 1

Name	CHANDRI RAMESH JETHWANI
Injured person in which vehicle?	SLH1632K

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

   (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 any 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 our vetting, investigations, combating 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

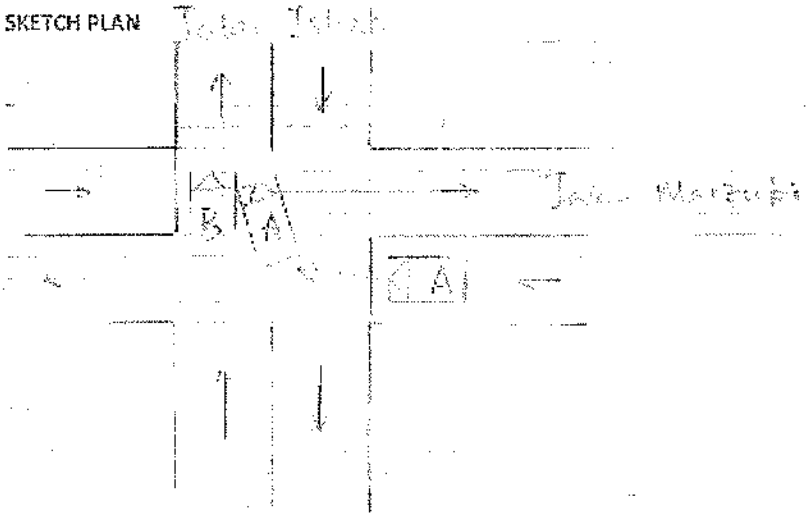
Policyholder's Signature
Date & Time: 12/08/2020

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was travelling along Jalan Maruti turning right to Jalan Ishak, vehicle B was moving straight at Jalan Ishak, when I was turning my vehicle's front left portion accidentally collided with vehicle B's front right portion. No one was injured.

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 Signature Name: 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

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)

CERTIFICATE No.	[illegible]
1. Index Mark and Registration Number of Vehicle	[illegible]
2. Name of Policy Holder	[illegible]
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	[illegible]
4. Date of expiry of Insurance	[illegible]
5. Persons or Classes of Persons entitled to drive *	[illegible]

(A) THE POLICYHOLDER

(B) ANY OTHER PERSON WHO IS DRIVING [illegible]

[illegible]

6. Limitations as to use *

[illegible]

THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD [illegible]

[illegible] TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES [illegible]

OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

[illegible] WILL BE PAYABLE.

[illegible]

* 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

Countersigned By: Authorised Officer

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel 6389 6111 Fax 6221 2092 Website www.sg.cntaiping.com

SINGAPORE POLICE FORCE

T/20200622/7007

Report No. T/20200622/7007

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
22/06/2020 12:11		

Informant's Particulars

Name of Informant: LOH TZE KEONG RICHARD			Address: APT BLK 103 LENGKONG TIGA #11-381 SINGAPORE 410103
ID Type / ID No.: NRIC NO / S1647114C			Contact No.: Home/Office: Mobile: 97522771
Nationality: SINGAPORE CITIZEN			Email: richardtkloh@gmail.com
Sex: Male	Age: 56	Date of Birth: 17/05/1964	Type of Informant: Driver
Race: Chinese			Language: English Institution / School Name:
Occupation: Portfolio Manager			Driving Licence Information. Class: Date of Expiry

General Information of the Accident

Type of Accident:	Injury	Drink Drive	Date/Time of Accident:	Type of Location:
	Others	No	12/06/2020 08:50	X-Junction

Location:
LORONG MARZUKI

Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP73L	Car	AUDI	A4+AVANT+2.0+TFSI+QU+S+TRONIC	Grey		0
SLH1632K	Car	NISSAN	Sylphy	Grey		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP73L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN15298919 04	24/08/2019	23/08/2020

SINGAPORE POLICE FORCE

T/20200622/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20200622/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOH TZE KEONG RICHARD	ID No.	S1647114C
Related Vehicle	SJP73L (Car)	Contact No.	97522771
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHANDRI RAMESH JETHWANI	ID No.	S2588905C
Related Vehicle	SLH1632K (Car)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/06/2020	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details:
When I was travelling along Jalan Marzuki turning right into Jalan Ishak, vehicle B was moving straight on Jalan Ishak when I was turning and the front left of my vehicle accidentally collided onto Vehicle B's front right portion. I asked if the driver and passenger of the other vehicle were injured but they said that they were fine. I am not aware if they had subsequently reported any injury.

SINGAPORE
POLICE FORCE

T/2020062207007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/2020062207007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
22/06/2020 12:11

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

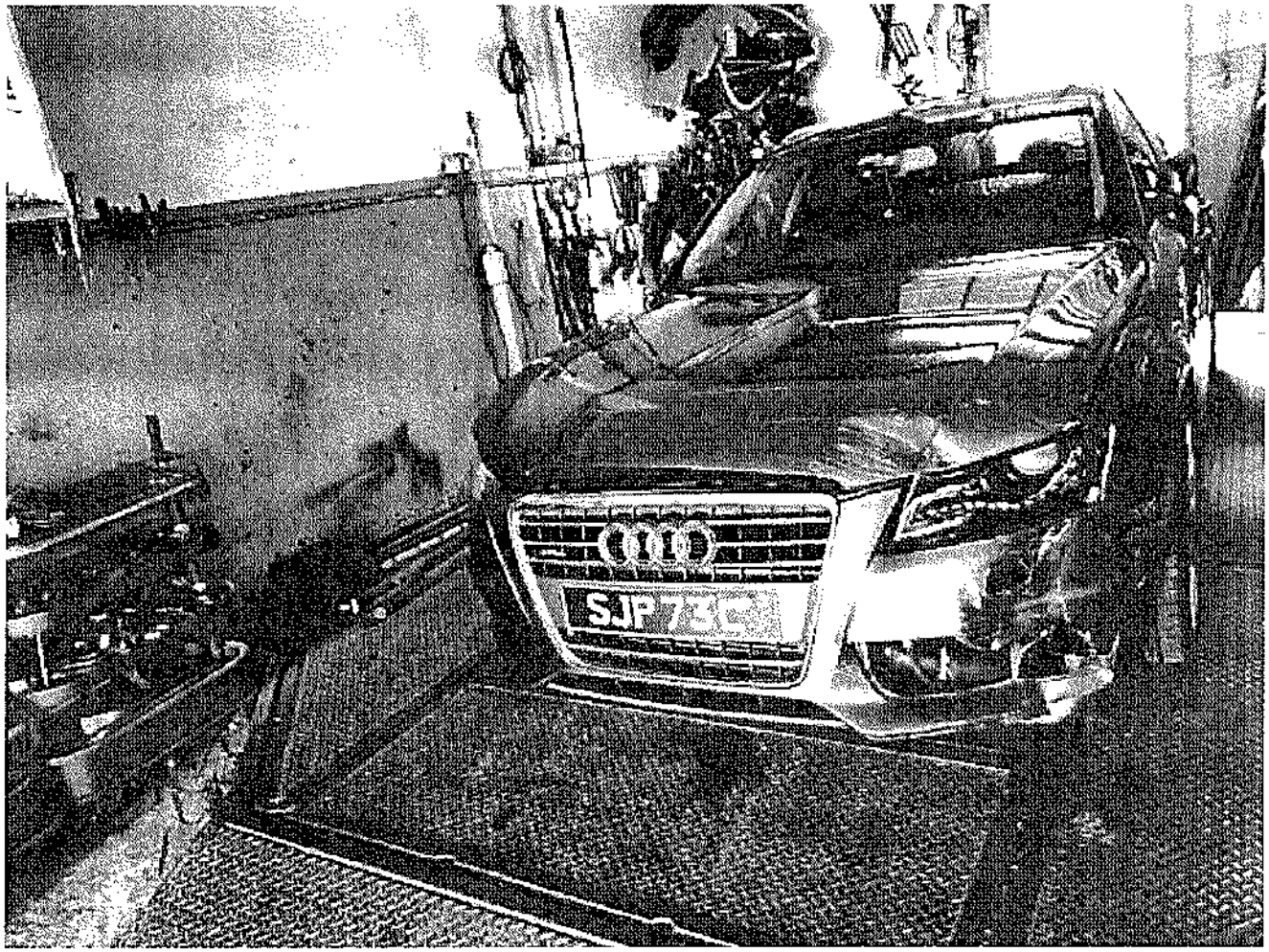
Authentication Stamp

ACCIDENT SENCE

Accident Photo

Accident Photo

Accident Photo

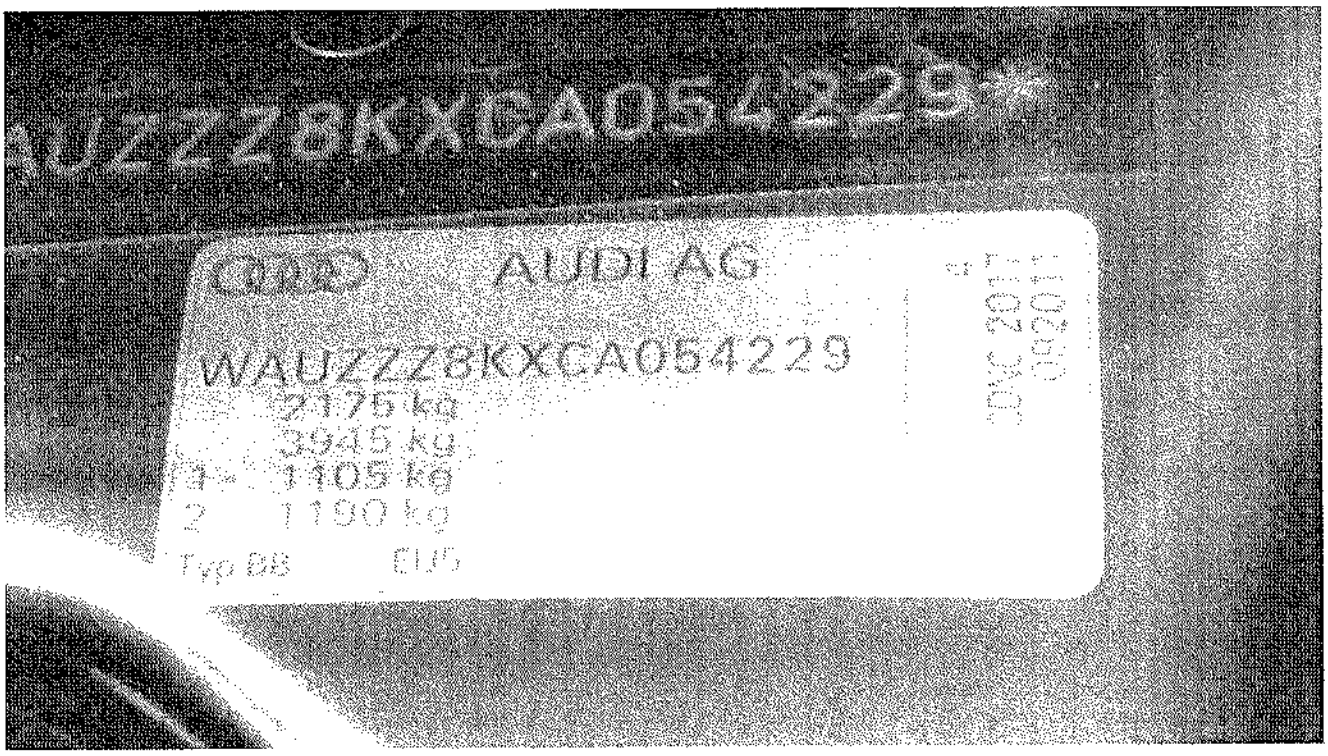


Accident Photo

Accident Photo

Accident Photo

Accident Photo



GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0210 Fax (65) 6224 0230
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S68WC0006G / GST Reg. No M4-0017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MJAS20051105 Vehicle Registration No: SJP73L

Name(as shown on NRIC) : LOH TZE KEONG RICHARD NRIC/FIN/Passport No : Sxxxx114C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK103 LENGKONG TIGA #11-381 Singapore(410103)

Contact (Tel) : - Mobile No. : 97522771

Email Address : -

Date of Accident : 12-06-2020 Time of Accident : 08:50

Place of Accident : JUNCTION OF JLN ISHAK & JLN MARZUKI

Insurance Company : CHINA TAIPING INSURANCE (S) PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments

PLEASE REFER TO THE ATTACHED POLICE REPORT.

Policyholder / Driver's Signature
Date.

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