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Confirmed by 1 ([Note-Est Status (WO): N:	0-20%: P: 21-79%. P:	30-100%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 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.
- 8. 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.

The second secon	ACCIDENT STATEMENT	
Date Of Report	30/10/2020 14:52	
Date Of Accident	28/10/2020 20:15	
Exact Location Of Accident	ALONG NIVEN ROAD	
Country/State of Loss	SINGAPORE	
Manual Committee of the	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMP3688H	
Insured/Policyholder		
Name Of Registered Owner	TAY HOCK GUAN	
NRIC No	SXXXX929C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-94355758	
Alternative Phone No	OTHERS-94355758	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	WISH	
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
f 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	
Palicy Number	DMHCSN19352819000	
Cover Note Number	* 250 MINISTER	

Driver

Name of Driver TAY HOCK GUAN NRIC No SXXXX929C Date Of Birth 13/07/1970 Occupation OUTDOOR Date Of Driving Pass 18/01/2001 Driving Experience

19 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94355758

Fax Number

Pontant Minister OTHERS DARESTO Address

BLK 689F WOODLANDS DRIVE 75

#10-140

Postcode

736689

OWNER

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

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?

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

NO

ambulance?

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

PLEASE REFER TO SKETCH PLAN

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 Witness 1

Name

CHEONG POH LIM

Phone Number

63385687

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGM7782D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

200

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.
- 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>.
- 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.
- 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.
- 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:
 - 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.

Lguan

Policyholder's Signature Date

& Time:

Driver's Signature

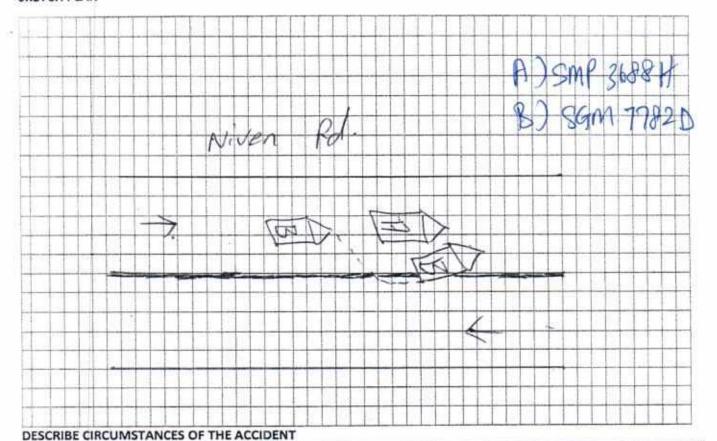
(If driver is not the policyholder) Date

& Time:

Reporting Centre Personnel's Signatu

Name:

NRIC/FIN No.



2	At mentioned Date and Time, I was	
drivin	along Niver Rd, suddenly vehicle (B)	
from	my rear and cut out from single	
line	and cut in my line and hit into	_
	The second secon	
MY	right front portion, I have a witness	5
4	31	
from	beside shop (cheony Poh Lim) 63385687	

DECLARATION

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

x quan

Policyholder's Signature Date

& Time:

Driver's Signature (If driver is not the pol

(If driver is not the policyholder) Date

& Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

108/

5

Email: sm@idac.com.sg Tel no: 6555 6888
*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 38 / 10 /2020 (dd/mm/yy)	Time of Accident: 20: 15 (24-HR-FORMAT)
Vehicle No.: SMP 3 6 88H Vehicle Make & N	Model:
This doc making the second second	
Exact location of Accident: Niven Rd.	
Policyholder's Name / IC No. : Tay Hook	Guan 3 7033739C
Driver's Name / IC No. :	(As Abova)
Oriver's Contact No.: 9435 5758Com	pany Contact No (Company Veh Only):
Driver's Address:	
Email address :	Insurance Company: China Taiping
Relationship between Owner & Driver: (Please CIR Owner / Spouse / Children / Friend / Parents / Sibling / I	CLE one only) Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one on	
Own Insurance / Other Vehicle (The one you	want to claim against) / Reporting (For Record Purpose)
xact purpose for which the vehicle Vas being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
	*No. of Passengers (Including Driver):
Passanger Name:	
Name;	and a state of the second content of the sec
Weather condition & Road conditions? (On the day of	of accident)
Clear & Dry / Raining & Wet / After	-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camera?	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Any Injuries: Yes / No (If YES) Injured	i Person' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
) Which Police Station:
Th	ne Other Party(s) Details:
. D. Carta Nama / IC No.	Vehicle No: SGM 7782D
1. Driver's Name / IC No.	I
	Insurance Company :
	Vehicle No:
Driver's Contact No:	Insurance Company :
*Independent Witness (If Any):	
Preferred Workshop Name:	22



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

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, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

SN

ANDOSSA. Cov. Type:C

CERTIFICATE No.

DMHCSN19352819000

Engine No.: 2ZR1960673

Cha. No.:JTDGG20W40J007070

Index Mark and Registration

AUTOSAFE

Number of Vehicle

SMP3688H

2. Name of Policy Holder

TAY HOCK GUAN

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

09/09/2019

Excess Sect 1.

S\$1,250.00

Excess Sect. I (Outside Singapore)

\$\$2,500.00

Excess Sect. II

\$\$1,500.00

4. Date of Expiry of Insurance

21/12/2020

Excess Sect.II (Outside Singapore).

5\$3,000.00

EX ON WINDSCREEN .

5\$100.00

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. Vehicle.

THE POLICYHOLDER

ANY AUTHORISED DRIVER

6, Limitations as to use:

Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hirad.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: HONG LEONG FINANCE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Venicles (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.

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

Q6389 6111

6222 1033

www.sg.cntaiping.com