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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

Gender

- 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

	ACCIDENT STATEMENT
Date Of Report	11/11/2020 16:42
Date Of Accident	14/09/2020 11:50
Exact Location Of Accident	JUNCTION OF WOODLANDS AND KRANJI ROAD
Country/State of Loss	SINGAPORE
OF BUTTON OF BUTTON	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW5873A
Insured/Policyholder	
Name Of Registered Owner	ECHAN STUDIO
Co Reg No	5XXXX454D
Email Address	KENNYKOH08@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91658473
Alternative Phone No	OFFICE-91658473
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE
Exact Purpose for which vehicle was being used at ime of accident	WORKING PURPOSES
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNW00001722000
Cover Note Number	
Driver	
Name of Driver	KOH CHYE MING, KENNY
NRIC No	SXXXX097G
Date Of Birth	23/09/1981
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2019

MALE

1 YEAR AND 1 MONTH

(LOCAL) +65-91658473

OTHERS MISSOUTS

BLK 208 PUNGGOL PLACE Address #08-936 Postcode 823208 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured OTHER - HIRER Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident COLLISION - CROSS JUNCTION 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 NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 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 OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBE9246Z** Vehicle Make/Model/Colour **Details Of Properties**

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.

Polityholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date & Time:

Email: sm@idac.com.sg Tel no: 6555 6888 Fax no: 6454 3279

Perso	nal Particula	rs of Owner &	Driver (V	ehicle A)	
Vehicle No.: SJW 5873 A Exact location of Accident: WO	(dd/mm/yy) Vehicle Make	Time of Accident: _ & Model: Kia	11 50 • C	(24-HR-FORMAT) ERATO FORTE	
Policyholder's Name / IC No. :_					-
roncynoider's Name / IC No. :_	CHYE MINIC	VENIN	1 332	434540	_
Driver's Name / IC No. : KOH	CITIE WING	, KENNY	58132097	(As Above)	П
Driver's Contact No. : 9165 84	1/3	_ Company Contact	No:		2001
Driver's Address: At 1 BER 2	OBC PUNGGO	L PLACE #08-9	36, SINGAP	ORE 823208	
Insurance Company:	Tarping E	mail address (if any)	KENNYKO	H08@GMAIL.COM	_
Relationship between Owner &	Driver: Hirer		or Oth	ers specify:	
What do you wish to claim? (Ple	ease TICK one	only)			
Own Insurance / Other V		(4)	w Z	and and	
Exact purpose for which the vehi Was being used at time of accider Private use / Work purpo	<u>cle</u> 11.2		e of job)	Indoor/ V Outdoor	
Passenger Name : Passenger Name :			Gender Gender	r:	
Weather condition & Road condi	tions? (On the day	of accident)			
✓ Clear & Dry / Raining &	Wet / After-R	ain & Wet / Dr	rizzling & Wet	/ Others:	
Was there any video captured by				- Canada	
Any Injuries: Yes / V No		The state of the s			
Injuries Sustain: Police Report filed: Yes /	No (If YES) V	/hich Police Station:	rson in Which V	/ehicle:	- 52
		er Party(s) De			
Driver's Name / IC No:	2110 0111	ci Tarty(s) De	tans:	6B=9246Z	Ø
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Driver's Contact No:		Insurance Company	(If any):	1100	-
*Independent Witness (If Any):			Contact !	No:	
Preferred Workshop Name:			Contract	(2)	_
00.			Confact N	vo:	_

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.

Motor Hire Car

MZ406L/9

SN

CERTIFICATE OF INSURANCE

AND420A

ator Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Vehicles (Third-Party Risks and Compensation) Rules, 1985 Road Transport Act, 1507 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1859 (Malaysia)

Cov. Type F

CERTIFICATE No.

DMHCSNW00001722000

Engine No.: G4FC8H345508 Cha No KNAFW411MA5178517

Andex Mark and Registrations

SJW5873A

Number of Vendle

ECHAN STUDIO

2. Name of Policy Heider

\$\$1,500.00

Effective date of the Commencement of theurence for the purposes of the Regulations. Ont hence or Enactment

20/03/2020

Expess Sect. II Excess Sect II (Outside Singapore).

\$53,000.00

4 Date of Expiry of Insurance

19/03/2021

5. Persons or Classes of Persons emitted to grive?

As per Named Driver(s) stated below

As per harmed priver(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 at that behalf from driving the Motor Vehicle.

ECHAN STUDIO

ANY AUTHORISED HIRER/DRIVER ONLY

(1) 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 fixed.

The Policy goes not cover

(1) Use for raping, pace-making, reliability that or speed-lessing.
(2) Use whilst drawing a trailer except the lowing (other than for reward) of any one disabled mechanically properled vehicle.

HIRE PURCHASE CO. LIAN HONG PTE LTD AS HP OWNER.

* Limitations rendered inoperative by Section 8 of the Moior 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 revulse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE: LTD

ISSUED BY INXPRESS ASURANCE AGENCY PTE LTD Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 📆 3 Anson Road #16-00 Springleaf Tower Singapore 075909

\$63896111

6222 1033

@www.sg.cntaiping.com