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 <u>truthful and accurate</u> 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.

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	09/11/2020 14:43
Date Of Accident	09/11/2020 08:40
Exact Location Of Accident	ALONG TPE TWDS SLE
Country/State of Loss	SINGAPORE
ı	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ121C
Insured/Policyholder	
Name Of Registered Owner	ANG KOK WEE ANDY
NRIC No	SXXXX322G
Email Address	SOFAANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91479080
Alternative Phone No	OTHERS-91479080
Vehicle Particulars	
Manufacturer	BMW
Model	523I-2.5 AT ABS D/AB 2WD 4DR GAS/D NAV (A)
Exact Purpose for which vehicle was being used at time of accident	
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	DMPCSNW00085202000
Cover Note Number	

Driver

Name of Driver ANG KOK WEE ANDY

NRIC No SXXXX322G

Date Of Birth 21/11/1975

Occupation OUTDOOR

Date Of Driving Pass 22/05/1996

Driving Experience 24 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91479080

Fax Number

Contact Number OTHERS-91479080

EMail Address SOFAANG@GMAIL.COM

Address BLK 112 BEDOK RESERVOIR ROAD #09-266

Postcode 470112

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

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

Was any other material or property damaged? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : SPOUSE

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON 09/11/2020 AT ABOUT 0840HRS, I WAS TRAVELLING ALONG TPE TOWARDS SLE. AS THERE WAS A TRAFFIC CONGESTION. MY VEHICLE WAS MOVING VERY SLOWLY AT LANE 1 AS THERE ARE MANY VEHICLES AHEAD OF MINE. SUDDENLY, I FELT AN IMPACT CAME FROM THE REAR OF MY VEHICLE. I ALIGHTED MY VEHICLE TO FIND OUT VEHICLE B HAS COLLIDED ONTO THE REAR OF MY VEHICLE.

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 SMD4707T

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Name of Driver SUN LI JING @RYAN SUN

NRIC/Passport Number SXXXX428E

Contact Number

Vehicle Category

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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:
 - (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:
 - 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: NRIC/FIN No.:

Name:

Reporting Centre Personnel's Signature

Sketch Plan #2

KETCH PLAN	
	A-SMJIJIC.
	B-SMD47077.
	Zone 3.
	tane J
	B. A Zane 1
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT
ON 09/11/2020	AT ABOUT OGACHES, I WAS TRAVELLING ALONG
	SLE . AS THERE WAS A TRAFFIC CONGESTION , MY
	MOVING VERY SLOWLY AT LANE 1 AS THERE
	EHICLES AHEAD OF MINE - SUDDENLY, I FELT
	ME FROM THE REAR OF MY VEHICLE. I
	VEHICLE TO FIND OUT VEHICLE B HAS
DECLARATION /We declare the foregoing pa	rticulars are true in every respect.

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Sketch Plan #3



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

CERTIFICATE OF INSURANCE

AN0570A

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act: 1857 (Malaysia) Motor Vehicles (Third-Party Risks) Rules: 1959 (Malaysia)

Cov. Type:C

CERTIFICATE No.

DMPCSNW00085202000

Engine No.: 04807386N52825AF

Cha. No.:WBAFP32010C257961

1. Index Mark and Registration

SMJ121C

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

4. Date of Expiry of Insurance

ANG KOK WEE ANDY

Named Drivers Ex Sect. | S\$1,000.00

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

Additional Ex Other than Named Drivers:

27/07/2021

Ex Sect. 1 - Age <= 25

\$\$3,000.00

Ex Sect. 1 - Age >= 26 * Age as at date of accident

\$\$500.00

EX ON WINDSCREEN .

5\$100.00

Persons or Classes of Persons ontitled to drive!

(a) The Policyholder.

(b) Any other 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

6. Limitations as to uso:*

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 losses occurring outside Singapore (Constructive Total Loss/Thett) 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 SINGAPORE LIMITED 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.

Issued By: M PRO CONSULTANCY Authorised Officer

Authorised Signatory

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

S 6389 6111

₱6222 1033

www.sg.cntaiping.com























