

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 withholding 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	13/11/2020 18:02
Date Of Accident	13/11/2020 08:20
Exact Location Of Accident	ALONG AYE TOWARDS TUAS BEFORE JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU5534D
Insured/Policyholder	
Name Of Registered Owner	DAVID TEO LIANG CHYE
NRIC No	SXXXX775E
Email Address	DAVID.TEO@OUTLOOK.SG
Mobile Phone No	(LOCAL) +65-81828681
Alternative Phone No	OTHERS-81828681

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA180 URBAN EDITION AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DMPCSNW00105332000
Cover Note Number	

Driver

Name of Driver	DAVID TEO LIANG CHYE
NRIC No	SXXXX775E
Date Of Birth	11/01/1964
Occupation	INDOOR
Date Of Driving Pass	18/01/1982
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81828681
Fax Number	
Contact Number	OTHERS-81828681

Address	BLK 8 HOLLAND AVENUE #20-06
Postcode	271008
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD34M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passengers (Including Driver)	

Vehicle Registration Number	SJB3317M
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DAVID TEO LIANG CHYE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMU5534D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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 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.

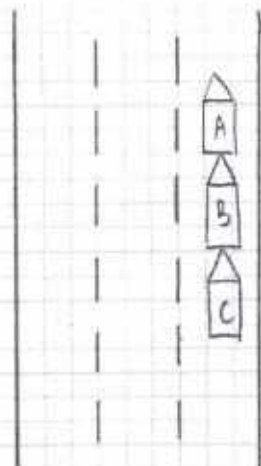
Policyholder's Signature _____
Date & Time: _____

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

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

SKETCH PLAN

Along AYE Towards Tuas before Jurong Town Hall



Vehicle A: 9MU5534D

Vehicle B: SJD34M

Vehicle C: SJB3317M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13 Nov 2020 at around 8:30am, I was travelling along AYE towards Tuas before Jurong Town Hall. Due to heavy traffic, the vehicle in front of me slow down and stopped so I follow suit to slow down and stopped my vehicle. Suddenly, I felt a great impact from the rear of my vehicle. When I got off my vehicle I realise vehicle B had collided onto the rear portion my vehicle.

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.:

Date of Accident : 13/11/2020 Accident Time: 8:20am (24-HR-FORMAT)
 Accident Place : Along AYE towards Tuas bfr Junyng town hall
 Vehicle Reg. No (Car plate No.) : SMU 5534D Vehicle Make/Model: Mercedes GLA180
 Insurance Company : China Taiping Policy No. DMPCSNW0010S332000
 Name of Registered Owner : Company / Individual David Teo Liang Chye
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: S1662775E
 : Co Contact No: - Owner's Contact No: 81828681
 DRIVER'S Name : David Teo Liang Chye DRIVER'S NRIC No: S1662775E
 DRIVER'S Date of Birth : 11 Jan 1964 DRIVER'S License Pass Date 18 Jan 1987
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : Apt B1k 8 Holland Avenue # 20-06 Singapore 271008
 DRIVER'S Contact No./ Alt No. : 1) 81828681 2) -
 DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : david-teo@outlook.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 1 person
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera? YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

(B) Other Party Driver's Particulars (if any)
 Vehicle Reg No: SJD34M Vehicle Reg No: STB3317M
 Vehicle Make/Model: - Vehicle Make/Model: mit lancer
 Name DRIVER: - Name DRIVER: -
 IC No. DRIVER: - IC No. DRIVER: -
 DRIVER'S Contact & add: - DRIVER'S Contact & add: -



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

\$1,865.14

MX1E

N SN

AN0055A

Cov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 187)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia)

CERTIFICATE No.

DMPCSNW00105332000

Engine No.: 27091031825855

Chassis No.: WDC1569422J670878

1. Index Mark and Registration
Number of Vehicle

BMU5534D

2. Name of Policy Holder

DAVID TEO LIANG CHYE

3. Effective date of the Commencement of
Insurance for the purpose of the Regulations,
Ordinance or Enactment

15/08/2020

Named Drivers Ex Sect. I
Additional Ex Other than Named Drivers:

\$5500.00

4. Date of Expiry of Insurance

17/08/2021

Ex Sect. I - Age <= 25

\$37,000.00

Ex Sect. I - Age >= 26

\$5500.00

* Age as at date of accident

EX ON WINDSCREEN

\$3100.00

5. Persons or Classes of Persons entitled 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 Vehicle.

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, 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/Theft) will be doubled. One time Waiver of Excess for the first \$51,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIKE PURCHASE CO., TECK WEI CREDIT PTE LTD AS HP OWNER

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 187) and Section 65 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 187) and Part IV of the Road Transport Act, 1987 (Malaysia).

TECK WEI CREDIT PTE LTD

Please sign in presence of:
C. Reg. No. 200612300K
210 Turf Club Road
The Grandstand, Lot A8
Singapore 287095

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

TECK WEI CREDIT PTE LTD
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (C. Reg. No. 2002081841)
11 Anton Road #11-00 Springleaf Tower Singapore 079903

6389 6111

6222 1033

www.sg.chinataiping.com

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 : MHA470000816 Vehicle Registration No: SMU553YD

Name(as shown in NRIC) : DAVID TEO LIONG CHIA NRIC/FIN/Passport No : SXXXX 715E

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

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No.: 81828687

Email Address

Date of Accident : 13/11/2020 Time of Accident: 08:20

Place of Accident : Along Dyke towards the Buffalo Junction where Hwy 60

Insurance Company: Chubb Northbrook

(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:

MITCHELL & MODAL TO MERCADAZ BANIZ GEN 180 URBAN 6071714, APT 20

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: