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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Mumber

- 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.
- 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

foresald.							
47°21'49'49'49'49'49'49'49'49'49'49'49'49'49'	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						
DI TINI DI	ETAILS 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						

OTHERS 81828681

Address

BLK 8 HOLLAND AVENUE

#20-06

Postcode

271008

OWNER

Was driver an employee of the Insured's Company NO

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

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

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?

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 Deservant (Including Delum)

Vehicle Registration Number

Vehicle Make/Model/Colour

SJB3317M

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

NO

ambulance?

Address

Postcode

SKETCH PLAN

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 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. 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.
- 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 Signal Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN A LOND BYR TOWARDS THAS BEFORE JURON'T YOU'M HOLL

Vehicle A: SMUSS34D Whicle B: SJD34M Vehicle C: SJB3317m

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	DN 13	Nov 30	ю at	arou	KI O.	avun	n , 2	L Was	TION	olling a	iong	110	(oratio)	s Tuas h	re jure	
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tar po	rtion	my v	thicle.													
	3.08											_				
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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 Personne's Menature
Name:
NRIC/FIN No.:

NRIC/FIN No.:

Date of Accident	: 13 11 200 Accident Time; 8: 209M(24-HR-FORMAT)
Accident Place	: Along AYE towards Tuas bifr Junny town hall
Vehicle Reg. No (Car plate No.)	: 6mu 55340 Vehicle Make/Model: merredes 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: 61662775E
	: 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: _owntr_
DRIVER'S Address	: Apt Blk 8 Holland Avenue # 20-06 Singapore 271008
DRIVER'S Contact No./ Alt No.	: 1) _ 8187 86812)
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 Parts Claim Own Insurance
Number of Passengers (including D Was the accident reported to the po Was there any video Captured by co Exact purpose for which vehicle was	lice? YES NO
(B) Othe	r Party Driver's Particulars (if any)
Vehicle Reg No:SJD34M	Vehicle Reg No: SJB3317M
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

MXTE

ANDESSA.

Cou. Type.C

CERTIFICATE No.

DMPCSNW00105332000

CERTIFICATE OF INSURANCE
Makes (Thed-Plate State and Compressable) As I Chapter 10(0)
Makes Vehicles (Thed-Plate State and Compressable) As I Chapter 10(0)
Makes Vehicles (Thed-Plate) Files, and Compressable) Blues, 10(0)
Makes Vehicles (Thed-Plate) Robot, 10(0) (National)

Engine No.: 27091031825855 Cha. No. WOC15654223670878

Index Mark and Registration Name of Value

SMUSSIAD.

2. Name of Policy builder

4. Date of Every of Insurance

DAVID TEO LIANG CHYE

Effective date of the Communicational of Incidence for the purposes of the Regulations, 18/06/2020 Ordinance of Enactment

Named Drivers Ex Sect.

5\$500.00

17/08/2021

Additional Ex Other than Named Drivers. Ex Sett 1 - Ape 44 25

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

EX ON WINDSCREEN.

Persons or Cosses of Persons enabled is driver.

(a) The Policyholder.

(b) Any other person who is shriving on the Policyholder's order or with his per-

Provided that the person driving is permitted in accordance with the Scenaing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not decipatified by order of a Court of Law or by reason of any eractivent or regulation in that behalf from driving the Motor

this for social, dishering and pressure purposes and for the Pulicyholder's business.
The pulicy does not cover use for here in reward button driving less tracing pace-making, reliability tool, speed teating, the centerpe of poods other here is surpose in connection with any trade or business or use for any purpose in connection with the Nazar Trade.
Excess whichever is applicable for losses occurring outside Singapore (Candouctive Total Lose/Theft), will be doubled. One firm
Walvar of Excess for the first SS 1,000 will apply to the lineums and Nazard Drivers in the event of Own Damage Claim at our
Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. TECK WEI CREDIT FTE LTD AS HE OWNER.

"Limitations modernic impossitive by Section 6 of the Motor Vehicles (Thirle Play) Risks and Companyation) Act (Chapter 189) and Section 97 of the Price Transport Act 1997 (Malepins) are not to be accluded unknown hearings.

I/We hereby Certify that the policy is which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Party of the Road

Transport Act, 1987 (Makaysia)

Transport Act, 1987 (Makaysia)

TECK WEI CREDIT PTE LTD

Co. Reg. No. 200612300K

210 Turt Club Road

The Grandstand, Lot AB

Singapore 287995

TECK WEI CREDIT PTE LTD

Authorised On Table Introductive Location Sp

GAPORES PTE. LTD.

China Taiping Insurance (Singapore) Pre. Ltd. (Cis.Reg. No. 2002081841) \$16389 6111

@6222 1011 ·

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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel [65] 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 5665500206 / GST Reg. No.: M400017735

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

ADDENDUM PARTICULARS OF PERSON MAKING THEAMENDMENTS: Original Report No _Vehicle Registration No: SMU55 Name(as shownin NRIC): NRIC/FIN/Passport No: (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Mobile No.: **Email Address** Date of Accident Time of Accident: Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: MITHER & MODEL TO MIRREMORE GLAISO UKGROU BODOWN AUDO BYINIZ

Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature

Name: