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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number

- 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.
- 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.
- 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

atoresaid,	ACCIDENT STATEMENT	
Date Of Report	27/11/2020 16:15	
Date Of Accident	27/11/2020 13:05	
Exact Location Of Accident	ALEXANDRA ROAD Y-JUNCTION TOWARDS QUEENSWAY	
Country/State of Loss	SINGAPORE	
THE RESIDENCE OF THE PARTY OF T	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLX6846T	
Insured/Policyholder		
Name Of Registered Owner	CLXSS PTE LTD	
Co Reg No	2XXXXX868G	
Email Address	GARYONG66@ICLOUD.COM	
Mobile Phone No	(LOCAL) +65-92338430	
Alternative Phone No	OFFICE-96168960	
Vehicle Particulars		
Manufacturer	BMW	
Model	5231	
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	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMHCSNA00002282000	
Cover Note Number		
Driver		
Name of Driver	JIN QINGBO	
Passport No/FIN	GXXXX264M	
Date Of Birth	04/01/1984	
Occupation	OUTDOOR	
Date Of Driving Pass	26/08/2015	
Driving Experience	5 YEARS AND 3 MONTHS	

MALE

(LOCAL) +65-92338430

OFFICE ORTERORD

22 SIN MING LANE Address

#06-76

Postcode 573969

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

OTHER - HIRER

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?

Was any injured conveyed to hospital by

ambulance?

NO NO

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

NAME:

Passenger 1

: CHRIS COLE

: FEMALE GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH LAN

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

SKH5463S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

-No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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:
 - 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")
- 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

Driver's Signature

(If driver is not the policyhalder)

Date & Time:

Beporting Centre Personnel Signatur

NRIC/FIN No.:

Name:

Policyholder's Signature Date & Time: Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 27/11/2020 (dd/mm	/yy) Time of Accident: 13 : 05 (24-HR-FORMAT)
Vehicle No. : SLX 6846 T Vehicle	le Make & Model: BMW 523I
Exact location of Accident: ALEXANDF	RA ROAD Y JUNCTION TWDS QUEENSWAY
Policyholder's Name / IC No. : _ CLX	SS PTE LTD/ 2018078686
Driver's Name / TC No. : JIN QINGB	O G7732264M (As Above)
Driver's Contact No. ; 9233 8430	Company Contact No: 9616 8960
Driver's Address: 22 Sin M	y Lake #06-76 MICHIEW City S57396
Insurance Company: Chine Tap	Email address (if any): garyon 466@ icloud con
Relationship between Owner & Driver:	Hirer
	or Others specify:
What do you wish to claim? (Please TIC Own Insurance / ✓ Other Vehicle (7/h	K one only) e one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of Job) V Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver); 02
Passenger Name : Chris Cole Passenger Name :	Gender: Male
Weather condition & Road conditions? (O	n the day of accident)
✓ Clear & Dry / Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car	Camera? Yes / V No
Any Injuries: Yes / V No (If YES	Injured Person' Name:
njuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / V No	If YES) Which Police Station:
<u>T</u>	he Other Party(s) Details:
Driver's Name / IC No:	Vehicle No: SKH 5463 S
Driver's Contact No:	Insurance Company (If any):
	Vehicle No:
	Insurance Company (If any);
	Contact No:
	Contact No:

^{*}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 ISINGAPORE (FTE. LTD.

Motor Hive Car.

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CERTIFICATE OF INSURANCE

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As per Named Driversal stand below.

Frovided that the person driving a parentled is accordance with the tolerang or other laws or regulations to drive the Motor Vehicle or has been an parentled and is not disqualified by order of a Crust of Law or by reason of any constituent or regulations is that behalf from powing the Motor.

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(1) that for the carriage of passengers or goods in consection with the Procyholder's business. On the file social districtor pressure purposes and business purposes of any person is where the vehicle is how.

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*Lightness represent imperative by Decision & of the Many Nances & Front Planty Risks and Compensation Act Compens 7233 and Section 25 of the Real President Resident Res 1887 (Manyons), and the tendent under these Section

I/We hereby Certify that the pullicy to which the Certificate relates is caused in accompany, with the ordenors of the Motor Swhickes (Third Party Finks and Compensation) Act (Chapter 189), and that it of the Bland Transport Act. 1982 (Malaysia).

Please one review.

I - DWIN THEM NOT HOUSING (SINGLATOR) HE ... LIS

Asking med Officer

Automot Samery



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: S66550020G / 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 (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : Vehicle Registration No: 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: Policyholder / Driver's Signature Reporting Centre Personnel's Signatur Date: Name: