

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	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

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	523I
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
Gender	MALE
Mobile Number	(LOCAL) +65-92338430
Fax Number	
Contact Number	OFFICE-96168960

Address	22 SIN MING LANE #06-76
Postcode	573969
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 - 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 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)	2
Passenger 1	NAME: : CHRIS COLE GENDER: : FEMALE

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 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

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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.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

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 Make & Model: BMW 523i
Exact location of Accident: ALEXANDRA ROAD Y JUNCTION TWDS QUEENSWAY
Policyholder's Name / IC No.: CLXSS PTE LTD / 2018078686
Driver's Name / IC No.: JIN QINGBO G7732264M (As Above) ☐
Driver's Contact No.: 9233 8430 Company Contact No.: 9616 8960
Driver's Address: 22 Sin Ming Lane #06-76 Midview City S573969
Insurance Company: Chinotaiyip Email address (if any): garyong66@icloud.com

Relationship between Owner & Driver: Hirer

or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

☒ Private use / ☒ Work purpose

Occupation (nature of job): ☒ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 02

Passenger Name: Chris Cole

Gender: Male

Passenger Name: _____

Gender: _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SKH 5463 S

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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

Motor Hire Car

MT400L B

N 5N

AN04206

Car Type C

CERTIFICATE OF INSURANCE

Motor vehicles (Third Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third Party Risks and Compensation) Rules, 1982
Road Transport Act, 1987 (Malaysia)
Motor vehicles (Third Party Risks Rules, 1978 (Malaysia)

CERTIFICATE No.	DMHCSNAD0002262000	Engine No.	08237799652805AJ
		Chassis No.	WBAA F32000C369627
1. Make Mark and Registration Number of vehicle	SLX5816T	AUTOSAFE	
2. Name of Policy Holder	CLX55 PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Commencement of Treatment	05/04/2020	Excess Sect 1	\$51,500.00
4. Date of Expiry of Insurance	04/04/2021	Excess Sect 1 (Outside Singapore)	\$53,000.00
		Excess Sect 2	\$51,500.00
		Excess Sect 2 (Outside Singapore)	\$53,000.00
		EX ON WINDSCREEN	\$5,100.00

5. "Permit or Consent of Persons entitled to drive"

As per Named Drivers 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 in that behalf from driving the Motor Vehicle

ANY EMPLOYEE OF THE COMPANY

ANY AUTHORIZED DRIVER

6. "Exclusions as to Use"

- (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 hired

The Policy does not cover:

- (1) Use for racing, pace making, reliability trial or speed testing
- (2) Use whilst towing a trailer except the towing (other than for testing) of any one disabled mechanically prepared vehicle

USED PURCHASED BY SPEEDO CAPITAL PTE LTD AS HIRER/OWNER

*Limitations imposed inoperative by Section 2 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 25 of the Road Transport Act 1987 (Malaysia), are not to be invoked 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

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Witness By


Lim Jit Chay
Authorized Officer



Authorized Signatory

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 : NAW20105136 Vehicle Registration No : SLX 6846T
Name (as shown in NRIC) : Jin Quah Bo NRIC/FIN/Passport No : SXXXX264M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 92338430
Email Address : _____
Date of Accident : 27/11/2020 Time of Accident : 13:05
Place of Accident : Ampang Rd Y-Junction towards Ampang
Insurance Company : CHINA AIRMAIL

(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:

Insured Vehicle number to SLX 6846T

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:

27/11/2020
Rashid