

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 Submission	14/12/2020 17:46 (SGT)
Date of Accident	12/12/2020 09:55 (SGT)
Exact Location of Accident	Carmen St, Singapore
Additional Location Information	TOSCA TERRACE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW6603X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHEW CHIN (LI QIUJIN)
NRIC No	SXXXX384Z
Email Address	h1048f@gmail.com
Mobile Phone No	(Phone) +65-97575401
Alternative Phone No	+65-97324433

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Gs300
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMPCSNW00181952000
Cover Note Number	-

DRIVER

Name of Driver	LI HONGBIAO
Passport No/FIN	FXXXX058R

Date Of Driving Pass	29/08/2020
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97324433
Alt. Phone Number	-
Email Address	h1048f@gmail.com
Address	6 WOODLANDS INDUSTRIAL PARK E1
Address complement	-
Postcode	757729
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER SKETCH AND ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF4548A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JI HONGBIAO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SMW6603X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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:

SKETCH PLAN



A = SMW 6603X

B = SMF 4548A

Junction of Carmen Street
and Tosca Terrace

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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.:

On 12.12.2020 at about 09:55 hours at Junction of Carmen Street and Tosca Terrace. I was travelling straight and when I was approaching the above mentioned junction, suddenly I felt an impact and heard a loud bang. When I alighted, I realised it was vehicle (B) that reversed from Tosca Terrace without checking the traffic condition hence collided onto the left hand side portion of my vehicle (A).

Vehicle (A): SMW 6603X

Vehicle (B): SMF 4548A



SINGAPORE ACCIDENT STATEMENT

Accident Date: 12/12/2020	Time: 09:55	(hh:mm) 24 hr format
Location Junction of Carmen Street and Tosca Terrace		
Vehicle Number SMW6603X		
Insured Name Lee Chew Chin		
NRIC/FIN S 8328384Z	Contact Number 9757 5401	
Make Toyota	Model Lexus GS300	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company China Tipping		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft (<input checked="" type="checkbox"/>) TP Only		
Policy Number DMPC5NW001819 S2000		
Name of Driver Ji Hong Biao		() Same as Insured
NRIC/FIN F4519058R	Contact Number 9732 4433	
Date of Birth 09/10/1974		
Driving Pass Date 29/08/2020		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address h1048f@gmail.com		() NO EMAIL
Address of Driver 6 Woodlands Industrial Park E1 Singapore 757729		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
() Owner () Spouse (<input checked="" type="checkbox"/>) Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes () No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No		
If yes, injured detail Ji Hong Biao - Body Pain		
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B SMF 4548A		
Veh C		
Veh D		
Veh E		
Veh F		

Driver Only

Motor Private Car

MX1

N: SN

AN0613A

Cov. Type:1

CERTIFICATE OF INSURANCEMotor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00181952000

Engine No.: JTHBH9ESX05046709

Cha. No.:3GR0185129

1. Index Mark and Registration
Number of Vehicle

SMW6603X

2. Name of Policy Holder

LEE CHEW CHIN

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment01/12/2020
(17:35:00)

4. Date of Expiry of Insurance

30/11/2021

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.* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)
and Section 25 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 169) and Part IV of the Road
Transport Act, 1987 (Malaysia).

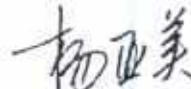
Please see reverse

By CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

AUTO WORLD PTE LTD.

Authorized Officer:



Authorized Signatory