

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 24/12/2020 15:54 (SGT)
Date of Accident 23/12/2020 13:20 (SGT)
Exact Location of Accident Eng Neo Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS8731D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEO SHOW LEE
NRIC No SXXXX334A
Email Address ASHLEY9567@YAHOO.COM
Mobile Phone No (Phone) +65-83833955
Alternative Phone No +65-83833955

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
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 Comprehensive
Fleet Policy No
Policy Number DMPCSNW00145692000
Cover Note Number -

DRIVER

Name of Driver LEO SHOW LEE
NRIC No SXXXX334A
Date Of Birth 20/04/1962
Occupation Indoor

Date Of Driving Pass	06/07/1991
Driving experience	29 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83833955
Alt. Phone Number	+65-83833955
Email Address	ASHLEY9567@YAHOO.COM
Address	BLK 423 JURONG WEST AVE 1 #03-206
Address complement	-
Postcode	640423
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Change/cross lane
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

REFER TO STATEMENT.

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	SLA2884E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LEO SHOW LEE
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SLS8731D
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:

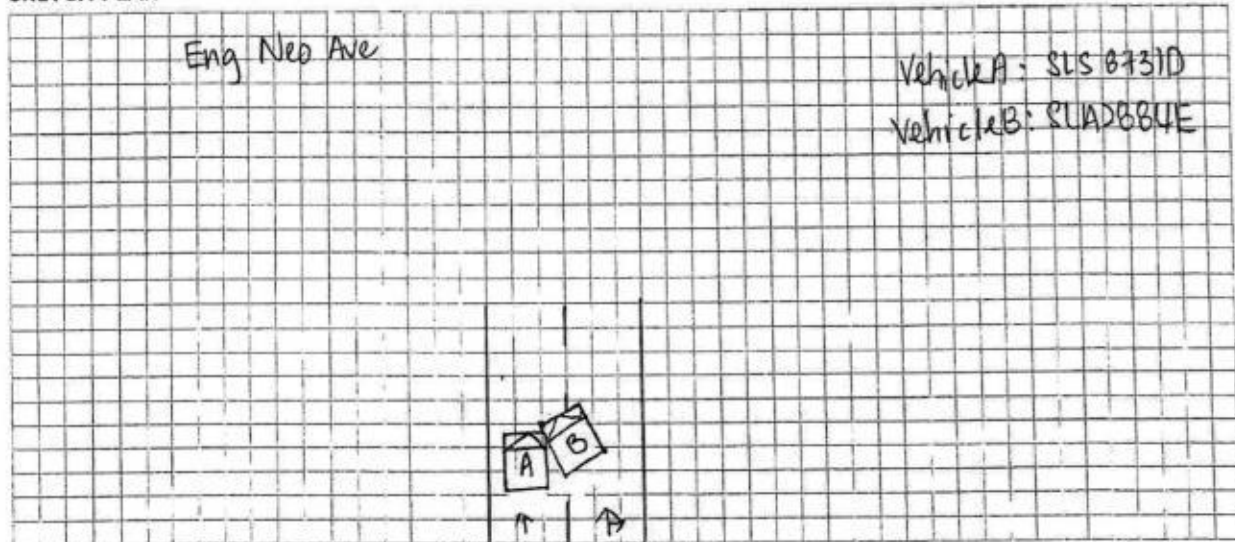
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A (SLS 8731D) was travelling straight along at the stated location at the left lane. Suddenly, vehicle B (SLA2884E) cut into my lane without signal and collided onto my front right of my vehicle causing damages.

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.:

Motor Private Car

MX1F

N SN

AN0586A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00145692000

Engine No.: G4FGHU620745

Cha. No.:KMHD841CMJU515801

1. Index Mark and Registration
Number of Vehicle

SLS8731D

AUTOSAFE

2. Name of Policy Holder

LEO SHOW LEE

3. Effective date of the Commencement of
insurance for the purposes of the Regulations,
Ordinance or Enactment

10/10/2020

Named Drivers Ex Sect. I

S\$800.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

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 S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

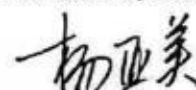
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Zhong YueQiang
Authorised Officer



Authorised Signatory

Date of Accident : 23/12/2020 Accident Time: 1320hrs (24-HR-FORMAT)
 Accident Place : Eng neo Ave
 Vehicle Reg. No (Car plate No.) : SLS 0731D Vehicle Make/Model: Hyundai Elantra
 Insurance Company : China Taiping Policy No. DMPLSNW00145692000
 Name of Registered Owner : Company / Individual Leo Show Lee
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: S2594334A
 : Co Contact No: - Owner's Contact No: 03033955
 DRIVER'S Name : Leo Show Lee DRIVER'S NRIC No: S2594334A
 DRIVER'S Date of Birth : 20 Apr 1962 DRIVER'S License Pass Date 06 Jul 1991
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other: Owner
 DRIVER'S Address : APT BLK 423 Jurong West Avenue 1 #03-206 S(640423)
 DRIVER'S Contact No./ Alt No. : 1) 8383 3955 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : achlaya567@yahoo.com
 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): 01 Passenger Name: - Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F
 Was there any video Captured by car camera; YES \ NO Any Injuries: YES / NO Injured Name: -
 Injured Name: -
 Exact purpose for which vehicle was being used at the time of accident: Private Use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SIA 0884E
 Vehicle Make/Model: Toyota Vios
 Name DRIVER: -
 IC No. DRIVER: -
 DRIVER'S Contact & add: -

Vehicle Reg No: -
 Vehicle Make/Model: -
 Name DRIVER: -
 IC No. DRIVER: -
 DRIVER'S Contact & add: -

Other Party Driver's Particulars (if any)

Vehicle Reg No: -
 Vehicle Make/Model: -
 Name DRIVER: -
 IC No. DRIVER: -
 DRIVER'S Contact & add: -

Vehicle Reg No: -
 Vehicle Make/Model: -
 Name DRIVER: -
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