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SN08213M0006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 22/03/2021 16:38 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (22/03/2021 16:38 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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 aforesaid.

ACCIDENT STATEMENT

22/03/2021 16:38 (SGT) Date of Submission 19/03/2021 11:20 (SGT) Date of Accident **Exact Location of Accident** PIE, Singapore TOWARDS TUAS BEFORE KALLANG EXIT Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

SJE3711S Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? LIU YAQING Name Of Registered Owner SXXXX141A NRIC No liuyaqing6@hotmail.com **Email Address** (Phone) +65-96463534 Mobile Phone No Alternative Phone No +65-91139966

VEHICLE PARTICULARS

Manufacturer Stream Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 1799 CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage Fleet Policy DMPCSNW00120092000 Policy Number Cover Note Number

DRIVER

CHEN XIAOYU Name of Driver SXXXX158G NRIC No

Date Of Birth 18/08/1960 Occupation Indoor Date Of Driving Pass 25/02/2021 Driving experience 1 MONTH Gender Female Mobile Number (Phone) +65-91139966 Alt. Phone Number Email Address rubychenyu@yahoo.com Address 32 DOVER RISE #04-10 Address complement Postcode 138686 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 - Head to Rear 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? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 3 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name LEO LIU ZHIXING Gender Male PASSENGER 2 Name LIU ZHILE Gender Male 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 TO SKETCH PLAN 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 Vehicle Manufacturer

SJR2497Z

Vehicle Model	
Vehicle Variant	
Vahiala Calaura	-
	-
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address	-
Address complement	-
Postcodo	-
Insurance Company Name	
	-
Nature Of Damage	_
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-
110. Of Fassenger (including Driver)	-

SKETCH PLAN

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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time Driver's Signature (If driver is not the policyholder) / Date Personnel

Sketch Plan

V:A) SIEZHATZ

V:B) SIR 2447Z

PIE towards tuas

Befor tallong Exit

Describe Circumstances of the Accident

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Declaration

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

Witnessed by Reporting Centre Personnel

Email: sm@idac.com.sg Tel no: 6555 6888 *If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week. Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 19/03/2021 (dd/mm/yy) Time of Accident: (24-HR-FORMAT) Vehicle No. : SJE 3711 S Vehicle Make & Model / Engine (cc): Honda Stream 1799 cc Private Hire: (Y Exact location of Accident: PIE TOWARDS TUAS BEFORE KALLANG EXIT Policyholder's Name / IC No. : LIU YAQING S8081141A Driver's Name / IC No. : CHEN XIAOYU S8083158G (As Above) Driver's Contact No. : 9113 9966 Company Contact No / Owner Contact No: 9646 3534 Driver's Address: 32 DOVER RISE #04-10 S138686 Owner Email address : LIUYAQING6@HOTMAIL.COM CHINA TAIPING Insurance Company: Driver Email address : RUBYCHENYU@YAHOO.COM Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: SPOUSE 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 Occupation (nature of job) | Indoor/ Outdoor Was being used at time of accident? *No. of Passengers (Including Driver): Private use / Work purpose *Passanger Name: LEO LIU ZHIXING Gender: Male *Passanger Name: LIU ZHILE Gender: Male 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

The Other Party(s) Details:

Yes / V No (If YES) Which Police Station:

_____ Injured Person in Which Vehicle:

Any Injuries: Yes / ✓ No (If YES) Injured Person' Name: _

Injuries Sustain:

Police Report filed:

Driver's Name / IC No:		Vehicle No: SJR	2497 Z
Driver's Contact No:	Insurance Company :		<u> </u>
2. Driver's Name / IC No (If Any):		Vehicle No:	
Driver's Contact No:	Insurance Company :		
*Independent Witness (If Any):		Contact No:	
Preferred Workshop Name:		Contact No:	



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Private Car

MX1F

Ν SN

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)

AN0576A Cov. Type:C

CERTIFICATE No.

DMPCSNW00120092000

Engine No.: R18A12803183 Cha. No.:JHMRN68408S203183

Index Mark and Registration

Number of Vehicle

SJE3711S

AUTOSAFE

2. Name of Policy Holder

4. Date of Expiry of Insurance

LIU YAQING

23/10/2020

Named Drivers Ex Sect 1

\$\$750.00

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

Additional Ex Other than Named Drivers:

22/10/2021

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26

\$\$3,000.00 \$\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

\$\$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.

HIRE PURCHASE CO. ; SGCARMART FINANCIAL SERVICES P/L AS HP OWNER

* 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: I MARKETING AGENCY Authorised Officer

Authorised Signatory