

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	26/03/2021 12:55 (SGT)
Date of Accident	24/03/2021 21:00 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	BEFORE BUONA VISTA EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY1528C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JOON HURH
NRIC No	SXXXX518H
Email Address	jhurh0130@gmail.com
Mobile Phone No	(Phone) +65-89091829
Alternative Phone No	+65-89091829

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Cayenne
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2995

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	MPC202100157CN

DRIVER

Name of Driver	JOON HURH
NRIC No	SXXXX518H

Date Of Birth	30/01/1960
Occupation	Indoor
Date Of Driving Pass	23/08/1997
Driving experience	23 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89091829
Alt. Phone Number	+65-89091829
Email Address	jhurh0130@gmail.com
Address	601 SIXTH AVENUE
Address complement	-
Postcode	276666
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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)	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 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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

SKETCH PLAN

Veh A: SMY 1528 C

Veh B: Unknown

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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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time: 9 AM
26 March 2021

Driver's Signature

(If driver is not the policyholder)
Date & Time:

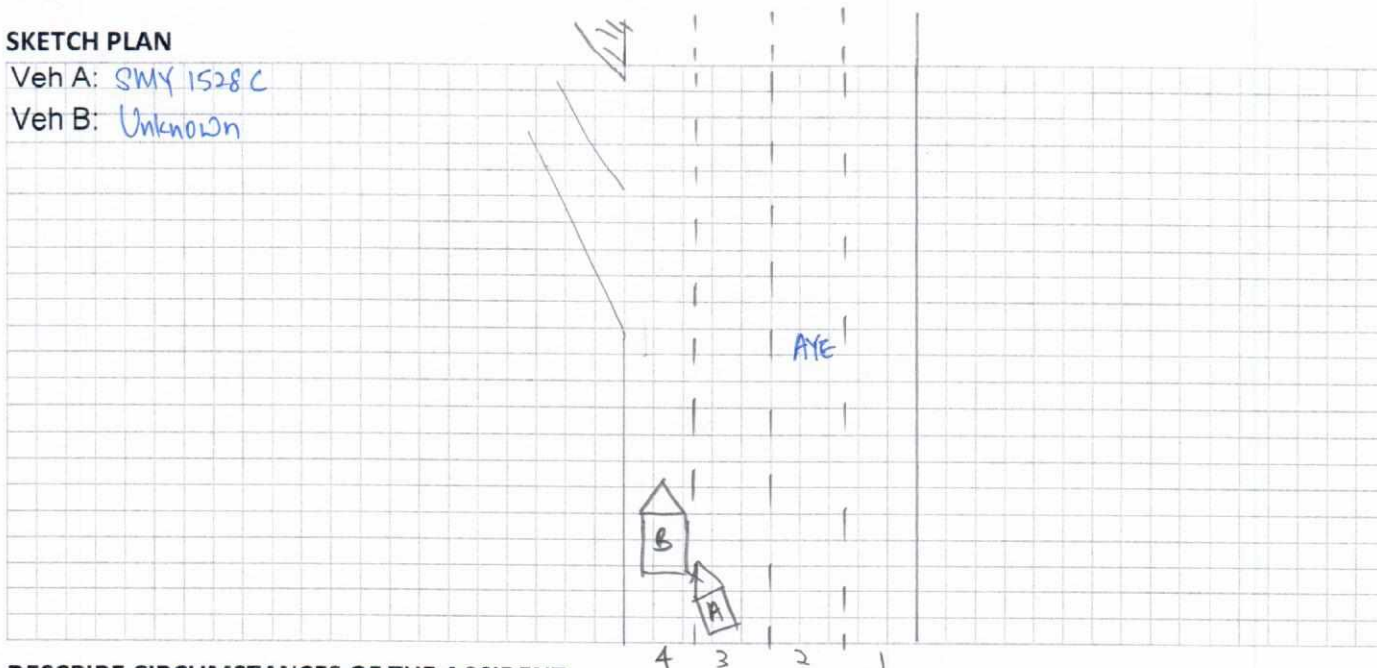
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

Veh A: SMY 1528 C

Veh B: Unknown



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on Westbound AYE at around 9 PM on 24 March. There was heavy rainfall and the visibility was compromised. I was intending to make a lane change from the 3rd lane to the 4th in order to take the Buena Vista Exit to go home. I saw a big gap between the lorry that was passing me on the 4th lane and the passenger car behind it. I made (or thought I did) a slow and safe lane change only to realize that the lorry was extraordinarily long and (perhaps over 15 meters) and not all of it had passed my car.

~~Unfortunately~~, I heard some noise but was not sure if my left front had scratched the lorry's right back or it was the "Lane Change Warning" signal from my car. The lorry drove away with no sign of deceleration, and I did not see its license plate No. When I reached home and checked, unfortunately it was an actual accident. As I never had an accident before I did not know what to do and lost

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 9 AM
26 Mar 2021

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 24 Mar 2021 (1) *Time of Accident: 9 PM
*Accident Location: AYE, before the Buona Vista Exit on West Bound AYE

Vehicle Details

*Vehicle Number: SMY1528C *Make & Model: Porsche Cayenne V6 Tiptronic
Eng Cap. 2995 cc

Insured / Policyholder

*Owner Name: Joon HURH *NRIC: 2687518 H
*Address: 601 Sixth Avenue
*Email: jhurh0130@gmail.com *HP: 8909-1829
*Occupation: Mgr (Indoor / Outdoor) *Tel / H / Other: _____

Driver (✓) same as above

*Driver Name: _____ *NRIC: _____
*Address: _____
*Date of Birth: 30 Jan 1960 *Driving Pass Date: 23 Aug 97 *HP: _____
*Email: _____ *Gender: Male / Female
*Occupation: Mjr (Indoor / Outdoor) *Tel / H / Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: China Taiping *Coverage: C / TPFT / TPO *Policy No: DMPCSNW00039292100

Detail of other vehicle / Property 1

Vehicle No.: Unknown
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____

No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____

No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No



ORIGINAL

MOTOR COVER NOTE

COVER NOTE NO.: MPC202100157CN

AGENT CODE: AN0214A

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers Bureau of Singapore dated 22 February 1975, or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurer's Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements.

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule is hereby HELD COVERED under the terms of the Company usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which cases the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

INSURED	JOON HURH
MAKE/MODEL OF VEHICLE	Porsche Cayenne Tiptronic S
YEAR OF MANUFACTURE	2020
YEAR OF REGISTRATION	2021
ENGINE NO.	DCB232536
CHASSIS NO.	WP1ZZZ9YZLDA05276
ENGINE CAPACITY/TONNAGE	2995
TYPE OF COVER	Comprehensive
SUM INSURED	MARKET VALUE
PERIOD OF INSURANCE	FROM:20/02/2021 TO:19/02/2022
EXCESS	Named Drivers Ex Sect. I : S\$2,500.00
AUTHORISED WORKSHOPS	NO
HIRE PURCHASE CO.	MAYBANK SINGAPORE LIMITED

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)

Not valid unless counter signed by Authorised Agent CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

SC ALLIANCE PTE LTD

Agent Name & Date

Authorised Signature

PREMIUM PAYMENT WARRANTY

For Individual Customer:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid

For Non-Individual Customer

Please note that where the period of cover is for more than 60days, the premium in full should be paid within 60days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception.

* IMPORTANT NOTICE: THIS COVER NOTE IS VALID FOR 30DAYS FROM 19-02-2021