# **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 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.

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   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 16:00 (SGT) Date of Accident 25/03/2021 21:51 (SGT) Exact Location of Accident Near 04-20 Beach Rd, Singapore Additional Location Information BESIDE OF ST.JOHN HEADQUATERS Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKA4548A

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KOH WEE PIN NRIC No. S8018252Z Email Address weepin6@gmail.com Mobile Phone No (Phone) +65-91886426 Alternative Phone No +65-91886426

### VEHICLE PARTICULARS

Manufacturer **BMW** Model 320i Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC 1995

### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00026832100 Cover Note Number

#### DRIVER

Name of Driver KOH WEE PIN NRIC No. S8018252Z

Date Of Birth 27/06/1980 Occupation Indoor Date Of Driving Pass 04/10/2011 Driving experience 9 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-91886426 Alt. Phone Number +65-91886426 Email Address weepin6@gmail.com Address 102 HOUGANG AVE 1 #04-1193 Address complement Postcode 530102 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 - 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name NA Gender Female PASSENGER 2 Name NA Gender Female PASSENGER 3 Name NA Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 25/3/2021 AT ABOUT 2151HRS,I WAS TRAVELLING ALONG BEACH RD BESIDE OF ST.JOHN HEADQUATERS. VEHICLE B WHO WAS TRAVELLING IN FRONT OF ME SUDDENLY STOPPED, I THEN COLLIDED ONTO VEHICLE B. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

Nο

No

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SME8911M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH ENG CHYE
Contact Number	(Phone) +65-94236556
Address	-
Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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.
- By the lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - 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.

Policybologr's Signature

Date & Time.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Contre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

SKETCH PLAN	Along	Beach	Pd	Beside	of	st. John Headquarters
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TO A						

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DECLARATION

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

GIARMC SketchPlanForm\_V3

Date & Time:

Fiver's Signature

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

Reporting Contre Personnel's Signature

Name:

NRIC/FIN No.:



# 中国太平保险 (新加坡) 有限公司

\$1,288.78

Motor Private Car

MX1E

N: SN AN0695A

Cov. Type:C

CERTIFICATE OF INSURANCE

otor 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.

DMPCSNW00026832100

Engine No.: A630I885N46B20BD Cha, No.:WBADV32020E491818

1. Index Mark and Registration

SKA4548A

AUTOSAFE

Number of Vehicle

4. Date of Expiry of Insurance

KOH WEE PIN (XU WEIBIN)

Effective date of the Commencement of 01/02/2021 Insurance for the purposes of the Regulations, (00:00:00) Ordinance or Enactment

Named Drivers Ex Sect. I

\$\$750.00

31/01/2022

Additional Ex Other than Named Drivers: Ex Sect. 1 - Age <# 25

\$\$500.00

Ex Sect. 1 - Age >= 26

\* Age as at date of accident EX ON WINDSCREEN .

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, demestic 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 Walver of Excess for the first SS1,000 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.: MAYBANK SINGAPORE LIMITED

\*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).

44 威 Issued By: .... WEIT REDO

TECK WEI CREDIT PTE LTD Co. Reg. No. 200512300K 210 Turf Club Road

The Grandstand, Lot A8 Singapore 287995 PTE LTBI: 6465 0020 Fax: 6465 0017

Email: info@teckwei.com.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

China Taiping Insurance (Singapore) Pte, Ltd. (Co. Reg. No. 200208384年) 脅3 Anson Road #16-00 Springleaf Tower Singapore 079909

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