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Date In: 14/4/21 10:34	Jeb description			
Re[No: NAI CTZ 21004708164	SAS e-filing	+		
Vch No: 5cw 8886 B	E-mail (within Shrs, AIC 2hrs)	-		
D.O.A: 1314/21 10:11	i-Motor Claim Form	_ 6		
to the second se	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD : Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tol:	Fax:	
	U 6871 U . INC		)	\
Owner / Driver: (	<u>V Vall</u>	Tel:		)
Policy No: ( ) Peri	od: (	) Cover Type: (		)
The state of the s	Date:	Time:	P- 80-100%]	
	lote-Est. Status (WO): N: 0	-20%; P: 21-7970.		
	Varranty: YES ( ) / NO (			
Excess: (\$ ) Loading: \$1,00	00()/\$2,000()		# - 200 S - 11 S - 1 S	***
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( ) Total Loss Case : to e-mail Insure	r URGENILI.		<del></del>	· )
Drive-In ( )/ Towed-In ( ); Invoice	: YES( ) / NO( )	; Towing Co: (	A STATE OF THE STA	Done by
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SN09214E0004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/04/2021 10:34 (SGT) SUBMITTED BY: Liew Shan Hui

SUBMITTED BY: Liew Shan Hui VERSION: 1 (14/04/2021 10:34 (SGT))



# 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

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

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
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

14/04/2021 10:34 (SGT) 13/04/2021 10:11 (SGT) Marine Parade Rd, Singapore

Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SCW8886B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No Alternative Phone No NO

PEREIRA WAYNE GRAEME

SXXXX000B

WAYNEP78@GMAIL.COM (Phone) +65-97613435

+65-97613435

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident Are you c

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

CC

Transmission

Volkswagen Passat

-

Private use

No - Claiming third party

Private car

Auto

1800

INSURANCE COMPANY

Name of Insurance Company

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

Comprehensive

No

DMPCSNW00027842100

-

DRIVER

Name of Driver

NRIC No

LIM SHU MEI AUDREY SXXXX496Z



Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes Yes

WITH DRIVER

02/03/1983

24/09/2005

15 YEARS AND 7 MONTHS

AUDREY\_LIM@HOTMAIL.COM

(Phone) +65-97937743

Collision - Cross Junction

2 FIRST ST #04-32

Indoor

Female

458278

Spouse

No

No

Clear

Dry

No

Yes

No

Yes

1

No

No

No

2

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Accident report SN09214E0004

SGU6871U

Private car

Page 2 of 15

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
 LIM SHU MEI AUDREY

 Address

 Address Complement

 Post Code

 Approximate Age Years Old

Injuries Sustained BODY
Injured person in which vehicle? SCW8886B
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
  - 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:

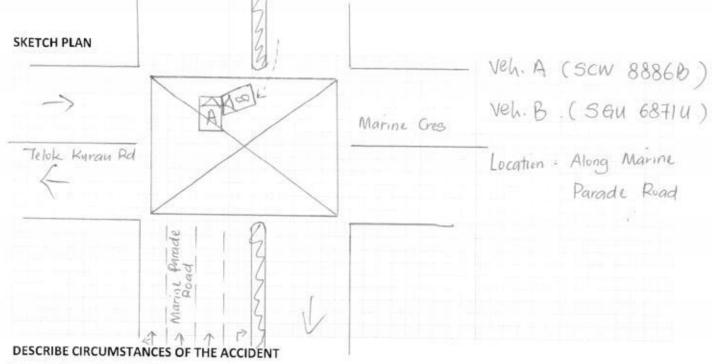
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



On -	the said date & time, I was driving my vehicle A (SCW 8886
along 1	Marine Parade Road. Upon reaching the traffic juction ahead,
traffic	light was green in my favour so I continue go straight, while I
Crossina	the traffic justion on the right side and then the vehicle B
( Squ	68714 ) collided onto front right portion of my vehicle.
Mea	fter this accident & was given I day MC. If I still feel
any u	ncomfortable after this I will followup my medical treatment.
Hence	. I here to lodge this report to claim against vehicle B
( SGU	68714) 's insurance for my accident damage.

# **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

MX1E

E SN

AN0695A

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.

DMPCSNW00027842100

Engine No.: CHH298827 Cha. No.:WVWZZZ3CZKE011651

Index Mark and Registration

Number of Vehicle

SCW8886B

2. Name of Policy Holder

PEREIRA WAYNE GRAEME

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

10/02/2021 (00:00:00)

Named Drivers Ex Sect. I

S\$750.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance 02/02/2022 Ex Sect. 1 - 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

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 \$\$1,000 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.: STANDARD CHARTERED BANK(S)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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Lim Lee Choo

Authorised Officer

Authorised Signatory

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

C63896111

6222 1033

www.sg.cntaiping.com

VEHICLE NO: SCW 8886B	MAKE & MODEL : Volkswagen Passart AUTO / MANUAL
DATE OF ACCIDENT TIME OF ACCIDENT	13 104 121. *C.C.
LOCATION OF ACCIDENT	[0=   AM / PM
EXACT PURPOSE USED AT TIME OF ACCIDENT	Along Marine Parade Road
BOTH OF CHARLES AND CHARLES AND	THE OSE PRIVATE HIRE
NAME OF OWNER	pereita wayne Greneme waynep 78@ gmail com
TELP NO	Mobile, 97 76 13435 Office, Home.
NRIC	57812000b
CLAIM TYPE	OD THIRD PARTY PREPORTING ONLY
FLEET POLICY:	YES (NO ?
INSURANCE CO.	China Taidiat Bearing
TYPE OF COVERAGE	China Taiping Insurance.  Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	
NAME OF DRIVER	DMPC SNW00027842100.
NRIC	AS ABOVE / IF NO. Lim Shu Mei , Audrey
DATE OF BIRTH	583064962
ANY PASSENGER	02 1 03 1 1983
NAME OF PASSENGER	YES (NO:
GENDER OF PASSENGER	MATE / SPAGE
OCCUPATION	MALE / FEMALE
DATE OF DRIVING PASS	Outdoor / Indoor
GENDER	20 / 02 / 2004
CONTACT NO.	Male / Female
EMAIL,	Mobile, 97937743 Office, Home.
ADDRESS	audrey-lin @ hotmail com
DOES DRIVER OWN OTHER VEHICLES?	2 First Street #04-32 SC458278)
RELATIONSHIP	INSURER.
WEATHER CONDITION	Employee / If No. Spouse
ROAD SURFACE	Clear / Raining / Other
ANY INJURIES	Dry   Wet   Other.
CONTACT NO.	No (If yes) Who? Lim Shu Mei, Audrey
POLICE REPORT	97937742
NOTICE OF INTENDED PROSECUTION GIVEN?	No / If yes : Where?
VEHICLE B NO.	NO/IF YES: WHO?
NAME	SGU6871U. Any Passenger.
CONTACT NO.	
VEHICLE C NO.	
VEHICLE D NO.	Any Passenger .
VEHICLE E NO.	Any Passenger :
VEHICLE F NO.	Any Passenger .
ANY WITNESS	Any Passenger:
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	
WAS THERE ANY AUDIO RECORDED?	(YES) NO
SCENE ACCIDENT PHOTOS TAKEN?	YES (NO
THOIOS TAKEN?	YEŞT NO
lave you been approach by unknown person sol	iciting (a) I
offering accident claims assistance?	
	YESTNO