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# **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

- 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.

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Date of Submission 25/08/2021 16:02 (SGT) Date of Accident 25/08/2021 07:45 (SGT) Exact Location of Accident 768 Woodlands Ave 6, Singapore 730768 Additional Location Information LOADING BAY Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SNA3567R

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIN JIA QING NRIC No SXXXX736E Email Address a3336j@gmail.com Mobile Phone No (Phone) +65-82999346 Alternative Phone No +65-82999346

## VEHICLE PARTICULARS

INSURANCE COMPANY

Manufacturer Honda Model Shuttle Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto CC 1496

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

Policy Number DMHCSNW00005892100 Cover Note Number

#### DRIVER

Name of Driver LIN JIA QING NRIC No SXXXX736E

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address 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	20/01/1987 Outdoor 30/10/2009 11 YEARS AND 10 MONTHS Male (Phone) +65-82999346 +65-82999346 a3336j@gmail.com BLK 783B WOODLANDS RISE #15-35 - 732783 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Raining Wet
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 vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH AND ATTACHMENT	
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 OWNER No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address	YQ286G Commercial vehicle -

Address complement

Postcode
Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Formmust 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. 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
- (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 & Time

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

A = SNA 3567 R B = YQ 286 G

Loading Bay of BLK

762 Woodlands Avenue 6

scribe Circumstances of the Accident	
	/
Per le All el l	
Refer to Attached	

# 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

Witnessed by Reporting Centre Personnel On 25.08.2021 at about 07:45 hours at Loading Bay of BLK 768 Woodlands Avenue 6, I was travelling straight on my lane at the above mentioned location. I saw vehicle (B) at my right hand side coming out of a sudden, hence I stopped my vehicle (A). Suddenly, vehicle (B) dashed out hence collided onto the front right hand side portion of my vehicle (A).

Vehicle (A): SNA 3567R

Vehicle (B): YQ 286G

Jun 25/08/2021

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 05/08/2021 Time: 07:45 (hh:mm) 24	hr format
Location Locating Bay, BLK 768 Woudlands Avenue 6	
O†	
Vehicle Number SNA3564R	
Insured Name Lin Ja Cing	
NRIC/FIN S8773736E Contact Number 8299 93	346
Make Honda Model Shuttle	
Are you claiming under your own insurance policy for repair to your vehicle?	
( ) Yes If No,Pls select: ( \(  \) Third Party ( ) Reporting	
Insurance Company China Taiping	
Type of Policy ( / ) Comphensive ( ) Third Party Fire & Theft (	) TP Only
Policy Number DMHCS NW00005892100	
	ne as Insured
Name of Diver	
NRIC / FIN Contact Number	
Date of Birth 20/01/1987	
Driving Pass Date 30/10/2009	
Driving Pass Date 30/10/2007	
Occupation ( ) Indoor ( ✓ ) Outdoor  Gender ( ✓ ) Male ( ) Female	
The second secon	NO EMAIL
Lindii Addiess	10 21.2
Address of Driver BLK 783B Woodlands Rise	
# 15-35 Singapore 73)783	
Was driver an employee of the Insured's Company? ( ) Yes ( ) No	
If No, Relationship of the Driver with the Insured	Sibling
Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No	ororang.
If Yes, Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	
Weather Conditions ( ) Clear ( ) Raining ( ) Others	
Road Surface ( ) Dry ( ) Wet ( ) Others	
Was any foreign vehicle involved in this accident? ( ) Yes ( ) No	
Was anybody injured in the accident? ( ) Yes ( ) No	
If yes , injured detail	
Was there any video captured by Car Camera? ( ✓ ) Yes ( ) No	
Was the Accident reported to the Police? ( ) Yes (√) No If yes atta	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Veh F	



# 中國太平保险(新加坡)有限公司

Motor Here Car

MZ40KLB

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CERTIFICATE OF INSURANCE do Valnos The Shar and Companistics Act (Sugar 188).
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ANDREAS Con Type C

CENTIFICATE NO

DMHCSHW00005852100

Engine No. L1586025504 Ow No GKI2164736

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SAASSETA

AUTOSAFE

Name of Policy People

A. Classe of Expery of Presonance

LINJAGING

Excess Sect 1 5\$1,250.00

Extens Sect. ((Outside Singapore) 552,500.00

Extens Sert # S\$1,250.00

Excess Sect.II (Ourside Singapore) 552,500,00 EX ON WHOSCREEN \$\$100,00

t. Persons or Cossess of Persons entitled to drive?

As per Named Directs) stated below. Provided that the demon driving is permeted in accompance with the tourising or other level or regulations is these this factor Vehicle or has been so permeted and is not dequisitied by order of a Court of Law or by meason of any anadament or regulation at that behalf from driving the Motor.

LIN JIADING

& Catholications as & see

(1) Use for the carriage of passwingers or goods in connection with the Policyholdon's business.

(2) Use for social domestic pleasurs purposes and business purposes of any person to amont the vehicle is hinted.

The Policy does not cover (1) Use for recing, pece-making, releability that or speed-testing. (2) Use whilst drawing a linear except the towing (other than for reward) of any one-disabled mechanically propelled vehicle

HIRE PURCHASE CO. CAR HOUSE CAPITAL PTE LTD.

\*\*Limitations rendered inoperative by Section 8 of the Motor stemples (Thro-Party Hairs and Compensation). Act (Chapter 1994 and Section 95 of the Road Transport Act 1987 (Malayrian) are not to be included under Pleas Readings.

L'We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Venicles (Third-Party Rosks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Please see reverse

SAME BY

were nor

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200206384E)

♠ 3 Asson Road #16-00 Springlest Tower Singapore 079909.