

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	26/08/2021 15:29 (SGT)
Date of Accident	25/08/2021 15:45 (SGT)
Exact Location of Accident	Clementi Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME4629E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MET INTERIOR
Company Reg No	5XXXX793K
Email Address	admin@metinterior.com
Mobile Phone No	(Phone) +65-98500531
Alternative Phone No	(Office) +65-64446887

VEHICLE PARTICULARS

Manufacturer	Mini
Model	Cooper
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00088242100
Cover Note Number	-

DRIVER

Name of Driver	TAN JUN HENG
NRIC No	SXXXX393Z

Date Of Birth	18/04/1997
Occupation	Indoor
Date Of Driving Pass	03/04/2017
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98500531
Alt. Phone Number	-
Email Address	shawnt_97@hotmail.com
Address	BLK 130 RIVERVALE STREET #12-878
Address complement	-
Postcode	540130
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PNG HOCK LIANG
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	SMM4368R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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

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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.

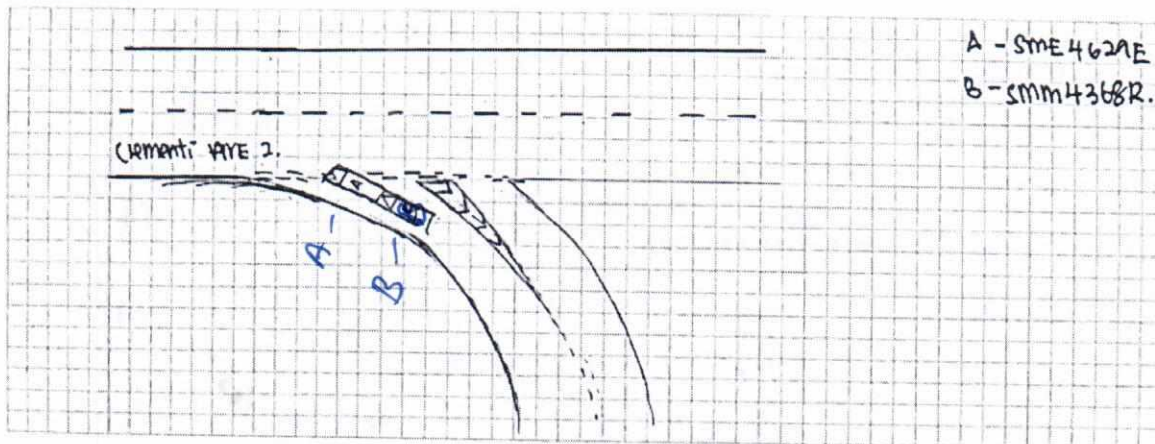


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated time and date, my vehicle A bearing SME4629E
was stationary while waiting to turn out from West coast road to
Clements Ave 2, suddenly I felt an impact from my rear and
realized vehicle B bearing SMM4368R had collided on to my vehicle.
We exchange particulars and decide to proceed with insurance claim.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

[Signature]

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

[Signature] 26/08/2021
Witnessed by Reporting Centre
Personnel

ACCIDENT REPORTING

Accident Date: (27 / 08 / 2021) (DD/MM/YYYY)

Time: (15 : 45) (HH:MM)

Location: Clement Ave 2.

1. Accident Details

- a) Type Of Accident: Head to Rear
- b) Weather Condition: (Clear / Raining / Others:)
- c) Road Surface: (Dry / Wet / Others:)
- d) Are You Claiming Under Your Own Insurance? (Yes / No)
If No, Please State: (Third Party Claim / Reporting Only)
- e) Was Any Foreign Vehicle Involved In An Accident? (Yes / No)
If Yes, Please State Vehicle No:
- f) Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / No)
- g) Was The Accident Reported To The Police? (Yes / No)
If Yes, Police Station Name:
- h) Was Notice Of Prosecution Given?
If Yes, Against Whom?:

2. Details Of Own Vehicle

- a) Vehicle Registration No: SME 4629 E
- b) Vehicle Category: COMPANY USE.
- c) Vehicle Manufacturer: MVI Vehicle Model: COOPER S Hatchback
- d) Transmission: Manual / Auto CC: 1598.
- e) No. Of Passengers (Including Driver) 2.
Passenger Name: PHA THOCK LIANG (Female / Male)
Passenger Name: (Female / Male)
Passenger Name: (Female / Male)
Passenger Name: (Female / Male)

3. Own Vehicle Policy

- a) Handling Insurer: China Taiping
- b) Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
- c) Fleet Policy? (Yes / No)
- d) Owner Name: MET INTERIOR (Female / Male)
- e) ID Type: 53190793K (PEN / NRIC / Passport Or Fin / Work Permit)
- f) Email: admin@metinterior.com.sg Mobile: 6444 6887
- f) Alt No. Type: (Home / Office / Not In List) : 9850 0531

4. Driver's Information

- a) Is The Driver The Policyholder? (Yes / No)
- b) Driver Name: TAN JUN HENG (Female / Male)
- c) ID Type: 99713393Z (UEN / NRIC / Passport Or Fin / Work Permit)
- d) Date Of Birth: 18-4-1997
- e) Driving Pass Date: 03-04-2017
- f) Email: SHAWNT_97@votmail.com Mobile: 9850 0531
- g) Address: B1K 130 RIVERVALE STREET #12-878
- h) Postal Code: 540130
- i) Occupation: (Indoor / Outdoor) Employee
- j) Driver Owner Relationship: WORKER Does Driver Own Other Vehicles: (Yes / No)
If Yes, Please Provide Vehicle Registration No: Handling Insurer:

ACCIDENT REPORTING

5. TP Vehicle Or Property

a) Was There Any Other Vehicle Or Property Damaged? (Yes / No)

If Yes, Please Provide:

Vehicle Registration No: Smm 4368R.

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

6. Injured Person's Details

a) Was Anyone Injured In The Accident? (Yes / No)

b) Any Injured Conveyed To Hospital By Ambulance? (Yes / ☒ No)

If Yes, Please Provide:

Name: _____ (Female / Male)

Vehicle Registration No: _____

Name: _____ (Female / Male)

Vehicle Registration No: _____

Name: _____ (Female / Male)

Vehicle Registration No: _____

7. Witness Details

a) Was There Any Witnesses? (Yes / ☒ No)

If Yes, Please Provide:

Name: _____ (Female / Male)

Witness Contact: _____

8. Files

a) Are Accident Photos Available For Attachment? (Yes / ☒ No)

b) Was There Any Video Captured? (Yes / ☒ No)

a) Was There Any Audio Captured? (Yes / ☒ No)

Motor Private Car

MX4F

N SN

AN0006A

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.

DMPCSNW00088242100

Engine No.: F1760907B48A20A

Cha. No.:WMWXM720802A73405

1. Index Mark and Registration
Number of Vehicle

SME4629E

AUTOSAFE
=====

2. Name of Policy Holder

MET INTERIOR

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment29/04/2021
(15:13:54)

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

28/04/2022

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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. : TOKYO CENTURY LEASING (S) PTE LTD

* 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: ALFA CREDIT PTE LTD
 Authorised Officer



Authorised Signatory

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

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☎6222 1033

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