

INTERNATIONAL ASSURANCE COMPANY, INC. 5482160003

Date: 06/12/2021 15:18  
Ref No: N/A/C772/0128174  
Vat No: STZ 6455  
C.O.A: 02/12/2021 23.00

(1) Reporting Only

TP Insurer

Preferred Wksp/NO Affili Wksp/OWI

TP Insured/Driver

Yuli Yul

SMA 45810

MO

Non-MO

Owner/Driver

Policy No

Period

Cover Type

Continued by

Date

Time

Insured/Driver Liability

% (Not less than 100%) 100% PI 21794 PI 00.000

Year of Registration

Warranty YES

NO

Excess (\$)

Load limit \$1,000

\$2,000

( ) Written Out/Owner / Customer's information duly furnished & ready NO report of rejection

( ) Total Loss Case / ( ) Criminal Insurance Unusually

Driver in

/ Powered by

/ Involvement

YES

NO

TOWING CO

1) Apply for Insurance Allowance / Country of

2) QC Check/Post Repair Inspection

3) Upload Repair Photo (Repair Costs > \$3,000)

Insured

X/A2104591

Driver/Owner

Continued No

Continued Portion

QC Checked by (English) - CHUTUO

1) All documents submitted (YES)	
2) All documents submitted (YES)	
3) All documents submitted (YES)	
4) All documents submitted (YES)	
5) All documents submitted (YES)	
6) All documents submitted (YES)	
7) All documents submitted (YES)	
8) All documents submitted (YES)	
9) All documents submitted (YES)	
10) All documents submitted (YES)	
11) All documents submitted (YES)	
12) All documents submitted (YES)	
13) All documents submitted (YES)	
14) All documents submitted (YES)	
15) All documents submitted (YES)	
16) All documents submitted (YES)	
17) All documents submitted (YES)	
18) All documents submitted (YES)	
19) All documents submitted (YES)	
20) All documents submitted (YES)	
21) All documents submitted (YES)	
22) All documents submitted (YES)	
23) All documents submitted (YES)	
24) All documents submitted (YES)	
25) All documents submitted (YES)	
26) All documents submitted (YES)	
27) All documents submitted (YES)	
28) All documents submitted (YES)	
29) All documents submitted (YES)	
30) All documents submitted (YES)	
31) All documents submitted (YES)	
32) All documents submitted (YES)	
33) All documents submitted (YES)	
34) All documents submitted (YES)	
35) All documents submitted (YES)	
36) All documents submitted (YES)	
37) All documents submitted (YES)	
38) All documents submitted (YES)	
39) All documents submitted (YES)	
40) All documents submitted (YES)	
41) All documents submitted (YES)	
42) All documents submitted (YES)	
43) All documents submitted (YES)	
44) All documents submitted (YES)	
45) All documents submitted (YES)	
46) All documents submitted (YES)	
47) All documents submitted (YES)	
48) All documents submitted (YES)	
49) All documents submitted (YES)	
50) All documents submitted (YES)	
51) All documents submitted (YES)	
52) All documents submitted (YES)	
53) All documents submitted (YES)	
54) All documents submitted (YES)	
55) All documents submitted (YES)	
56) All documents submitted (YES)	
57) All documents submitted (YES)	
58) All documents submitted (YES)	
59) All documents submitted (YES)	
60) All documents submitted (YES)	
61) All documents submitted (YES)	
62) All documents submitted (YES)	
63) All documents submitted (YES)	
64) All documents submitted (YES)	
65) All documents submitted (YES)	
66) All documents submitted (YES)	
67) All documents submitted (YES)	
68) All documents submitted (YES)	
69) All documents submitted (YES)	
70) All documents submitted (YES)	
71) All documents submitted (YES)	
72) All documents submitted (YES)	
73) All documents submitted (YES)	
74) All documents submitted (YES)	
75) All documents submitted (YES)	
76) All documents submitted (YES)	
77) All documents submitted (YES)	
78) All documents submitted (YES)	
79) All documents submitted (YES)	
80) All documents submitted (YES)	
81) All documents submitted (YES)	
82) All documents submitted (YES)	
83) All documents submitted (YES)	
84) All documents submitted (YES)	
85) All documents submitted (YES)	
86) All documents submitted (YES)	
87) All documents submitted (YES)	
88) All documents submitted (YES)	
89) All documents submitted (YES)	
90) All documents submitted (YES)	
91) All documents submitted (YES)	
92) All documents submitted (YES)	
93) All documents submitted (YES)	
94) All documents submitted (YES)	
95) All documents submitted (YES)	
96) All documents submitted (YES)	
97) All documents submitted (YES)	
98) All documents submitted (YES)	
99) All documents submitted (YES)	
100) All documents submitted (YES)	





# 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	06/12/2021 15:18 (SGT)
Date of Accident	03/12/2021 23:00 (SGT)
Exact Location of Accident	52 Foch Rd, Singapore 209274
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ645J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	QIAN LIJIA
NRIC No	SXXXX581D
Email Address	citizenpower555@gmail.com
Mobile Phone No	(Phone) +65-97778771
Alternative Phone No	+65-92367536

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
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?	No - Claiming third party
Vehicle Category	Private car
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	DMPCSNW00192102000
Cover Note Number	-

## DRIVER

Name of Driver	CHEN JIA HAO
NRIC No	SXXXX283D



Date Of Birth	05/01/1990
Occupation	Indoor
Date Of Driving Pass	03/03/2019
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92367536
Alt. Phone Number	-
Email Address	citizenpower555@gmail.com
Address	520 MILTONIA CLOSE #03-04
Address complement	-
Postcode	768104
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Hit and run / Vandalism / Damaged whilst parked
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)	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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211206/7006

#### 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	SMA4581D
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) -

#### WITNESS DETAILS

##### WITNESS 1

Name -  
Phone -  
Email -  
NIC  
(Phone) +65-97257533  
-



## SKETCH PLAN

### 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 willful 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 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' 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

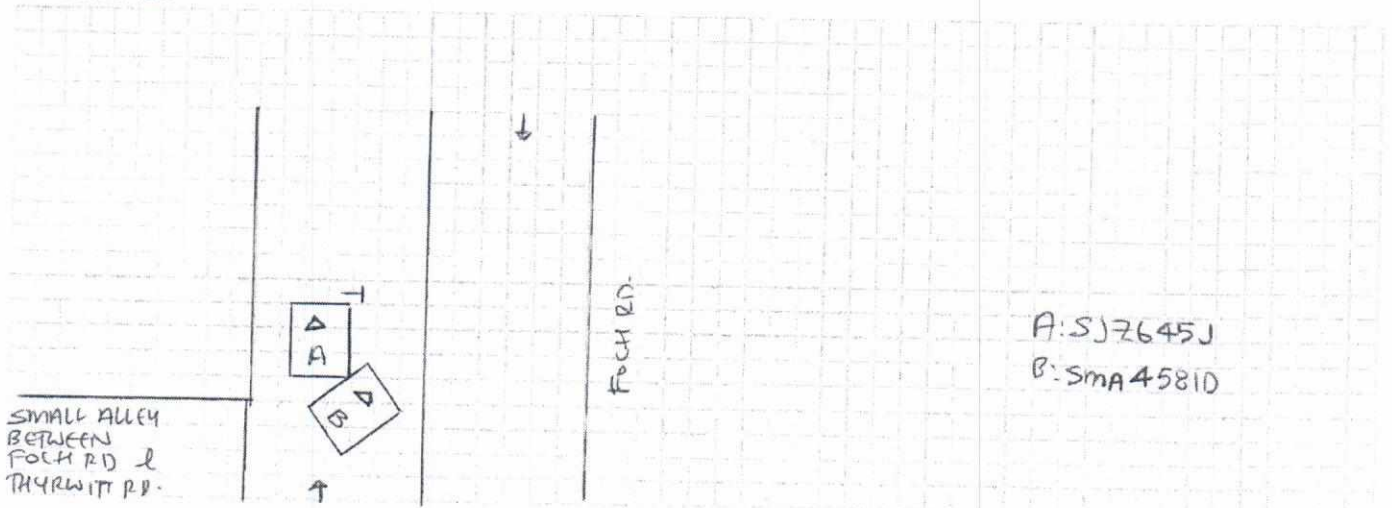
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan




Describe Circumstances of the Accident


PLEASE REFER TO POLICE REPORT.

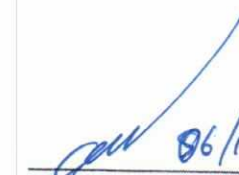
7/202/1206/7006

Declaration

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

 06/12/2021  
Witnessed by Reporting Centre  
Personnel





VEHICLE NO: SJZ645J

MAKE &amp; MODEL: TOYOTA AITS.

AUTO / MANUAL

DATE OF ACCIDENT	03 / 12 / 21	*C.C.
TIME OF ACCIDENT	2300	AM / PM
LOCATION OF ACCIDENT	52 FOCH RD.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE PARKED	
NAME OF OWNER	QIAN LIJIA.	
EMAIL	CITIZENPOWER SSS @ Gmail-com	Office: MOBILE: 97778771.
NRIC	S9081581D.	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INSURANCE CO.	CN TAIPING	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	PMPCSNW00192102000	
NAME OF DRIVER	AS ABOVE / IF NO: CHEN JIN HAO.	
NRIC	S9076283D.	
DATE OF BIRTH	05 / 01 / 1990.	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	03 / 03 / 2019.	
GENDER	Male / Female	
CONTACT NO.	Mobile: 92367536 Office: Home:	
EMAIL	-	
ADDRESS	520 MILTONIA CLOSE #03-04 SGT681041.	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. INSURER	
RELATIONSHIP	Employee / If No: FRIEND.	
WEATHER CONDITION	Clear / Raining / Other.	
ROAD SURFACE	Dry / Wet / Other.	
ANY INJURIES	No / If yes: Who?	
CONTACT NO.		
POLICE REPORT	No / If yes: Where? TP HQ.	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	SMA4581D. Any Passenger:	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		
YES / NO		



**SINGAPORE  
POLICE FORCE**



T/20211206/7006

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20211206/7006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/12/2021 11:45		Vide Report No.: A/20211203/0158		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHEN JIA HAO			Address: 520 MILTONIA CLOSE #03-04 SINGAPORE 768104		
ID Type / ID No.: NRIC NO / S9076283D			Contact No.: Home/Office: Mobile: 92367536		
Nationality: SINGAPORE CITIZEN			Email: CHENJH1207@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 05/01/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2021 23:00	Type of Location: Straight Road
Location:  FOCH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJZ645J	Car					0
SMA4581D	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20211206/7006

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20211206/7006

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHEN JIA HAO	ID No.	S9076283D
Related Vehicle	SJZ645J (Car)	Contact No.	92367536
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON THE STATED DATE AND TIME, MY VEHICLE(SJZ645J) WAS PARKED OUTSIDE OF 52 FOCH ROAD WHILE I WENT TO HAVE MY SUPPER.  
WHEN I WENT BACK, A WITNESS NOTIFIED ME THAT MY CAR WAS INVOLVED IN A HIT AND RUN. I REALISED THERE WERE DAMAGES TO MY VEHICLE'S REAR RIGHT PORTION AND THERE WERE NO NOTES LEFT BEHIND BY THE 3RD PARTY DRIVER.  
THE WITNESS TOLD ME THAT THE 3RD PARTY VEHICLE(SMA4581D) WAS EXITING THE SERVICE ROAD BETWEEN FOCH RD AND THYRWITT RD TURNING LEFT ONTO FOCH RD AND THE 3RD PARTY VEHICLE HIT ONTO MY VEHICLE WITH HIS VEHICLE'S LEFT PORTION.

WITNESS:  
NAME: NIC  
NUMBER: 97257533



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20211206/7006

3 of 3

Report No. T/20211206/7006

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD ZICKIE BIN AHMAD SUYUTI  
Contact No.: 65476904

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
06/12/2021 11:45

Classification Of Case:



To Whom It May Concern,

My name is Qian Lijia(S9081581D). I have a Toyota Corolla (registration No. SJZ645J). Since I stay in China from Aug 4, 2021, I authorize, Chen JiaHao (S9076283D), will be in charge of my vehicle. He has my full endorsement and permission to settle my car and I accept responsibility for his actions handling my vehicle as well as insurance related to it. Thank you.

Respectfully,

Qian Lijia

Signature:

(Qian)



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

E SN

AN0685A

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.

DMPCSNW00192102000

Engine No.: 3ZZ4999051

Cha. No.:MR053ZEE106175585

1. Index Mark and Registration  
Number of Vehicle

SJZ645J

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

QIAN LIJIA

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

20/12/2020  
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

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

19/12/2021

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, 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.: GV CREDIT 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: Tan Mingjie  
Authorised Officer

杨亚美  
Authorised Signatory

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

6389 6111

6222 1033

www.sg.cntaiping.com