

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 Actual 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	18/08/2022 10:12 (SGT)
Reported by	Both
Date of Accident	17/08/2022 14:55 (SGT)
Exact Location of Accident	Rochor Rd, Singapore
Additional Location Information	BEFORE BENCOOLEN STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV430J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GRZEGORZ ANTONI JAKUBOWSKI
NRIC No	SXXXX558I
Email Address	greg.jakubowski@me.com
Mobile Phone No	(Phone) +65-97253720
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X3
Variant	-
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	1997

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00066212204

DRIVER

Name of Driver	GRZEGORZ ANTONI JAKUBOWSKI
NRIC No	SXXXX558I
Date Of Birth	13/06/1968
Occupation	Indoor

Date Of Driving Pass	29/03/2012
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97253720
Alt. Phone Number	-
Email Address	greg.jakubowski@me.com
Address	13 COVE DRIVE #01-07
Address complement	-
Postcode	098327
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 - Change/cross lane
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	WIFE
Gender	Female

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCN6556P
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOHNATHAH CHAN ZHIHAO
NRIC No	TXXXX299Z
Contact Number	(Phone) +65-98622601
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

SKETCH PLAN

IMPORTANT NOTICE

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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;

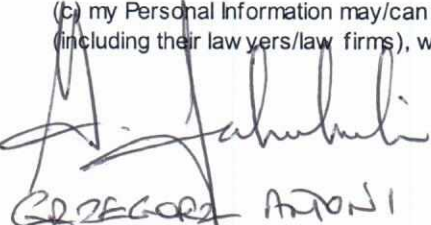
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.


20220818
09:23

Policyholder's Signature / Date & Time

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


18/08/2022

Witnessed by Reporting Centre Personnel

Sketch Plan

ROCKHILL RD BEFORE BENCOULAN STREET

STATIONARY
VEHICLE



A) SLV 430J

B) SCN 6556P

Describe Circumstances of the Accident

- At 14:55, heading down Locher Rd to Arrington
- (Wife in passenger seat)
- Was in second lane from left
- Heard a loud screeching / braking sound
- Tried to move right reflexively
- Heard loud bang on (L) side back door
- Car jerked to (R)
- Stopped, made sure wife & I OK
- Got out and got info of other car / driver

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

GREGOR ANTONI

2022 08 18 09:23

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

Witnessed by Reporting Centre Personnel

12/08/2022

ACCIDENT STATEMENT

ACCIDENT DATE: 17.08.2022 (DD/MM/YYYY), TIME: 14.55 (HH:MM)

LOCATION: ROCHEL ROAD BEFORE BENCOOLEN ST

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 430J
 b) INSURANCE COMPANY: CHINA TRIP
 c) POLICY NUMBER: DMPCSNW00066212204
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW X3
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: GREGORY ANTONI JAKUBOWSKI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6869558 CONTACT: 97253720
 c) ADDRESS: 13 COVE DRIVE #01-07
SINGAPORE 09.03.22

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: - AS ABOVE - (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 13.06.1968 (DD/MM/YYYY)

e) OCCUPATION: PHYSICIAN

f) DATE OF DRIVING PASS: 2012-03-29

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: CAUSED - ADVISED

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SCN 6556P MODEL: TOYOTA
 b) DRIVER'S NAME: JOHNATHAN CHAN
 c) NRIC/FIN/PASSPORT: 100022942 CONTACT: 9862-2601

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = GREG.JAKUBOWSKI@ME.COM
 VIDEO

greg.jakubowski@me.com



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

MX1E

R 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. DMPCSNW00066212204

Engine No.: A1300397N20B20A
Cha No.: WBAWX320300B26812

1. Index Mark and Registration
Number of Vehicle

SLV430J

AUTOSAFE
=====

2. Name of Policy Holder

GRZEGORZ ANTONI JAKUBOWSKI

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

18/03/2022
(00:00:00)

Named Drivers Ex Sect. I	SS\$600.00
Additional Ex Other than Named Drivers:	
Ex Sect. I - Age <= 25	SS\$3,000.00
Ex Sect. I - Age >= 26	SS\$500.00
* Age as at date of accident	
EX ON WINDSCREEN	SS\$100.00

4. Date of Expiry of Insurance

17/03/2023

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\$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.: OCBC BANK LTD AS HP OWNER

* 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

6389 6111

6222 1033

www.sg.cntaiping.com

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0822810001 Vehicle Registration No: SLV 430 J
Name (as shown in NRIC): GREGORZ ANTONI NRIC/FIN/Passport No: XXXX5587
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 97253120
Email Address: _____
Date of Accident: 17/08/2022 Time of Accident: 14:55
Place of Accident: ROCKHILL RD BEFORE BEXCOLEEN ST
Insurance Company: CHINA TAIPIING

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

From T/P To OWN DAMAGE CLAIM

Policyholder / Actual Driver's Signature
Date:

19/08/2022
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): ROSH
Date:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0822870001 Vehicle Registration No: SLV 430 J
Name (as shown in NRIC): GRZEGORZ ANTONI NRIC/FIN/Passport No: XXXXX5587
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 97253120
Email Address: _____
Date of Accident: 17/08/2022 Time of Accident: 14:55
Place of Accident: ROCHER RD BEFORE BEXCOLEEN ST
Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

OWNER WANTED TO COUNTER BACK TO T/P CLAIM

Policyholder / Actual Driver's Signature
Date:

19/08/2022
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): Robert
Date: