

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	25/10/2022 17:59 (SGT)
Reported by	Driver
Date of Accident	22/10/2022 19:30 (SGT)
Exact Location of Accident	Tagore Ln, Singapore
Additional Location Information	AT MSCP OF LVL 3 TAGORE LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ899D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HARTONO HALIM
NRIC No	S7955959H
Email Address	Hartono.halim@gmail.com
Mobile Phone No	(Phone) +65-98190927
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
Variant	LUXURY ADAP LED HL
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00220142200

DRIVER

Name of Driver	ANG WEI TING, MICHELLE (HONG WEITING)
NRIC No	S8531969H
Date Of Birth	26/10/1985
Occupation	Indoor

Date Of Driving Pass	01/10/2004
Driving experience	18 YEARS
Gender	Female
Mobile Number	(Phone) +65-82822882
Alt. Phone Number	-
Email Address	michelleangweiting@gmail.com
Address	APT 1001 BUKIT TIMAH ROAD #05-05
Address complement	-
Postcode	596288
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Parked Vehicle
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)	3
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	DAUGHTER
Gender	Female

PASSENGER 2

Name	SPOUSE
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

ON 22/10/22 AT ABT 1930HRS I WAS AT MSCP OF LVL 3 OF TAGORE LANE. AS I WAS REVERSING I HIT ONTO A STATIONARY VEHICLE B: SNG6743Y RESULTING IN DAMAGE TO THE FRONT LEFT BUMPER.

* I WISH TO STATE THAT THE PML WORKSHOP IS FULLY BOOKED AND NEXT AVAILABLE DATE GIVEN FOR THE SERVICE REPAIR IS 14 DEC 22.

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	SNG6743Y
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**IMPORTANT NOTICE**


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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 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:

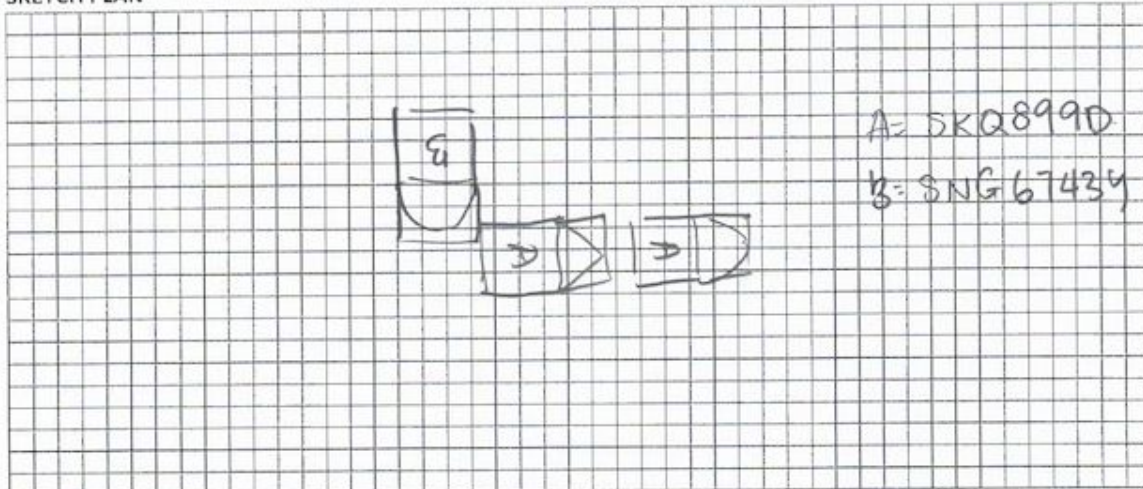
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (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.
- (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:
 - (i) 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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/10/22 at abt 1930hrs I was at MSCP of LVL 3 of Tagore Lane. As I was reversing I hit onto a stationary vehicle B: SNG67434 resulting in damage to the front left bumper.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

x *Michelle*
Driver's Signature
(If driver is not the policyholder)
Date & Time:

J.
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



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

Motor Private Car

MX1E

N SN

AN0596A

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. DMPCSNW00220142200

Engine No.: 23226273B48B20A
Cha. No.: WBA72AG050WX07884

1. Index Mark and Registration
Number of Vehicle SKQ899D

2. Name of Policy Holder HARTONO HALIM

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment 20/09/2022
(00:00:00)

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 19/09/2023

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.: UNITED OVERSEAS BANK LIMITED

* Limitations rendered inoperative by Section 6 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: AUTO ZOOM CREDIT PTE LTD
Authorised Officer

Authorised Signatory

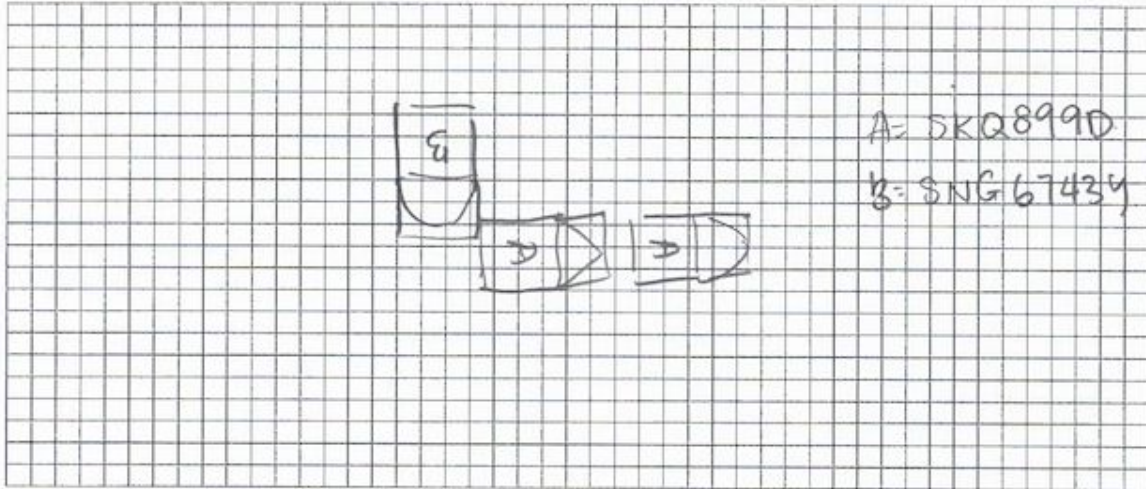
China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/10/22 at abt 1930hrs I was at MSCP of LVL 3 of Tagore Lane. As I was reversing I hit onto a stationary vehicle B: SNG67434 resulting in damage to the front left bumper.

*I wish to state that the PML workshop is fully booked and next available date given for the service repair is 14 Dec 2022.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

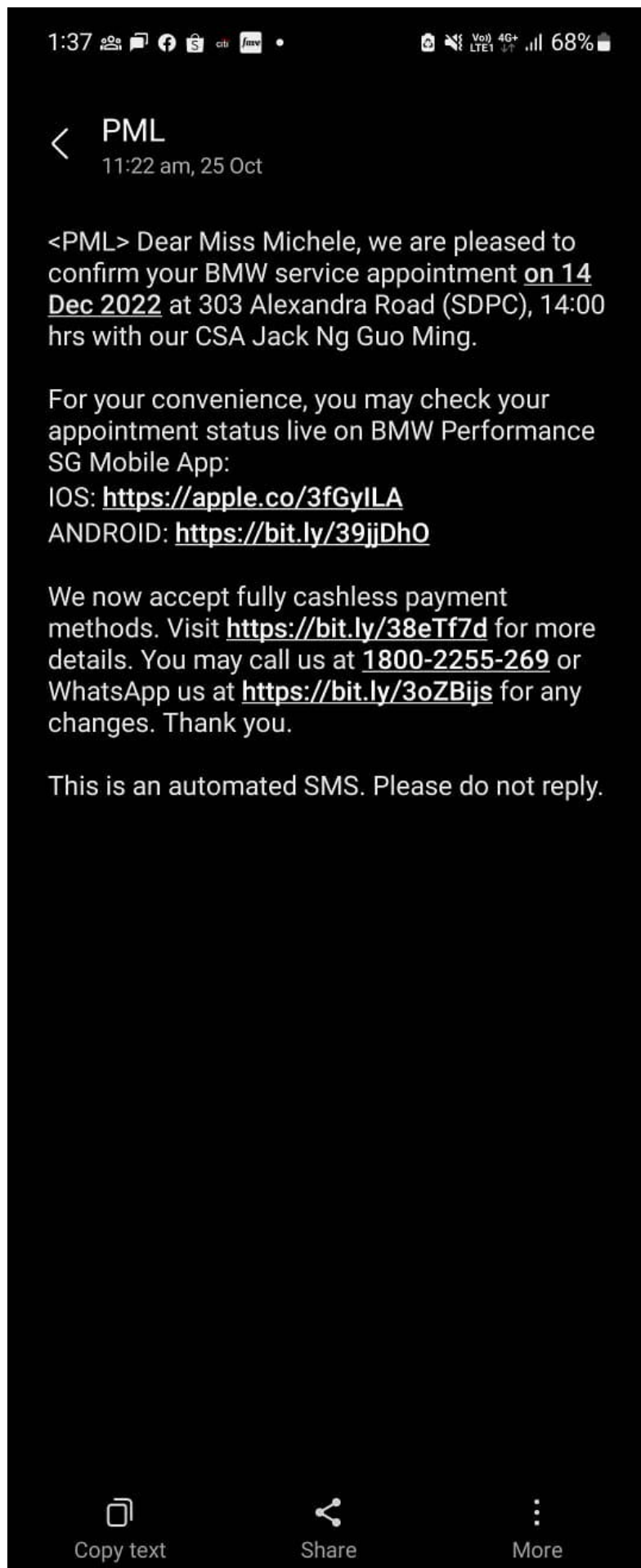
Policyholder's Signature
Date & Time:

x *Michael*
Driver's Signature
(If driver is not the policyholder)
Date & Time:

J.
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

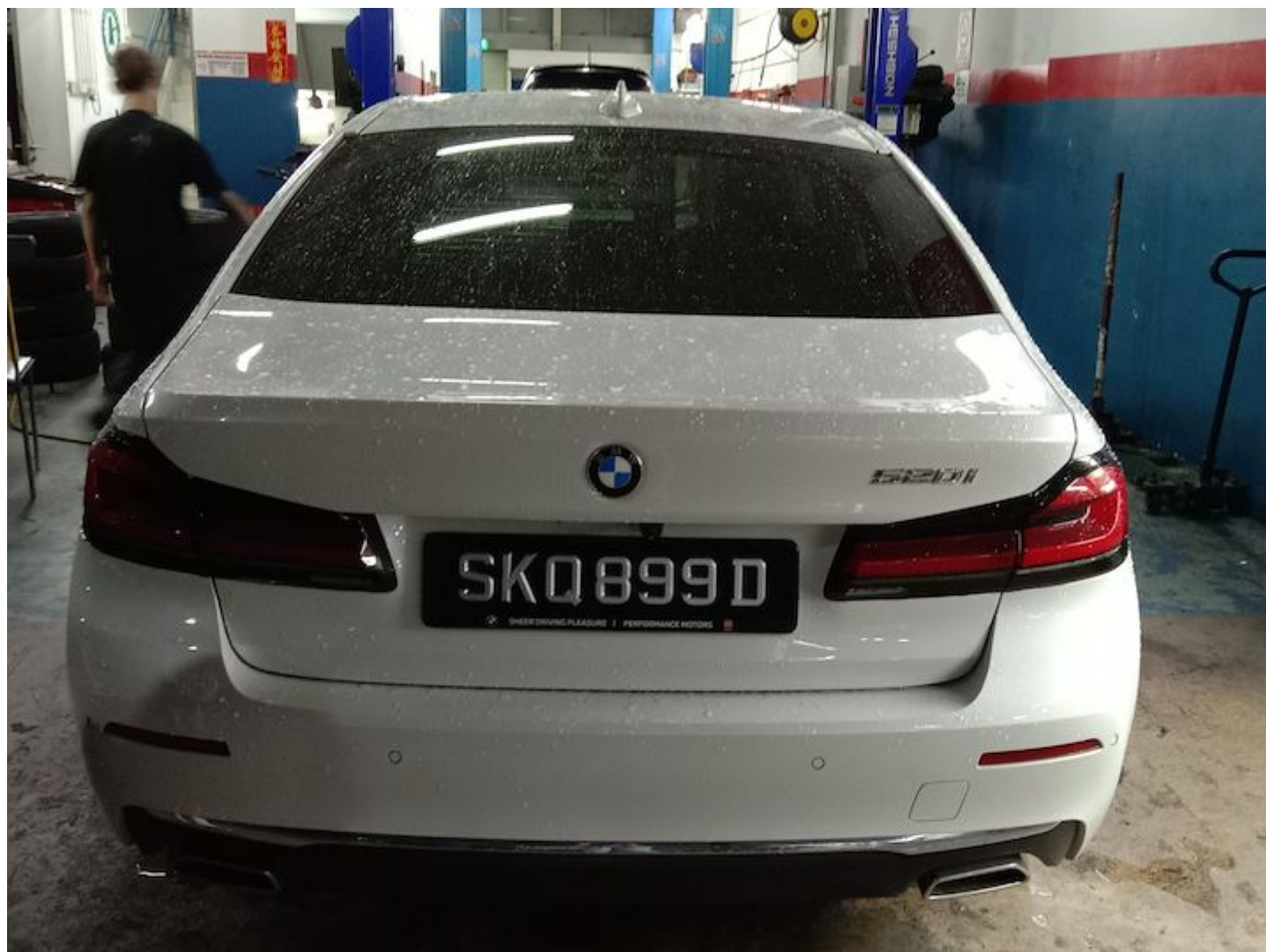
2































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:

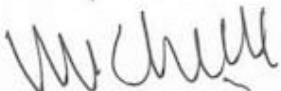
Original Report No: SA1N22AP0006-01 Vehicle Registration No: SKQ899D
 Name (as shown in NRIC): ANG WEI TING, MICHELLE (HONG WEITING) NRIC/FIN/Passport No: S8531969H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: APT 1001 BUKIT TIMAH ROAD #05-05 Singapore 596288
 Contact (Tel): _____ Mobile No.: 82822882
 Email Address: michelleangweiting@gmail.com
 Date of Accident: 22 OCT 2022 Time of Accident: 1930HRS
 Place of Accident: AT MSCP OF LVL 3 TAGORE LANE
 Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd.

(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:

1. TO INSERT SCREENSHOT PICTURE.

2. TO AMEND SKETCH PLAN 2 & ADD STATEMENT.


 Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: