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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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.

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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	10/02/2023 10:03 (SGT) Both Policyholder and Actual Driver 10/02/2023 06:42 (SGT) Singapore PUNGGOL EAST ROAD TO PUNGGOL CENTRAL Singapore
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### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SMC6266R
INSURED/POLICYHOLDER	
Is company?	No

Name Of Registered Owner TAY QIN QUAN NRIC No SXXXX601B Email Address qinquan@live.com Mobile Phone No (Phone) +65-90553533 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Evo-10 Exact purpose for which vehicle was being used at time of 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 1998

#### INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00271962202

#### DRIVER

Name of Driver TAY QIN QUAN NRIC No SXXXX601B Date Of Birth 20/03/1993 Occupation Indoor

Date Of Driving Pass 31/01/2013 Driving experience 10 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-90553533 Alt. Phone Number Email Address qinquan@live.com Address 477B UPPER SERANGOON VIEW Address complement # 12-568 Postcode 532477 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 - 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) 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 UNKNOWN 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 THE ATTACHED STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH OWNER **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKX5837M Vehicle Manufacturer Vehicle Model

Vehicle Colour	
Vehicle Category	
Name of Driver	te car
LOW	LAI FONG
NRIC No SXXX	X428E
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

- Pleas ereport <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Firm 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 lalse reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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. Consest 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

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

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

Dungson Control

Sketch Plan

Purggo | Gast Road To Punggo | Central

A SMC 6266R

B SRX 5637M

Describe Circumstance of the Accident
Car slowed down Maring Punggal Road Alta- land
Car slowed down nearing Punggol Boad filter lane, had to stop due to cars coming past the right of way. While coming to a stop, in minutes time the car behind me did not check her front and towns with me from behind.
not check her front and tong Wit me from behind
eclaration

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

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

// Date & Time

Actual Driver's Signature (if driver is not the policyholder)

// Name as in NR/C/ID card)

## ACCIDENT STATEMENT

	ACCIDENT DATE	10/02/2023	IMP WHE DO	MI SITEM	20 12	
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Email = ginguan@live.com



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

#### 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)

MX1/B R

SN

AN0101A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00271962202

Engine No.: 4B11BM9867 Cha. No.:CZ4A0005853

Index Mark and Registration

SMC6266R

Number of Vehicle

**AUTOSAFE** 

2. Name of Policy Holder

TAY QIN QUAN

Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00)

10/12/2022

Excess Sect I.

\$\$3,500.00

Ordinance or Enactment

Excess Sect. I (Outside Singapore)

S\$7,000.00

4. Date of Expiry of Insurance

09/12/2023

EX ON WINDSCREEN .

S\$100.00

Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

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.

TAY QIN QUAN

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.

HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED \* 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.

**Authorised Signatory** 

Issued By: I TRUST PTE LTD **Authorised Officer** 

©6389 6111

6222 1033

www.sg.cntaiping.com

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