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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.

- 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

17/02/2023 15:26 (SGT) Both Policyholder and Actual Driver 16/02/2023 18:10 (SGT) Pasir Ris Drive 3, Singapore TOWARDS ELIAS MALL Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJN8779S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No.

No PAUL S BHAT SXXXX047F paulbhat@singnet.com.sg (Phone) +65-96629341

VEHICLE PARTICULARS

Manufacturer Model Variant

CC

Nissan Qashqai

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

Private use

your vehicle? Vehicle Category Transmission

No - Claiming third party Private car Auto

1197

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00053822200

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHOW SWEE LIAN PETULA MRS PETULA BHAT SXXXX247C 29/01/1968 Indoor



Accident report SN08232H0001

Page 1 of 17

Date Of Driving Pass	20/03/2006	
Driving experience	16 YEARS AND 11 MONTHS	
Gender	Female	
Mobile Number		
Alt. Phone Number	(Phone) +65-92317767	
Email Address		
Address	paulbhat@singnet.com.sg	
	BLK 243 PASIR RIS STREET 21 #08-109	
Address complement	-	
Postcode	510243	
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	NO	
o and a sum of a sum	_	
Insurance Company of Other Vehicle Owned by Driver	-	
GENERAL INFORMATION OF THE ACCIDENT		
The Addition		
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?		
Was any injured conveyed to hospital by ambulance?	No	
Was any other vehicle or property damaged?	-	
Number of Passangers (Including Duise)	Yes	
Number of Passengers (Including Driver)	1	
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	:-	
DETAILS OF POLICE ACTION		
Was the accident reported to the police?	N ₌	
Was notice of intended Prosecution given?	No	
If yes, against whom?	No	
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CIRCUMSTANCES OF ACCIDENT		
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PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
Are accident photos available for attachment?		
Was there any video captured by Car Camera?	Yes	
The thore any video captured by Car Carriera?	No	
DETAILS OF OTHER	VEHICLE PROPERTY 1	
Vehicle Registration Number	DC00410	
Vehicle Manufacturer	PC9041S	
Vehicle Model	-	
Vehicle Variant	=	
Vehicle Colour	-	
	± .	
Vehicle Category	Bus	
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)	10

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. 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.
- 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:
 - 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

am.

Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

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to turn		574/16/	nary	Waitin				
to turn	green.		nary	Waitin				
to turn	green.		nary	Waitin			1 1	
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UTO / MANUAL VEHICLE NO: SUN 87795 MAKE & MODEL: MISSAN RASHRAI 16 1 10 1 DATE OF ACCIDENT 2023 ·C.C. AM / (PM) TIME OF ACCIDENT 6.10 EURS MALL LOCATION OF ACCIDENT PASIR TWO RIS DRIVE 3 PRIVATE HIRE COUTSIDE ACTIVESG EMPLOYMENT / PRIVATE USE / EXACT PURPOSE USED AT TIME OF ACCIDENT SPORT CENTRE) BHAT PAUL NAME OF OWNER 9662 934 paulbhat @ SINGNIET. Com. SG. MOBILE. Office: EMAIL S70040 47F NRIC THIRD PARTY / REPORTING ONLY CLAIM TYPE YES / NO)? FLEET POLICY. DMPCSNW00053832200 INSURANCE CO. Comprehensive / Third Party / Third Party Fire & Theft TYPE OF COVERAGE CHINA TAI PING POLICY NO. PETULA LIAN SWEE AS ABOVE / IF NO: (HOW NAME OF DRIVER 2447 MRC DETUCA 568012470 NRIC 29 01 1 1968 DATE OF BIRTH ANY PASSENGER YES (NO): NAME OF PASSENGER GENDER OF PASSENGER MALE / FEMALE Outdoor / (Indoor OCCUPATION 031 2006 DATE OF DRIVING PASS Male (Female) GENDER Home. CONTACT NO. Mobile: 923/ 7767 Office. EMAIL #08-109 STREET ADDRESS PASIR RIS BIK 243 55/0243 INSURER. NO) / If yes : Reg No: DOES DRIVER OWN OTHER VEHICLES? Stouss Employee / (If No. RELATIONSHIP Clear) WEATHER CONDITION Raining Other: Dry) / Wet / Other: ROAD SURFACE ANY INJURIES No / If yes : Who? CONTACT NO. No /If yes . Where? POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVEN NO/IF YES: WHO? VEHICLE B NO. Any Passenger: PC 90415 10 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. YES / NO WAS THERE ANY VIDEO CAPTURE? YES NO WAS THERE ANY AUDIO RECORDED? YES// NO SCENE ACCIDENT PHOTOS TAKEN? **WORKSHOP: Have you been approach by unknown person soliciting (s) / YES (NO offering accident claims assistance?



Motor Private Car

MX1F

E SN

AN0214A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00053822200

CERTIFICATE OF INSURANCE Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Engine No.: MR20484359W

Cha. No.:SJNFBAJ11U2012182

1. Index Mark and Registration

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

PAUL S BHAT

SJN87798

Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment

24/02/2022 (12:24:36)

Named Drivers Ex Sect. I

\$\$750.00

Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25

4. Date of Expiry of Insurance

11/03/2023

Ex Sect. I - Age >= 26

\$\$3,000.00 \$\$500.00

* Age as at date of accident

EX ON WINDSCREEN \$\$100.00

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 \$\$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.: STANDARD CHARTERED BANK(S)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.

Issued By: Chua Suat Lay Sally **Authorised Officer**

Authorised Signatory

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

Q6389 6111

6222 1033

www.sg.cntaiping.com