SS2X246J0005 / SME MOTOR PTE LTD ENTRY DATE & TIME: 19/06/2024 14:30 (SGT) SUBMITTED BY: CHRIS ANG VERSION: 1 (19/06/2024 14:30 (SGT))

# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 First Submission 19/06/2024 14:30 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 14/06/2024 15:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information **TOWARDS ADAM ROAD** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Mercedes

No - Claiming third party

Vehicle Registration Number SNH520H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YIN ZHI NRIC No S8779258G Email Address YINZHI@LIVE.COM.SG Mobile Phone No (Phone) +65-85712789 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model C180 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?

Vehicle Category Private car Transmission Auto CC 1596

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00017352402

DRIVER

Name of Driver YIN ZHI NRIC No S8779258G Date Of Birth 14/11/1987 Occupation Outdoor

Driving Pass Date 20/05/2016 Driving experience 8 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-85712789 Alt. Phone Number Email Address YINZHI@LIVE.COM.SG Address 66 POTONG PASIR AVE #07-26 THE TREVER Address complement Postcode 358394 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes 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 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT - T/20240615/7037 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YQ1373G

## Accident report SS2X246J0005

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SJU3296P
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)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SJP3485
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)	-

## **INJURED PERSONS DETAILS**

## INJURED 1

Name of injured person Gender	YIN ZHI Male
Phone No	-
Address	-
Address Complement	-
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	_
Injured person in which vehicle?	SNH520H
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	No

escribe Circumstances of the Accident			
I was driving a long PIE town [5:20 pm. I was followed the ve I heard a bang sound and felt two collided onto war portion of	ands to Adam Rd. Of hide in front of a impact from my	n 14/06/2024 around ne to stop. Suddenly year Vehide Y0127:	1
twas collided onto lear portion of	my wehicle	, , , , , , , , , , , , , , , , , , , ,	7
I felt uncomfortable after acci	dent with consult d	loctor.	
	1112 HITCH ST. 1112	Laboraga (de mantrum des	
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Alleren was the second			
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4			
eclaration			
le declare the foregoing particulars are true in every response	ect.		
<u> </u>			

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 5. Any false reporting may be referred to the Police for investigation.
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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 :

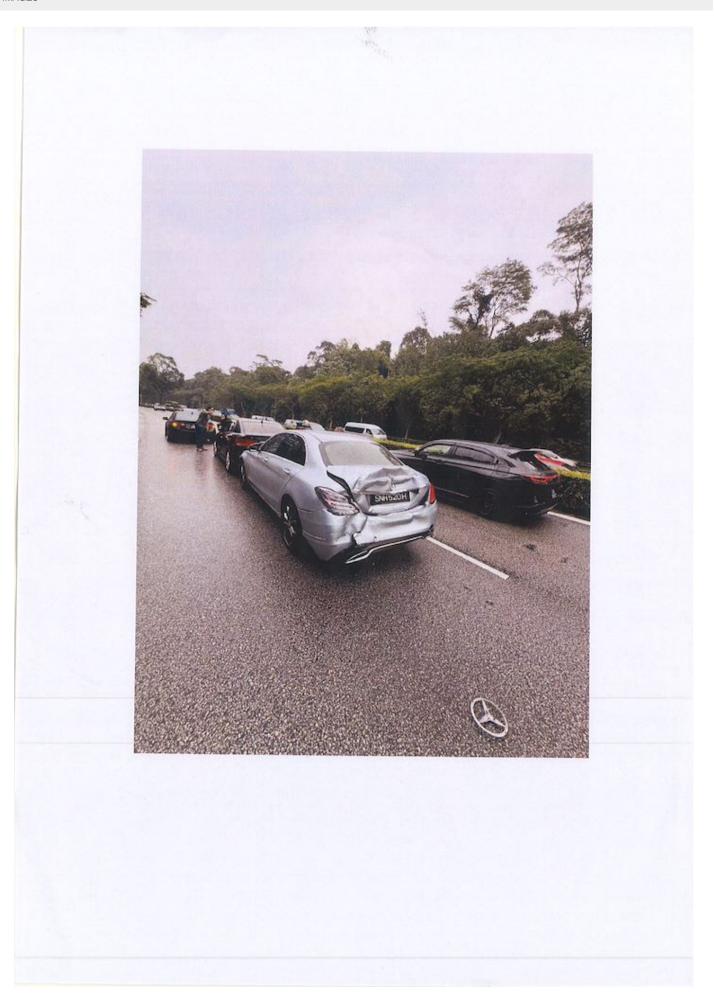
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature / Date & Time 437Pm 18 June 104 Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle C SJU 3296P Vehicle D SJP 3485



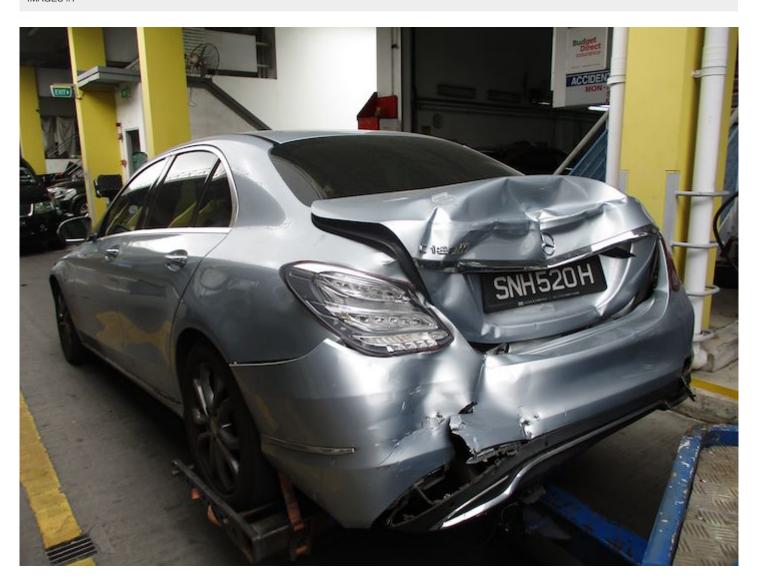




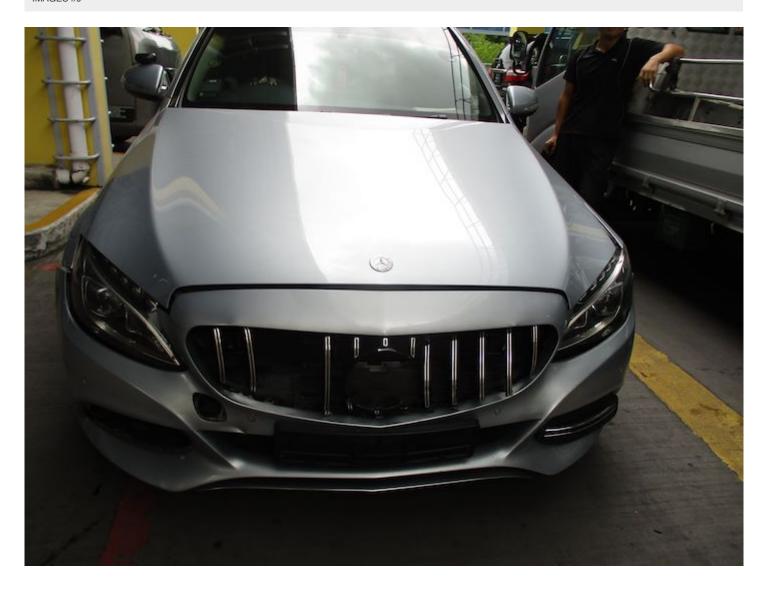


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240615/7037

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2024 14:21		Vide Report No.:	Station Diary No.:				
Informan	it's Particula	rs					
Name of Informant: yin zhi			Address: 66 Potong Pasir Avenue 1 #07-26 The Tre Ver SINGAPORE 358394				
ID Type / ID No.: NRIC NO / S8779258G		8G	Contact No.: Home/Office:	Mobile: 85712789			
Nationality: SINGAPORE CITIZEN		N.	Email: yinzhi@live.com.sg				
Sex: Age: Date of Birth: Male 36 14/11/1987		77.50	Type of Informant: Driver				
Race: Chinese			Language: English				
Occupation: Real estate agent			Driving Licence Information: Class: Date of Expiry:				

General Information	of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: Date/Time of Accide No 14/06/2024 15:30			Type of Location:
Location:					
JALAN SEJARAH					
Weather:		Road Surface:			
Traffic Flow: Traffic Control:			Traff	fic Volume:	
Type of Collision:					one conveyed by ulance;

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJP3485	Motor car					0
SJU3296P	Motor car					0
SNH520H	Motor car	MERCEDES BENZ	C180 AVANTGARD E (R17 LED)	Silver		0
TQ1373G (Not Accurate)	Lorry					0





2 of 3 Report No. T/20240615/7037

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

CONTINUATION OF REPORT

Details of Vel	nicle Insurance		WEST RES	
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNH520H	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSNA00017352 402	31/01/2024	31/01/2025

Details of Person	Involved	SON BREEZE	5.524		- AD E Mad	
Any Pedestrian In	volved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian	Crossin	g: NA
Driver		TEN II	A STATE OF STREET			
Name	ZHI YIN			ID No	2	S8779258G
Related Vehicle	SNH520H (Motor car)			Conta	ict No.	85712789
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: 3A Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days grant				f Injury Slight		
Driver		TO LANGE				
Name	yin zhi			ID No		S8779258G
Related Vehicle	SNH520H (Motor car)			Conta	ct No.	85712789
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class; NIL Date of Expiry; NIL
Date Treatment	NIL Date			harge	NIL	
No. of Days granted Medical Leave (MC) NIL		NIL	The state of the s		NIL	

## Brief Details.

330pmpie600Adam rd

A TQ1373G Wing Teck Express G2405527 Rajendiran Prabakaran 84166851 93214584 B SNH520H C SJU3296P 97658821

D SJP3485 87643554

330pm Dairy FarmSTK AUTO SPTE LTD435pm 5pmMount E A&E 5



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



3 of 3 Report No. T/20240615/7037

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/06/2024 14:21
Officer In Charge Of Case:	Classification Of Case:
SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202	
NP168	



## 中国太平保险 (新加坡) 有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Private Car

#### CERTIFICATE OF INSURANCE

lotor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Maleysia) Motor Vehicles (Third-Party Risks) Pulles, 1959 (Maleysia)

AN0710A Cov. Type:C

MX1E

Engine No.: 27491030398555 DMPCSNA00017352402 CERTIFICATE No.

Index Mark and Registration Number of Vehicle

SNH520H

Cha. No.:WDD2050402R077499

2. Name of Policy Holder

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (12:00:00) Ordinance or Enactment

31/01/2024

Named Drivers Ex Sect. I

\$\$500.00

4. Date of Expiry of Insurance

30/01/2025

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

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

Ex Sect. I - Age >= 26 \* Age as at date of accident

EX ON WINDSCREEN .

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

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 fulfion 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/Thet) 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.: HL BANK

\* 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 Canxing Authorised Officer Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

🕏 3 Anson Road #16-00 Springleaf Tower Singapore 0.79909

O6389 6111

6222 1033

www.sg.cntaiping.com