

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 First Submission	01/11/2024 17:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/10/2024 10:15 (SGT)
Exact Location of Accident	E Coast Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD6081B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG FU LING JOSHUA DOMINIC (WANG FULING)
NRIC No	S8610842I
Email Address	JOSHDOM.ONG@GMAIL.COM
Mobile Phone No	(Phone) +65-97350478
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1591
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00039712402

DRIVER

Name of Driver	ONG FU LING JOSHUA DOMINIC (WANG FULING)
NRIC No	S8610842I
Date Of Birth	26/04/1986
Occupation	Outdoor
Driving Pass Date	20/01/2005
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	19 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97350478
Alt. Phone Number	-
Email Address	JOSHDOM.ONG@GMAIL.COM
Address	5 TANAH MERAH KECHIL ROAD #03-05
Address complement	-
Postcode	466665
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 - Major/Minor Rd
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS I WAS TURNING OUT TO MY RIGHT, AFTER CHECKING TRAFFIC WAS CLEAR. SUDDENLY, VEHICLE B FROM MY RIGHT DRIVE IN A FAST SPEED AND COLLIDED ONTO MY FRONT AND DUE TO VEHICLE TURNING LEFT HAVE BLOCKED MY VIEW.

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	SND7572H
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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	VEHICLE B
No. Of Passenger (Including Driver)	3

SKETCH PLAN

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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 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. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

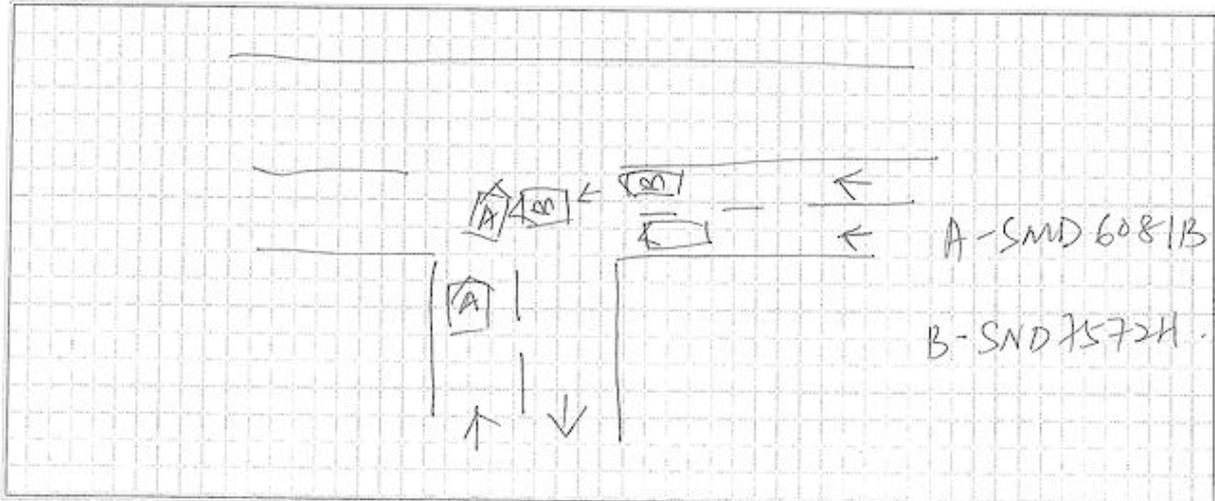
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

As I was turning out to my right, after checking traffic was clear, suddenly vehicle B from my right drive in a fast speed and collided onto my front and due to vehicle turning left have blocked my view.

Declaration

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



Policyholder's Signature / Date & Time

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

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





















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: SS2X24B1000P Vehicle Registration No: SMD6081B
 Name (as shown in NRIC): ONG FU LING JOSHUA DOMINIC (WANG FULING) NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 31/10/2024 Time of Accident: 10:15
 Place of Accident: EAST COAST ROAD
 Insurance Company: CHINA

(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:

TO ADD VIDEO

 Policyholder / Actual Driver's Signature
 Date:

YING

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

Motor Private Car

CERTIFICATE OF INSURANCE

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. (Incorporated in Singapore)
 Motor Vehicle Third Party Risks and Compensation Policy (1987)
 100001221414 for 1987 Malacca
 100001221414 for 1987 Malacca

Motor

T 0%

WNT1145

See Table C

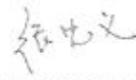
CERTIFICATE No.	DMPCDN00019710492	Engine No. 4210CAH82374	Chassis No. KMM0613MA8221251
1. Index Mark and Registration Number of Vehicle	5MDC01B	AUTOSAFE	
2. Name of Policy Holder	ONG FULING JOGHUA DOMN C WANG FULING		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations (00:00:00) Ordinance or Enactment	15/04/2025	Named Drivers Ex Sect 1	\$51,500.00
4. Date of Expiry of Insurance	14/04/2026	Additional Ex Other than Named Drivers	
		Ex Sect 1 + Age 11-25	\$53,000.00
		Ex Sect 1 + Age 11-25	\$5500.00
		* Age as at date of Incident	
		EX ON WINDSCREEN	\$5100.00
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 obliged by order of a Court of Law or by reason of any enactment or regulation to abstain 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 or for driving test taking, pace-making, relay, fly over, 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 whenever applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first \$5000 will apply to the Insured and Named Drivers in the event of Own Damage Claims at our Authorized Workshops for each Policy Year.		
HIRE PURCHASE CO. / MAYBANK SINGAPORE 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: 826 Name
 Authorized Officer


 Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200209364E)
 3 Anson Road #16-00 Springleaf Tower Singapore 079909

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F 6222 1053

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