

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	11/01/2024 14:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/01/2024 10:30 (SGT)
Exact Location of Accident	Near TPE, Singapore
Additional Location Information	TPE TWDS YIO CHU KANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2704A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JISOON MOTORS PTE LTD
Company Reg No	201839252H
Email Address	HENRY.TAN@JISOON-AUTO.COM
Mobile Phone No	(Phone) +65-90889989
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	150
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00071852302

DRIVER

Name of Driver	ANG KIAN NAM
NRIC No	S7110896A
Date Of Birth	31/03/1971
Occupation	Outdoor

Driving Pass Date	22/10/2019
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82375944
Alt. Phone Number	-
Email Address	HENRY.TAN@JISOON-AUTO.COM
Address	BLK 995B BUANGKOK CRESCENT
Address complement	06-943
Postcode	532995
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20240110/7047

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	SD CARD WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL8336S
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	GBH6873S
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBL8336S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.

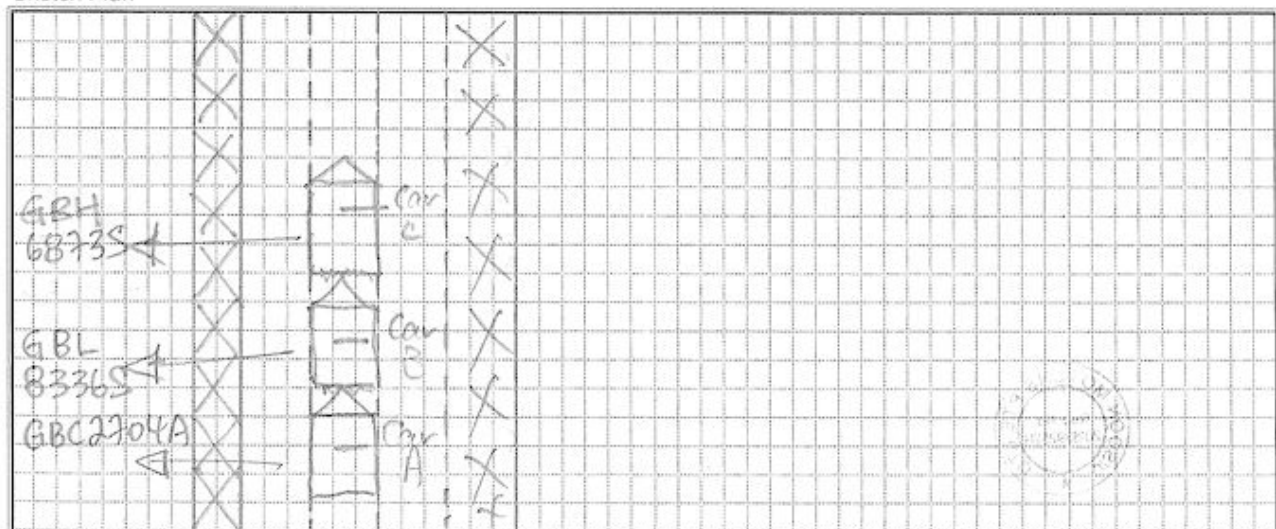


Policyholder's Signature / Date & Time

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



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

Sketch Plan

TPE TWS YIO (HIO KANG)

Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20240110/7047.

Declaration

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

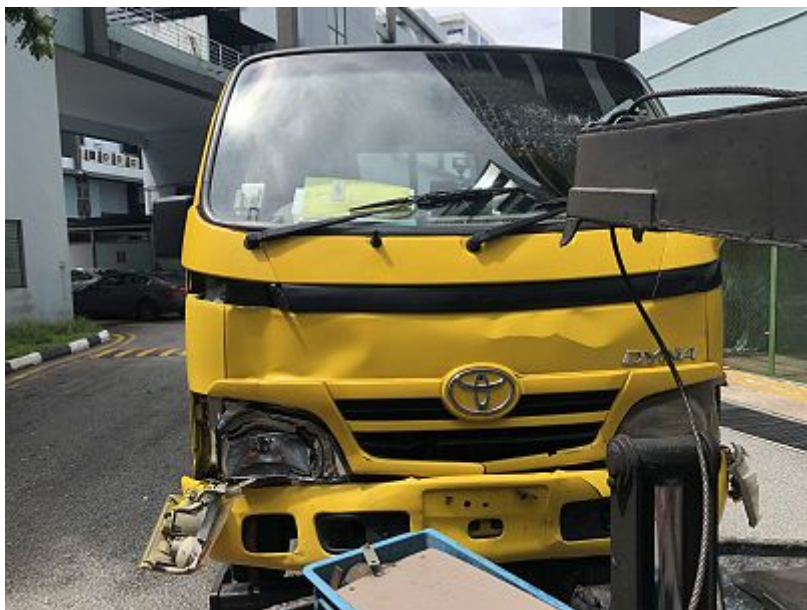


Policyholder's Signature / Date & Time

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



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

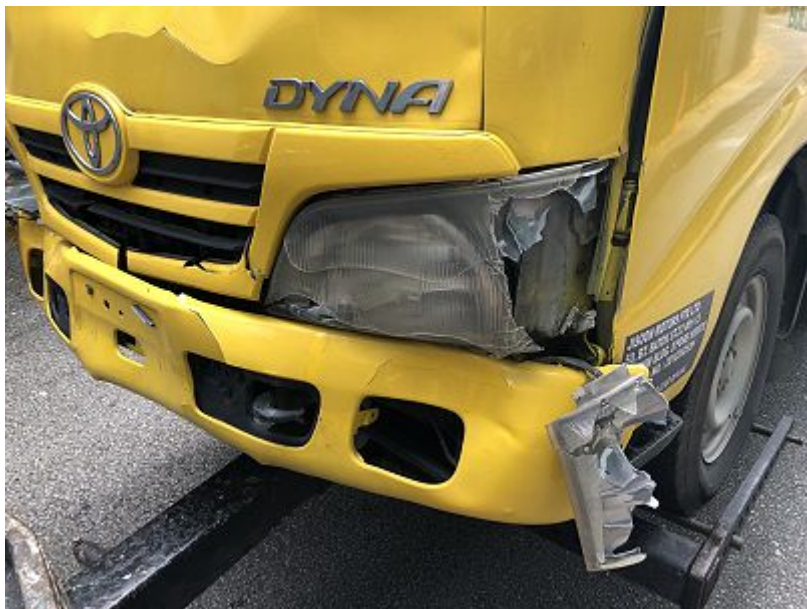














**SINGAPORE
POLICE FORCE**



T/20240110/7047

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

1 of 3

Report No. T/20240110/7047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2024 14:01	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: ANG KIAN NAM		Address: 995B BUANGKOK CRESCENT #06-943 SINGAPORE 532995	
ID Type / ID No.: NRIC NO / S7110896A		Contact No.: Home/Office: Mobile: 82375944	
Nationality: SINGAPORE CITIZEN		Email: KIANNAMANG@GMAIL.COM	
Sex: Male	Age: 52	Date of Birth: 31/03/1971	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2024 10:30	Type of Location:
Location: FERNVALE LINK				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC2704A	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240110/7047

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

2 of 3

Report No. T/20240110/7047

CONTINUATION OF REPORT

Driver			
Name	ANG KIAN NAM		ID No. S7110896A
Related Vehicle	GBC2704A (Lorry)		Contact No. 82375944
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 10/01/2024 @1030HRS, I WAS DRIVING MY VEHICLE A (GBC2704A) ON LANE 2 ALONG TPE TOWARDS YIO CHU KANG. FRONT VEHICLE B (GBL8336S) SUDDEN E-BRAKE AND I COULD NOT REACT IN TIME AND COLLIDED ONTO VEHICLE B (GBL8336S) REAR PORTION. THERE WAS ANOTHER VEHICLE C(GBH6873S) WERE INVOLVED IN THIS ACCIDENT WHICH WAS HIT BY VEHICLE B (GBL8336S). VEHICLE B AND MY VEHICLE A BOTH ALIGHT TO EXCHANGE PARTICULARS FOR ACCIDENT REPORTING.

**SINGAPORE
POLICE FORCE**

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



T/20240110/7047

3 of 3

Report No. T/20240110/7047

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476204

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
10/01/2024 14:01

Classification Of Case:

NP168

Motor Commercial

MZ407/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)

R SN

AN0555B

Cov. Type:F

CERTIFICATE No.	DMCVSNA00071852302	Engine No.: 1KD2127183 Cha. No.:JTFAT35Y40K201777
1. Index Mark and Registration Number of Vehicle	GBC2704A	
2. Name of Policy Holder	JISQON MOTORS PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26/08/2023 (00:00:00)	
4. Date of Expiry of Insurance	25/08/2024	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>	
6. Limitations as to use:	<p>(1) Use in connection with the Policyholder's business and Hirer's Business.</p> <p>(2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business.</p> <p>(3) Use for social, domestic or pleasure purpose.</p> <p>The policy does not cover:</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p>	
<p>HIRE PURCHASE CO.: ABWIN PTE LTD</p> <p>* 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.</p>		

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: _____
 Elise Lim Xin Yi
 Authorised Officer

Authorised Signatory

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

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☎ 6222 1033

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