

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	22/11/2024 13:09 (SGT)
Reported by	Actual Driver
Date of Accident	21/11/2024 12:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG ST 62.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6257G
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TEW SENG CHEOW KEE
Company Reg No	08026700M
Email Address	SIMBOONHONG@ICLOUD.COM
Mobile Phone No	(Phone) +65-62263732
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000
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	DMCVSNW0000862403

DRIVER

Name of Driver	SIM BOON HONG
NRIC No	S6918243G
Date Of Birth	29/05/1969
Occupation	Outdoor
Driving Pass Date	25/07/1990
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	34 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90271110
Alt. Phone Number	-
Email Address	SIMBOONHONG@ICLOUD.COM
Address	BLK 938 HOUGANG ST 92 #06-47
Address complement	-
Postcode	530938
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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

VEHICLE B INFRONT BRAKE, I CANNOT STOP IN TIEM AND HIT ONTO VEHICLE B REAR PORTION. DRIVER INFORM THAT THE COMPANY "TEW SENG CHEOW KEE" HAS BEEN BOUGHT OVER BY THIS COMPANY "CHUAN SENG HUAT EGSS PTE LT" HENCE THE COMPANY STAMP INPUT ON THE ACCIDENT REPORT IS UNDER NEW COMPANY NAME.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB4831P
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	VEH B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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 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.



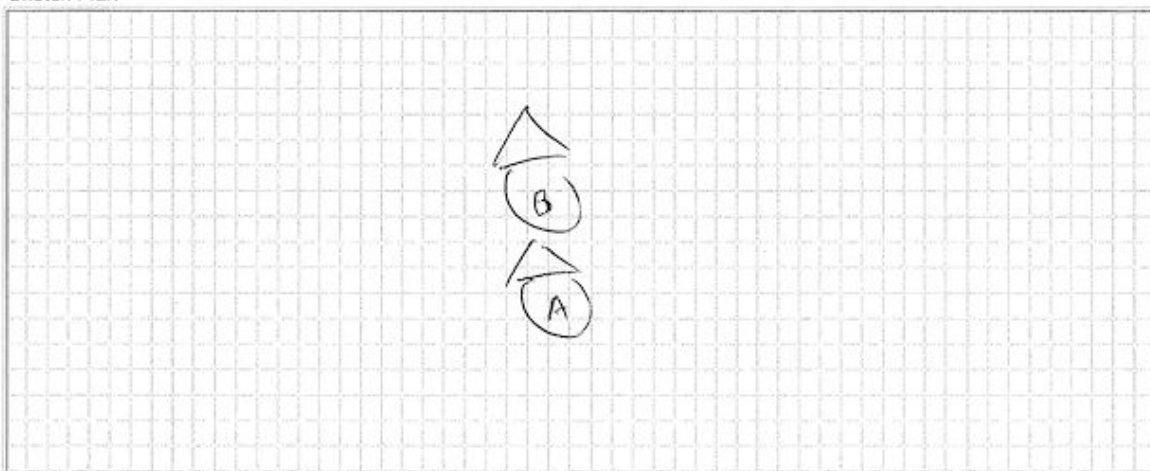
Policyholder's Signature / Date & Time

[Handwritten Signature]

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




vJun2022

1

Describe Circumstance of the Accident

Vehicle B instant brake, I cannot stop in time
and hit onto vehicle B rear portion.

*DRIVER INFORM THAT THE COMPANY 'TEW SENG CHEOW KEE'
HAS BEEN ~~transferred~~ BOUGHT OVER BY THIS COMPANY
'CHUAN SENG HUAT EGGS PTE LTD' HENCE THE
COMPANY STAMP INPUT ON THE ACCIDENT REPORT
IS UNDER THE NEW COMPANY NAME. 



Declaration

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

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

















中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ORIGINAL

THE SCHEDULE

Agency : AN0450A	Class of Policy : Motor Commercial Vehicle	Policy No. : DMCVSNW00000862403
Account : AN0450A	Issued on : 07/12/2023 in SINGAPORE	Replacing Policy No. DMCVSNW00003432302
Client : T024937C	Acceptance Date : 07/12/2023	
Period of Insurance : 13/01/2024 to 12/01/2025 , both dates inclusive		
Insured's Name : TEN SENG CHEOW KEE		
Address : 21 NEO TIEW LANE 1 SINGAPORE 718788		
Business/Occupation : OTHERS		
Premium	Basic Annual Premium	: S\$2,055.38
	Less 15% Loyalty Discount	: S\$ 308.31
	Less 20% Autosafe Scheme	: S\$ 349.41
	No Claim Discount -20%	: S\$ 279.53
	Total Annual Premium	: S\$1,118.13
	Less Disc.	: S\$0.00-
	Premium Due	: S\$1,118.13
	Premium GST	: S\$89.45
	Total Due	: S\$1,207.58
Risk No.1	Motor Commercial Vehicle	
Make/Model	: Toyota DYNA 150 5MT	No. of seats : 2
Registration	: GBF6257G	Body Type : Lorry With Hood
Engine No.	: 1KD2669488	Chassis No. : JTFAT35Y50K207247
Tonnage	: 1.67	Certificate Ref. : M2300/C
Year of Manuf/Regn	: 2016/2017	
Type of Cover	: Comprehensive	
Financial Interest	: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD	
Sum Insured:Market value at the time of loss		
Excess Sect I.	: S\$500.00	
EX ON WINDSCREEN	: S\$100.00	

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 & W(\$2,000/-).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Endorsement E - Elderly Excess

Continued on page 2

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

6389 6111

6222 1033

www.sg.cntaiping.com