

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	24/12/2024 13:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/12/2024 16:18 (SGT)
Exact Location of Accident	Orchard Link, Singapore
Additional Location Information	FILTER LANE TO GRANGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH2982U
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOON LEE DARREN
NRIC No	S8938857J
Email Address	DARREN_1010@HOTMAIL.COM
Mobile Phone No	(Phone) +65-82225013
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	E6
Variant	EV
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	Private hire
Transmission	Auto
CC	1
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	DMHCSNW0003632400

DRIVER

Name of Driver	SOON LEE DARREN
NRIC No	S8938857J
Date Of Birth	10/10/1989
Occupation	Outdoor
Driving Pass Date	17/06/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82225013
Alt. Phone Number	-
Email Address	DARREN_1010@HOTMAIL.COM
Address	619A TAMPINES ST 61 B#08-578
Address complement	-
Postcode	521619
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 - 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)	4
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Male

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

THERE A ROAD WORK IN FRONT, I SIGNAL AND WANTED TO FILTER TO MY LEFT LANE, VEHICLE BEHIND DID NOT GIVE WAY AND COLLIDED ONTO MY FRONT LEFT PORTION

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 SMK348K
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) -

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:

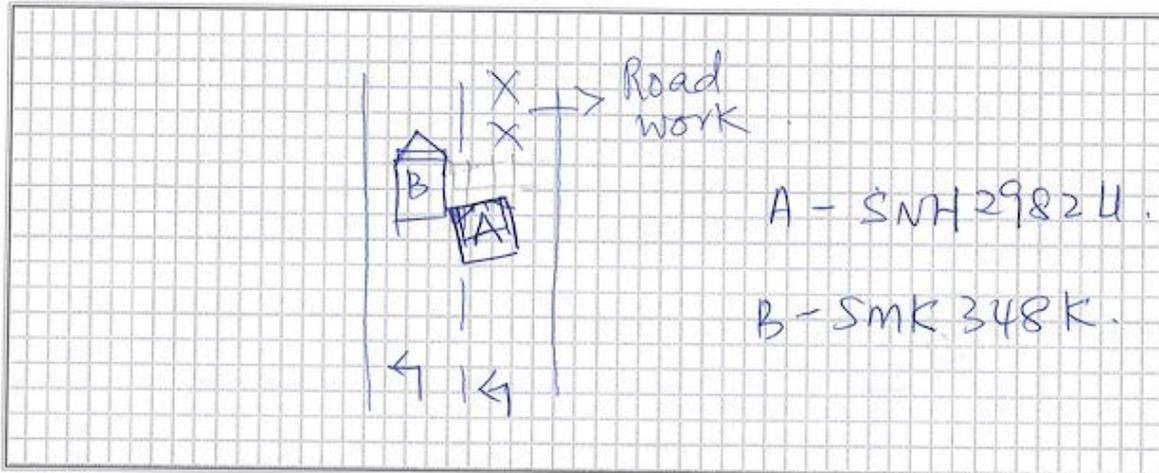
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

There a road work in front , I signal
and wanted to filter to my left lane ,
Vehicle behind did not give way and
collided onto my front left position
video attached .

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)











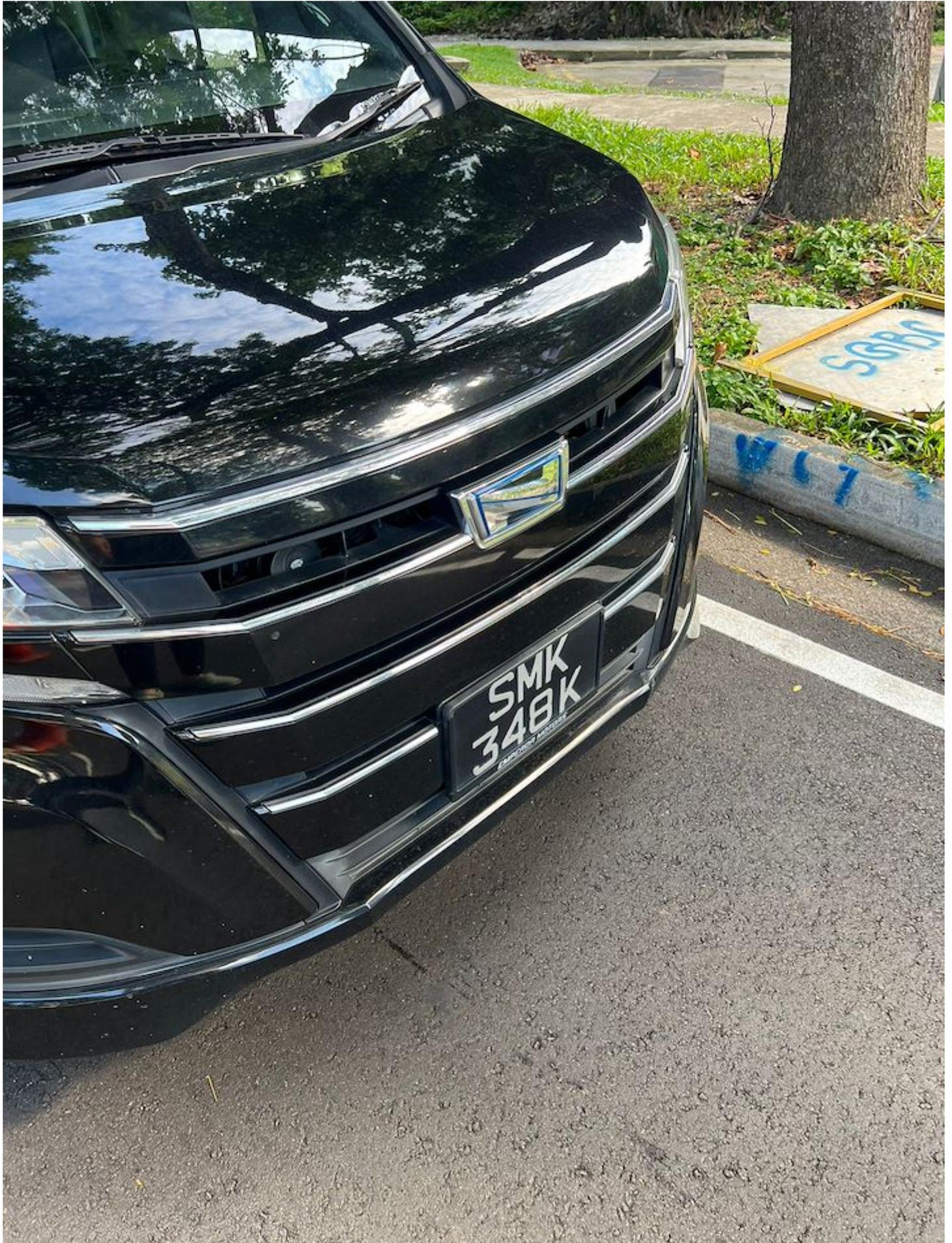
















中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

M2A06UB

CERTIFICATE OF INSURANCE

E SN

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third Party Risks and Compensation) Rules 1992
Road Transport Act 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules 1992 (Malaysia)

AN2745A

Cov. Type C

CERTIFICATE No.	DAHCSNW0003832400	Engine No.: NL	
		Chassis No.: L000E4DC6V0287103	
1. Index Mark and Registration Number of Vehicle	SNH2562U	AUTOSAFE	
2. Name of Policy Holder	SOON LEE DARREN	*****	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	14/03/2024 (00:00:00)	Excess Sect 1	\$51,500.00
		Excess Sect. 1 (Outside Singapore)	\$53,000.00
		Excess Sect. 2	\$51,250.00
4. Date of Expiry of Insurance	13/04/2025	Excess Sect. 2 (Outside Singapore)	\$52,500.00
		BX ON WINDSCREEN	\$5100.00
5. Persons or Classes of Persons entitled to drive* As per Named Driver(s) stated below. 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. SOON LEE DARREN.			
6. Limitations as to use.* (1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired. The Policy does not cover: (1) Use for racing, pace making, reliability trial or speed testing (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.			

HIRE PURCHASE CO. : ONE CREDIT PTE LTD
*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: TATCO ENTERPRISE
Authorised Officer

Authorised Signatory

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

6389 6111 6222 1033 www.sg.taiping.com

IMPORTANT NOTICE

**If you sell your motor vehicle this NOTICE is IMPORTANT
And MUST be complied with**

Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company concerned. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified and agreed to by the insurance company concerned. If the insurance company agreed to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

重要通知