# **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 27/06/2024 16:06 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 26/06/2024 18:45 (SGT) Exact Location of Accident Bishan St. 13, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Mercedes

Vehicle Registration Number SKZ7379U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Chua Hwee Hong NRIC No S1590288D Email Address k.chua@intersica.com Mobile Phone No (Phone) +65-96334483 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Cla180 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 Yes your vehicle?

Vehicle Category Private car Transmission Auto CC 1595

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00012292402

DRIVER

Name of Driver Chua Hwee Hong NRIC No S1590288D Date Of Birth 19/02/1963 Occupation Indoor

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	26/06/1984 40 YEARS Female (Phone) +65-96334483 - k.chua@intersica.com 175 Bishan Street 13 #08-161 - 570175 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Motorcyclist Cloudy Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement	No 2 Yes Yes Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
Please refer to the sketch plan/police report no: T/20240626/7103.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	FBN6986T - -

Vehicle Variant

Vehicle Colour	_
Vehicle Category	Motorcycle
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	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN6986T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.

- 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.
- 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.

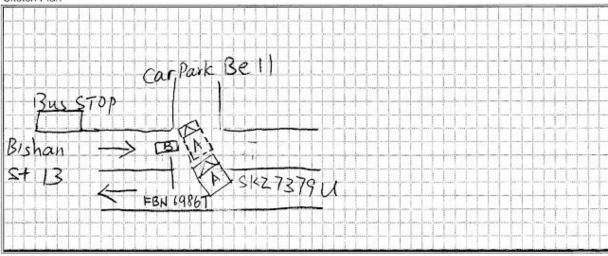
(collectively the "Purposes")

- (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 2 7 JUN 2024 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

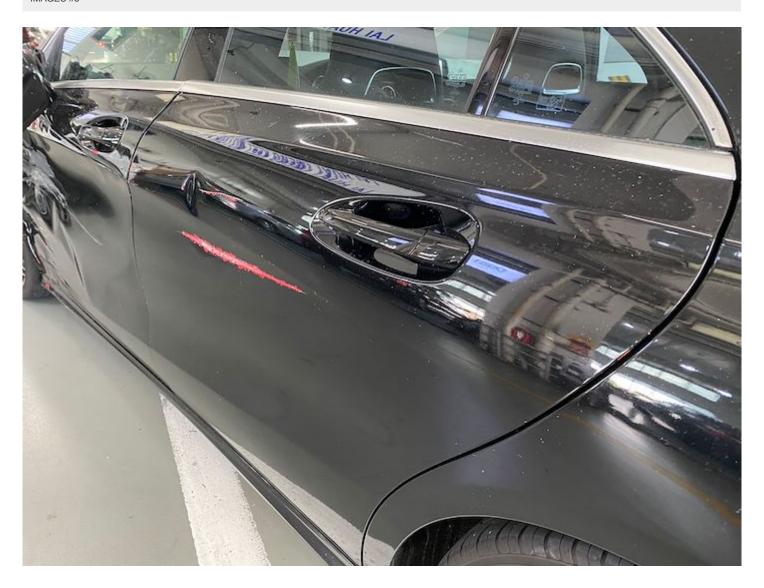


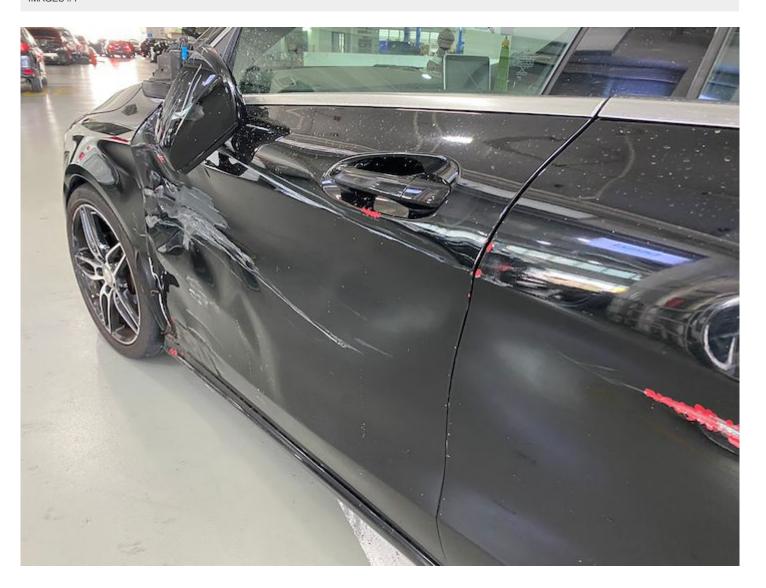
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							20 27	

vJun2022

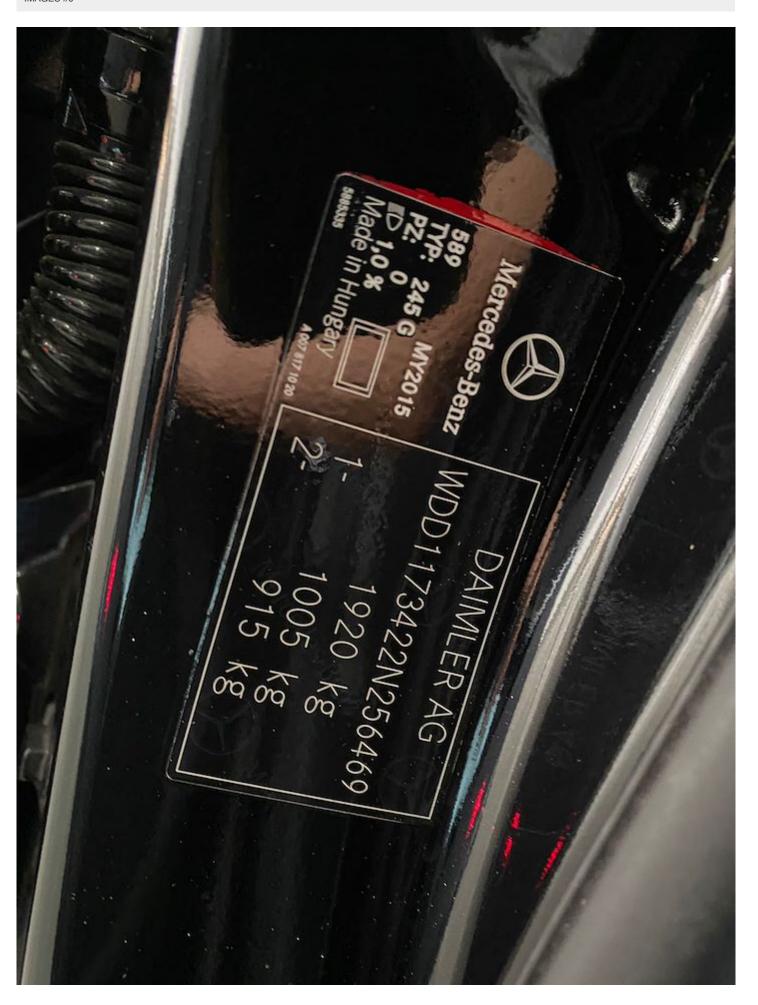
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240626/7103

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2024 21:16		de:	Vide Report No.: Station Diary No E/20240626/0100				
Informant's	s Particular	8					
Name of Informant: CHUA HWEE HONG			Address: 175 BISHAN STREET 13 #08-161 SINGAPORE 570175				
ID Type / ID No.: NRIC NO / S1590288D			Contact No.: Home/Office: Mobile: 96334483				
Nationality: SINGAPORE CITIZEN			Email: k.chua@intersica.com				
Sex:         Age:         Date of Birth:           Female         61         19/02/1963			Type of Informant: Driver				
Race: Chinese Occupation: Administration manager			Language: English				
			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/06/2024 18:45	Type of Location T-Junction
Location:				- L
BISHAN STREET	13			
Weather:		Road Surface:		
		Road Surface: Dry	0.0	
Weather: Cloudy Traffic Flow; Dual Carriage Way	<i>i</i>		Tral Ligh	ffic Volume:

Details of Ve	hicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKZ7379U	Motor car	MERCEDES BENZ	Cla180	Black	Seriously Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
SKZ7379U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.				





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240626/7103

#### CONTINUATION OF REPORT

Details of Person	Involved	Service (III	Sharake and sea	e 45.60	Sales V	
Any Pedestrian In	volved: No			100.0		
No. of Pedestrians	s Injured: NIL		Use of Pedestrian Crossing: NA			
Driver			No see a see		dicase.	SPECIAL DEPOSITION OF THE
Name	CHUA HWEE HONG			ID No.		S1590288D
Related Vehicle	SKZ7379U (Motor car)			Contact No.		96334483
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			arge NIL		
No. of Days grante	ed Medical Leave (MC)	Degree of	Injury NIL			
Rider		Live Control				
Name	UNKNOWN			ID No.		NIL
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	charge NIL		
No. of Days grant	ed Medical Leave (MC)	NIL	Degree of	Injury	Sligh	t

#### Brief Details.

On 26 Jun 24 @ 6.45pm, as I was on the direction turning into BE11 carpark, a motorcycle travelling along bishan street 13 (Lions Home),towards bishan street 14 came and hit on the left side of my vehicle SKZ7379U.

I immediately came down to render assistance to the injured motorcyclist.

Subsequently, traffic police together with the ambulance came.



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



3 of 3 Report No. T/20240626/7103

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: 26/06/2024 21:16
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NORSIDDIQ BIN IBRAHIM Contact No.: 65476138	Classification Of Case:
NP168	



#### 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Private Car

MX1E

CERTIFICATE OF INSURANCE

R SN

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1997 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0044B

Cov. Type:C

CERTIFICATE No.

DMPCSNA00012292402

Engine No.: 27091030739603 Cha. No.:WDD1173422N256469

Index Mark and Registration Number of Vehicle

SKZ7379U

AUTOSAFE

2. Name of Policy Holder

CHUA HWEE HONG

Named Drivers Ex Sect. I

\$\$500.00

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

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

4. Date of Expiry of Insurance

31/01/2025

Ex Sect. I - Age >= 26

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

\* Age as at date of accident EX ON WINDSCREEN .

\$\$100.00

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 disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or roward tution 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/Theft) 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: Hong Jia Ling Agnes Authorised Officer

Authorised Signatory

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

♠ 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111

6222 1033

www.sg.cntaiping.com