

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 Authorised 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 ability.
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 Report	01/02/2018 13:10
Date Of Accident	31/01/2018 18:30
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT AFTER EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX2064X
Insured/Policyholder	
Name Of Registered Owner	HO BOON CHONG
NRIC No	S7317449Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93828825
Alternative Phone No	OFFICE-93828825

Vehicle Particulars

Manufacturer	BMW
Model	730LI AT ABS D/AB 2WD 4DR NAV HID SR
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1681161701
Cover Note Number	

Driver

Name of Driver	HO BOON CHONG
NRIC No	S7317449Z
Date Of Birth	26/05/1973
Occupation	INDOOR
Date Of Driving Pass	07/03/1996
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93828825
Fax Number	
Contact Number	OFFICE-93828825
Email Address	NOEMAIL

Address	BLK 50 DORSET ROAD #09-144 S (210050)
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : MOK CHOY YOONG
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP745H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAMASAMY MURUGANANTHAN
NRIC/Passport Number	S2207760J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC866H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MUHAMMED SALEEN S/O MHD HAROON RASHEED
NRIC/Passport Number	S8623461J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOK CHOY YOONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKX2064X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim process.
2. This Form must be completed by the Policyholder and/or the Authorised 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 police 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 referred to the Police for investigation.
6. The 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.
8. Consent under the Personal Data Protection Act (PDPA)

I understand and 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 insurer's 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 investigation 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.
- (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 lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

01/02/2018

Policyholder's Signature / Date & Time

12/18
10:30am

Sketch Plan

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

Witnessed by Reporting Centre Personal

Along PIE towards Changi Airport after Eunos Exit

Veh A:
SKX2064Y



Veh B:
SLP745H

Veh C:
3HC 866H

Circumstances of the Accident

I was driving my veh: SKX2064X on 31/1/2018 @ 8.30pm Along PIE towards Changi Airport after Eunos Exit, at my extreme right lane. Traffic was heavy, veh in front of me stopped, I follow suit to stopped. Suddenly, I felt a strong impact from behind of my vehicle.

I came down, & realised it was veh B: SLP745H that hit onto my rear portion of my vehicle.

The strong impact resulted my vehicle to move forward & hit onto veh A: SKC866H rear portion.

All of us came down & exchange particulars & left the scene.

My passenger whom my wife (5 mths pregnant) feel pain on her ~~stomach~~ stomach & have arrange to see gynae.

Declaration

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

Policyholder's Signature / Date & Time

10.30pm

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

Witnessed by Reporting Centre Personal

Insurance Co.	China Taiping	
Vehicle No.	SKX2064X	Date of accident 31/1/2018
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party claim		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7317449Z



HO BOON CHONG
(HE WENZONG)

何文宗

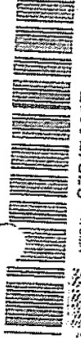
Race
CHINESE

Date of Birth
26-05-1973

Sex
M

Country of Birth
SINGAPORE

3386073



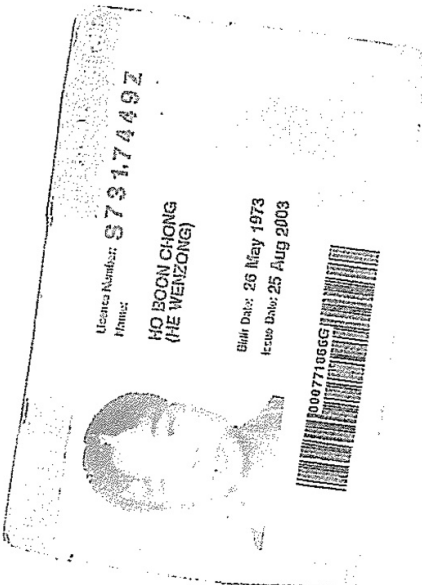
NRIC No S7317449Z



Board Group
10-08-2003

Address

APT BLK 50 DORSET ROAD
#09-144
SINGAPORE 210050



License Number: S7317449Z

HO BOON CHONG
(HE WENZONG)

Birth Date: 26 May 1973
Issue Date: 25 Aug 2003



YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

CLASS	PASS DATE
Class 1: Motorcycles not exceeding 200 cc	02 Aug 1990
Class 2: Motorcycles between 201 cc and 400 cc	10 Feb 1993
Class 3: Motorcycles exceeding 400 cc	15 Sep 1990
Class 3: Motor Cars and Motor Tractors (the weight of which in relation does not exceed 2500 kilograms)	07 Mar 1996
Class 4: Heavy Motor Cars and Motor Tractors (the weight of which in relation exceeds 2500 kilograms)	13 Feb 1996



License No: S7317449Z

NP 430A



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MOTOR PRIVATE CAR

MX1E
R SN
AN0517A
Cov. Type: C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMPCSN1681161701	Engine No : 71244580N52B30AF Chano: WBAKB22090CN74023
1. Index Mark and Registration Number of Vehicle	SKX2064X	AUTOSAFE
2. Name of Policy Holder	HO BOON CHONG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	25 November 2017	Named Drivers Ex Sect. I S\$1,500.00 Additional Ex Other than Named Drivers:
4. Date of Expiry of Insurance	24 November 2018	Ex Sect. I - Age <= 25 S\$3,000.00 Ex Sect. I - Age >= 26 S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$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 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 tuition 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.	

* 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: CHNG PEI WEN ADELIN
Authorised Officer

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6369 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

