

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	26/03/2018 13:49
Date Of Accident	26/03/2018 07:25
Exact Location Of Accident	ALONG CHANCERY LANE TOWARDS BALMORAL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH216K
Insured/Policyholder	
Name Of Registered Owner	CHUA CHONG PIEN
NRIC No	S1420200E
Email Address	GERALD.CHUA@CTC-G.COM.SG
Mobile Phone No	(LOCAL) +65-94557568
Alternative Phone No	OTHERS-94557568

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 AVANTGARDE
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	REPORTING ONLY
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	DMPCSN3094911700
Cover Note Number	

Driver

Name of Driver	CHUA CHONG PIEN
NRIC No	S1420200E
Date Of Birth	28/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	02/11/1982
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94557568
Fax Number	
Contact Number	OTHERS-94557568
Email Address	GERALD.CHUA@CTC-G.COM.SG

Address	BLK 3 MARINE TERRACE #08-286
Postcode	440003
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	SIDE SWIPE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ALEXANDRA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 46-2 COMMONWEALTH DR , POSTCODE: 140462 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4739999 - FAX NO: 64713569
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND NOTICE OF REPORTING: S/D REF: 12

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7204R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

26 MAR 2019

13:49 hrs

C:\ASAC SketchPlanForm V5

Driver's Signature

(If driver is not the policyholder)

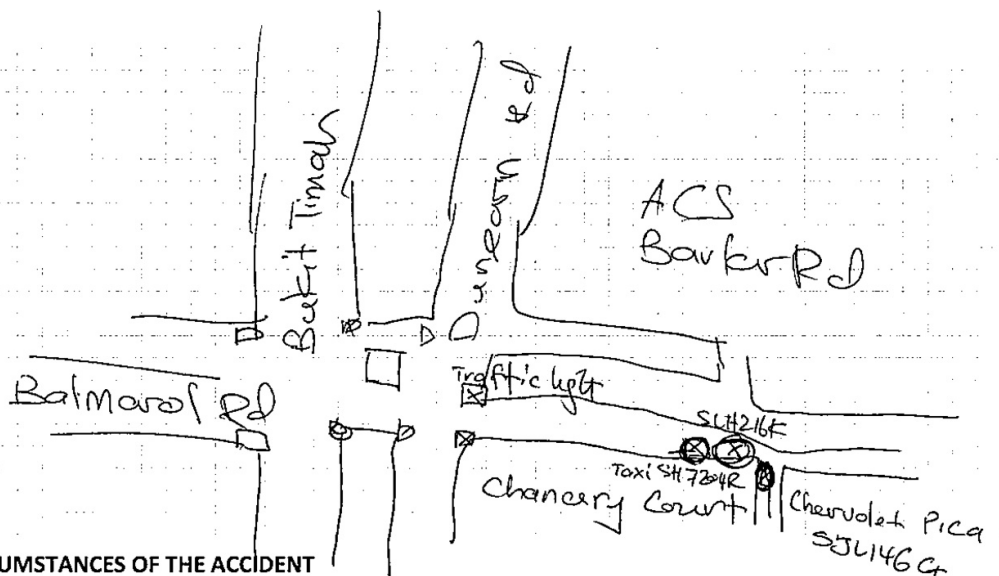
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: Poh Kwee Choo
S6840583A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/03/2013 at about 0728hrs, I was driving my vehicle SCH216K along Chancery lane toward Balmoral Rd before the junction of Dunearn Rd & Bukit Timah Rd together with my wife onboard. It was a single lane to two lane.

All the vehicles were stationary as the traffic light was red. While stationary, there was a vehicle SJL146G was turning out from Chancery lane (besides Chancery Court). The said vehicle was turning, it knocked onto my rear right bumper. After knocking, the driver sped off and did not stop.

I have made a police report.

I made chase to follow the errant driver, but in my haste, I knock a blue taxi comfort taxi SH7204R at right side of bumper. The taxi's bumper had slight paint came off. While my left side of my car had slight dent/paint across the car.

Notice of Reporting = S/D REF: 12

DECLARATION

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

Policyholder's Signature

Date & Time:

26/03 26 MAR 2013

Driver's Signature

(If driver is not the policyholder)

Date & Time: 26/03 26 MAR 2013

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Poh Kwee Choo
S6840583A

CERTIFICATE OF INSURANCE Pg. 1



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

MX1E
N SN
AN0501A
COMPREHENSIVE

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)

CERTIFICATE No.	DMPCSN3094911700	Engine No : 27491030729140 Chassis No: WDD2050402R213607
1. Index Mark and Registration Number of Vehicle	SLH216K	
2. Name of Policy Holder	MR CHUA CHONG PIEN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	13 DECEMBER 2017 (10:58 HOURS)	NAMED DRIVERS EX SECT. I.....S\$900.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	20 APRIL 2019	EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT
5. Persons or Classes of Persons entitled to drive *		EX ON WINDSCREEN.....S\$100.00

- (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 FACE-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. : SING INVESTMENTS & FINANCE LTD AS HP OWNER

* 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.




Countersigned By:

Authorised Officer

Authorised Signatory

DRIVER'S NRIC & DRIVING LICENCE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1420200E



Name
CHUA CHONG PIEN
蔡崇平
Race
CHINESE
Date of Birth
28-10-1960
Sex
M
Country of Birth
SINGAPORE

S1420200E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Police Number: S1420200E
Name:
CHUA CHONG PIEN
Birth Date: 28 Oct 1960
Issue Date: 02 Jan 2003

000080805G

0217982



NRIC No. S1420200E



Blood Group
O+
Date of issue
08-01-1992

APT BLK 3 MARINE TERRACE #08-206
SINGAPORE 440003
NRIC No: S1420200E Date: 19-09-1999 No: 3040636

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	02 Nov 1982

NP 428A

Licence No: S1420200E


Annex E

NOTICE OF REPORTING

This is to confirm that Name: Chua Chong Pien NRIC No: S1420200E, Contact number: 94557568 has reported to the Police a non-injury traffic accident which occurred along Chancery Lane towards Balmoral Road before junction of Bukit Timah Road on 26/03/2018 at about 0728hrs involving the following vehicles: SLH216K and SH7204R

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sergeant Alvin Lee
Date: 26/03/2018 Time: 1251hrs


Alexandra Neighbourhood Police Post
Blk 46-2 Commonwealth Dr #01-382A S(140462)
Tel : 1800 - 473 9999
Fax : 64713569

S/D Ref: 12

Police Post/Unit : Alexandra NPP

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER



Scene photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MLHM18040629 Vehicle Registration No: SLH216K
Name(as shown in NRIC) : CHUA CHONG PIEN NRIC/FIN/Passport No : S1420200E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 3 MARINE TERRACE #08-286 Singapore(440003)
Contact (Tel) : _____ Mobile No. : 94557568
Email Address : GERALD.CHUA@CTC-G.COM.SG
Date of Accident : 26/03/2018 Time of Accident : 07:25
Place of Accident : Along Chancery Lane towards Balmoral Road
Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADDED IN VIDEO FOR SIDE SWIPE.

ADDED IN SCENE PHOTO.

Chua Chong Pien
Policyholder / Driver's Signature
Date: 28/03/2018

POH KWEE CHOO
Reporting Centre Personnel's Signature
Name: POH KWEE CHOO
NRIC/FIN No.: S6840583A
Date: 28/03/2018

