

## 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 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 Report	12/02/2019 13:17
Date Of Accident	11/02/2019 09:30
Exact Location Of Accident	ALONG BAYFRONT AVE TWDS TEMASEK AVE B4 RAFFLES AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8391Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NASUHA TRANSPORT AND SERVICES
Co Reg No	53290104E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87529794

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 COMMUTER GL (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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 HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3030751800
Cover Note Number	

### Driver

Name of Driver	TANG CHI HONG
NRIC No	S7123889Z
Date Of Birth	16/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2011
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87529794
Fax Number	
Contact Number	
EEmail Address	ANDERTANG@GMAIL.COM

Address	BLK 766 BEDOK RESERVOIR VIEW #02-251
Postcode	470766
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	PA8278I - -
Insurance Company of Driver's Own Vehicle	NTUC INCOME INSURANCE CO-OPERATIVE LTD - -

#### 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 (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER SKETCH PLAN AND POLICE REPORT 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	SHD1215A
Vehicle Make/Model/Colour	SILVER CAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOW TIEN SER
NRIC/Passport Number	S0069633A
Contact Number	92727270
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SH7247S  
Vehicle Make/Model/Colour COMFORT TAXI  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver UNKNOWN DRIVER  
NRIC/Passport Number S6846921Z  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LOW TIEN SER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHD1215A  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name UNKNOWN TAXI DRIVER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SH7247S  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

Sketch Plan Pg. 1

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible.
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. 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 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.

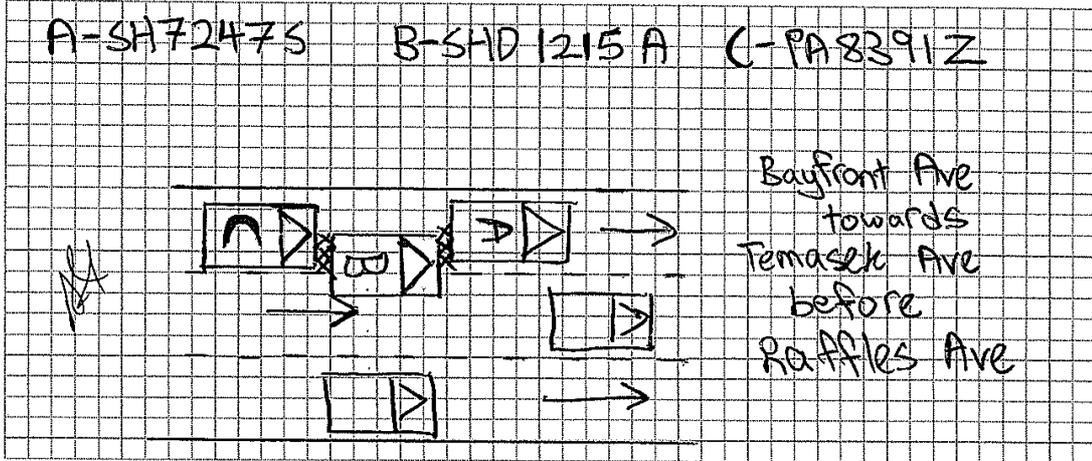
NASUHA TRANSPORT AND SERVICES
Reg. No.: 53290104E
Blk 678B Punggol Drive
#03-828 Singapore 822678
2313 2622

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:
Circular stamp: CENTRE PTE LTD \* CAR CITY AUTO

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Per Police Report. No T/20190211 / 2084 dd 11/02/2019  
 14.16 pm

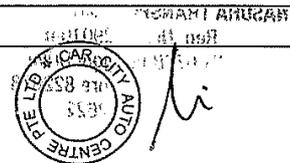
DECLARATION

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

**NASUHA TRANSPORT AND SERVICES**  
 Reg. No.: 53290104E  
 #03-828 Punggol Drive  
 Singapore 822678  
 HP: 8318 2622

Policyholder's Signature  
 Date & Time:

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



Reporting Centre Personnel's Signature  
 Name: *Sahel*  
 NRIC/FIN No.: 5184Z





**SINGAPORE  
POLICE FORCE**



T/20190211/2084

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 4

Report No. T/20190211/2084

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TANG CHI HONG	ID No.	S7123889Z
Related Vehicle	PA8391Z (Van)	Contact No.	87529794
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	S6846921Z
Related Vehicle	SH7247S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LOW TIEN SER	ID No.	S0069633A
Related Vehicle	SHD1215A (Car)	Contact No.	92727270
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/02/2019 at about 0930hrs, I was driving my company van, PA8391Z along Bayfront Ave toward Temasek Ave before Raffles Avenue. I was driving on the most left lane of the three lanes road. There was a long Queue at the down slope and a silver taxi, SHD1215A suddenly stopped. I am unable to stop in time and collided into the rear of the silver taxi. When I come out of the van, I noticed the Silver taxi had collided into a blue taxi, SH7247S which was in front. Traffic police and ambulance was at scene. The two taxi drivers were conveyed by the ambulance. I was not injured in the accident. The front right portion of my van was damaged.



**SINGAPORE  
POLICE FORCE**



T/20190211/2084

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

3 of 4

Report No. T/20190211/2084

CONTINUATION OF REPORT



SINGAPORE  
POLICE FORCE



T/20190211/2084

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

4 of 4

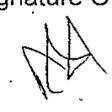
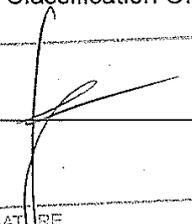
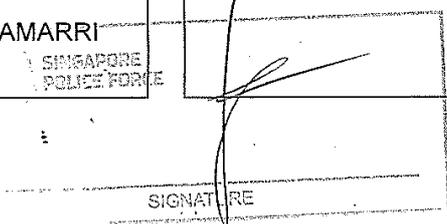
Report No. T/20190211/2084

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 ANG KAH LUN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2019 14:16
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case: 
Authentication Stamp. NP168	



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

MZ601E SN  
AN0597A  
Cov.Type: C  
AUTOSAFE

**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.	DMB1SN3030751800	Engine No :1KD1850667 Chassis No:KDH2230004611
1. Index Mark and Registration Number of Vehicle	PA8391Z	
2. Name of Policy Holder	NASUHA TRANSPORT AND SERVICES	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20 APRIL 2018	EXCESS SECT I .....S\$2,000.00 EXCESS SECT. II .....S\$3,000.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	19 APRIL 2019	
5. Persons or Classes of Persons entitled to drive *	<p>ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION OR ANY PERSON DRIVING WITH POLICYHOLDER'S PERMISSION</p> <p>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.</p>	
6. Limitations as to use: *	<p>USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE. 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.</p>	
<p>HIRE PURCHASE CO. : ABS FINANCIAL PTE 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.</p>		

**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

**SG MOTOR TRADER PTE LTD**  
Reg. No.: 201537467C  
172 Sin Ming Drive  
Singapore 575720  
Tel: 6933 9400 Fax: 6456 0678

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

\_\_\_\_\_  
Authorised Officer

\_\_\_\_\_  
Authorised Signatory

DRIVER IC & DL Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7123889Z



Name  
TANG CHI HONG  
(DENG ZHIHONG)  
鄧智鴻

Race  
CHINESE

Date of birth  
16-07-1971

Sex  
M

Country/Place of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7123889Z  
Name  
TANG CHI HONG  
(DENG ZHIHONG)

Birth Date: 16 Jul 1971  
Issue Date: 20 Jun 2011



5249656



NRIC No. S7123889Z



Date of issue  
21-12-2013

Address  
APT BLK 766 BEDOK RESERVOIR VIEW  
#02-251  
SINGAPORE 470766

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

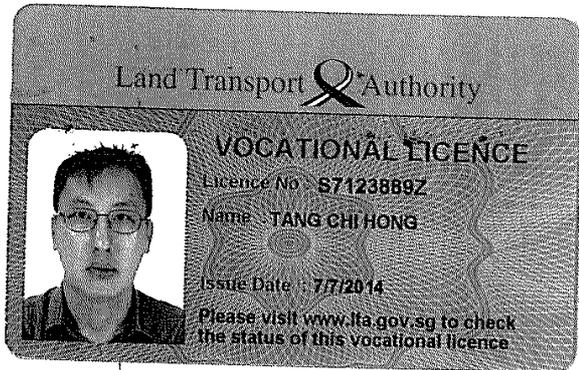
EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 20 Jun 2011

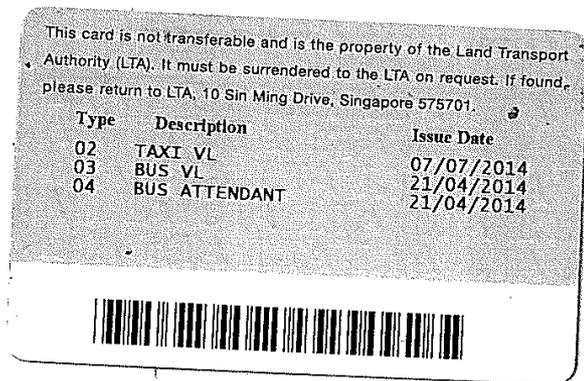


NP 428A

Driver I/C & DL



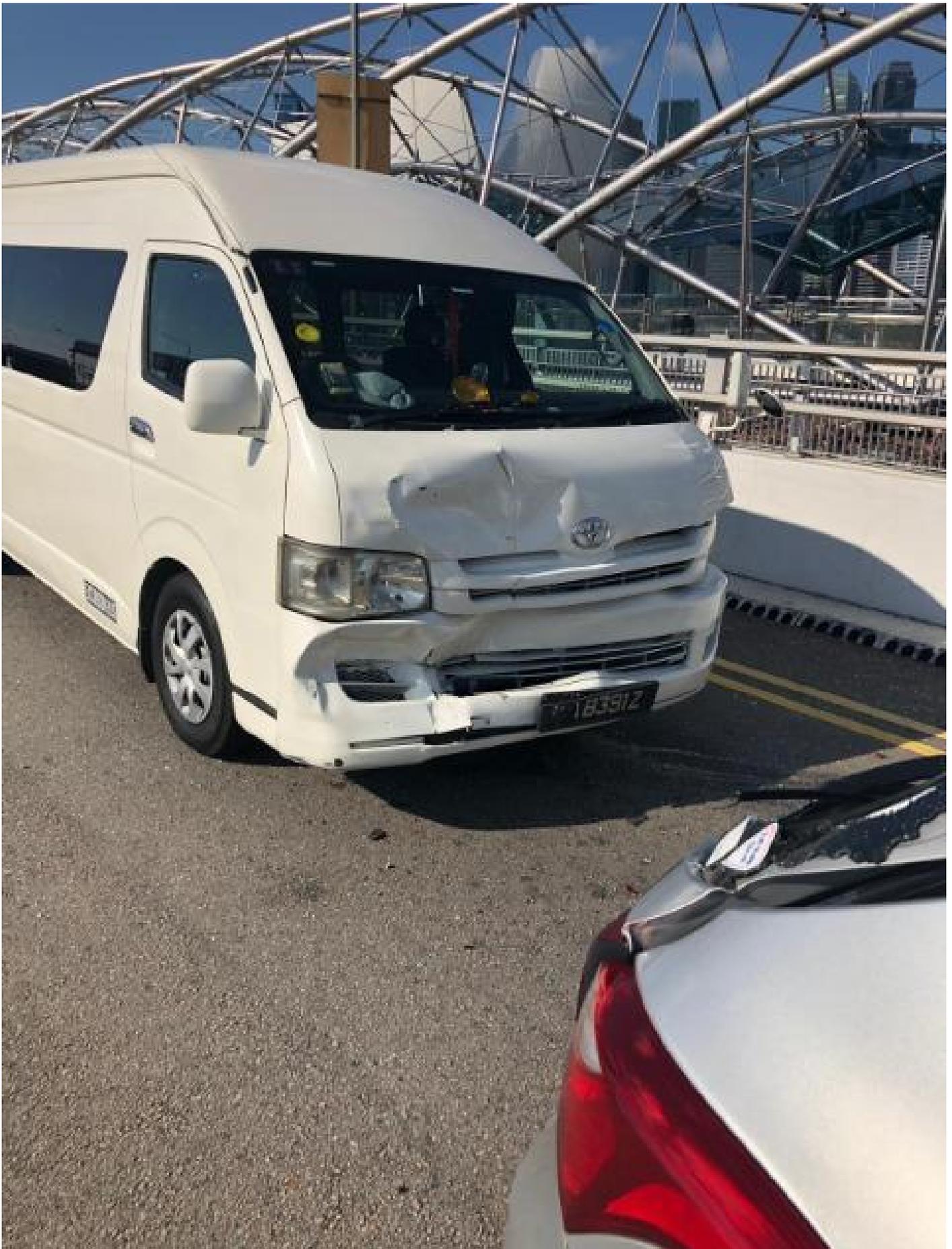
Driver VL



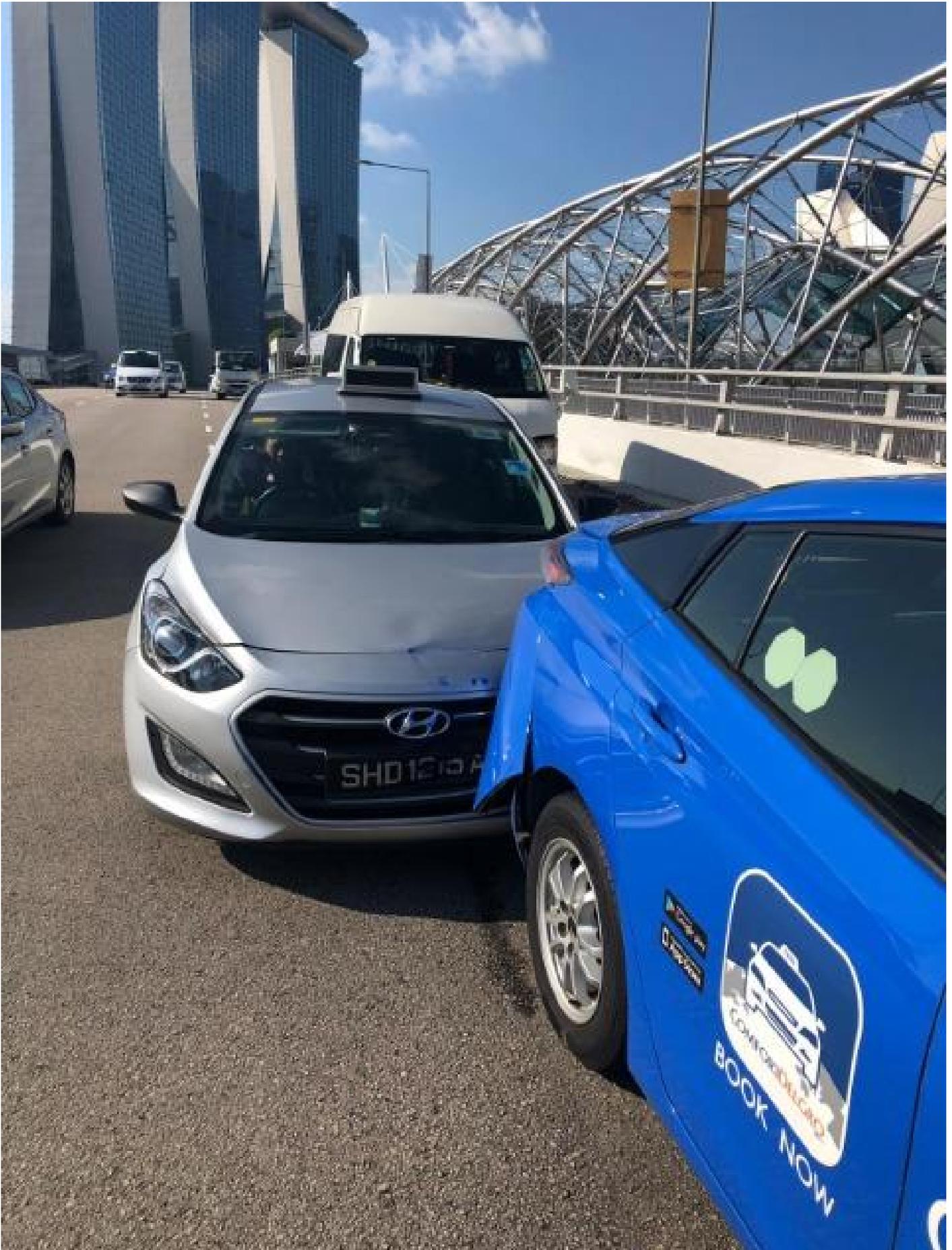
SCENE PHOTO



SCENE PHOTO



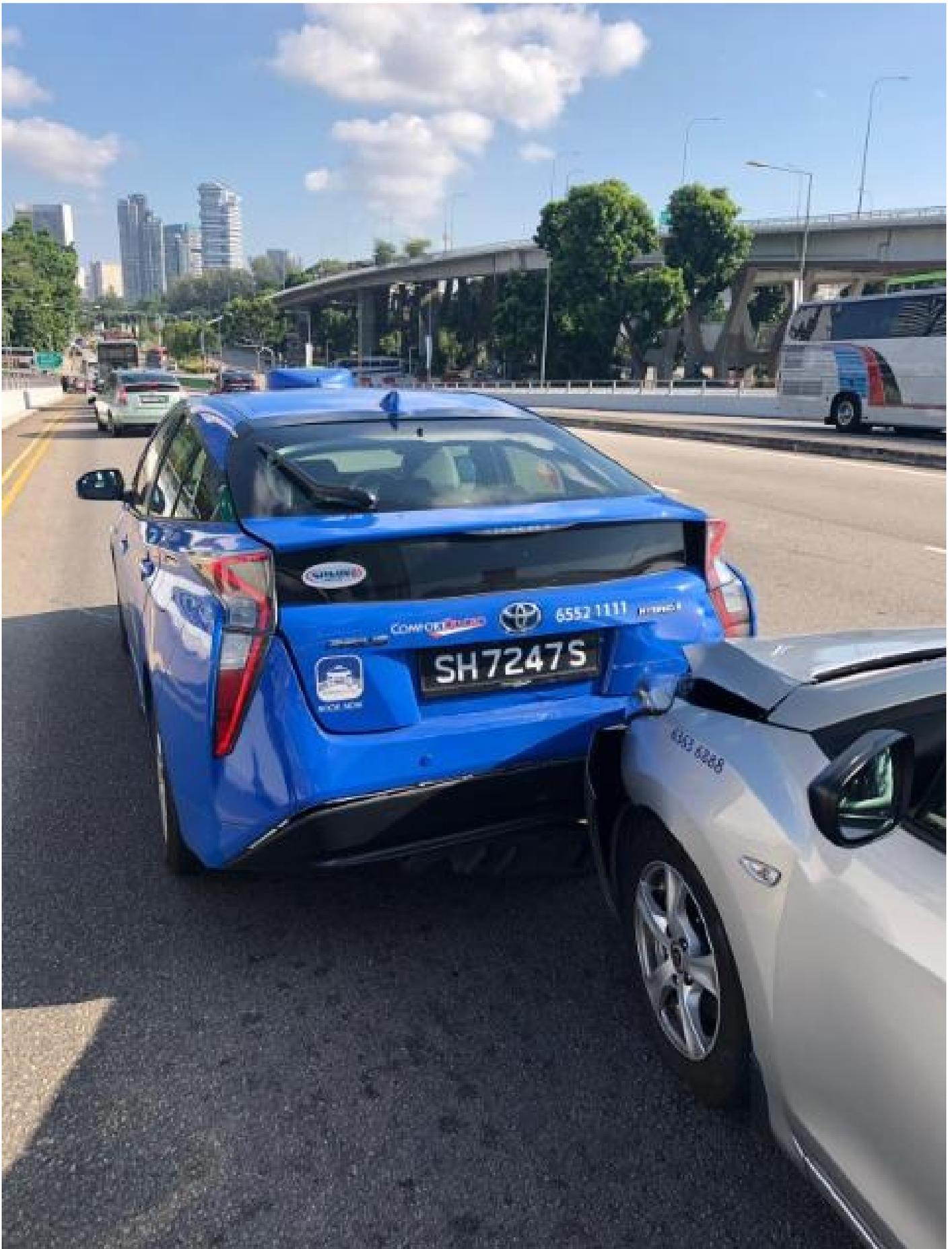
SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



INSURED VEH



INSURED VEH CHASSIS NO

CHASSIS NO. : KDH2230004611  
U.W. : 2180 KG  
G.W. : 3025 KG  
TYRE SIZE : F.195 / 80R-15  
                  : R.195 / 80R-15(S)  
PASS. CAP. : F.1 DRIVER 1 OTHER  
                  : R.12 PASSENGERS

**INSURED VEH**



INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH

