



## 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	15/04/2019 17:07
Date Of Accident	12/04/2019 20:00
Exact Location Of Accident	1036 SEMBAWANG ROAD (758500)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL8402P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG AIK BOON
NRIC No	S0178566D
Email Address	ANGELAPEH0089@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98259669
Alternative Phone No	OTHERS-87990089

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.5 AXIO (A)
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 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	DMPCSN3006821902
Cover Note Number	

### Driver

Name of Driver	ANGELA PEH CHEW LING
NRIC No	S8411783H
Date Of Birth	19/04/1984
Occupation	INDOOR
Date Of Driving Pass	10/09/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98259669
Fax Number	
Contact Number	OTHERS-87990089
Email Address	ANGELAPEH0089@GMAIL.COM

Address	BLK 720 YISHUN STREET 71 #07-247
Postcode	760720
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	1

#### 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 SKETCH PLAN

#### 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	SKM1905J
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

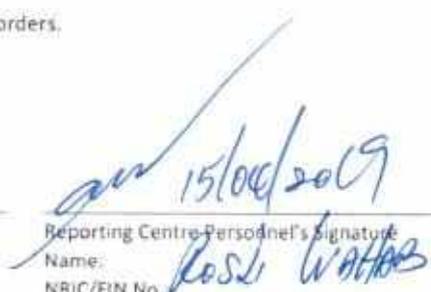
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Rosh Wathas  
NRIC/FIN No. 15/00/2019

SKETCH PLAN

1036 SEMBANGWANG ROAD (758500)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12<sup>TH</sup> APRIL, AROUND 20:00, I WAS ENTERING 1036 SEMBANGWANG RD CARPARK. WHILE VEHICLE C WAS REVERSING, I STOP AND WAIT FOR (C) TO COME OUT. SUDDENLY (B) TURN IN AND BANG ME FROM THE BACK.

DECLARATION

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

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.:

15/04/2019

Roslita Wati

**ACCIDENT DATE & LOCATION**

Date & Time of Accident *	Date: 12/04/19	Time: 20:00 (24 hr format)
Exact Location of Accident *	1036 SEMBANGWANG RD 758500	

**INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE**

Vehicle Registration Number *	SJL 8402 P	Make & Type *:
Name of Registered Owner *	NG AIK BOON	
NRIC / FIN / Passport / Co Regn No. *	S 0178566 D	
Contact Number *	9825 9669	Email/Fax No:
Exact Purpose for which vehicle was being used at Time of Accident	<input checked="" type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage	
Are you claiming under your own insurance policy for repair to your vehicle?*	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken	
	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only	

**INSURANCE COMPANY (OWN VEHICLE)**

Name of Insurance Company *	(China) EQ / Etiqa / MSIG / Tokio Marine / Great American
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	DWIPCSW3006321902

**DRIVER**

Name of Driver *	ANGELA PEH CHEW LING	Gender* Male / <u>Female</u>
NRIC / FIN / Passport Number *	S 8411783 H	
Date of Birth *	19 / 09 / 1984 (dd/mm/yyyy)	
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor	
Date of Driving Pass (Pass Date) *	10/09/15	
Contact Number *	8799 0089	
Address	BLK 720 YISHUN ST 71 #07-247 (S) 760720	
Email Address / Fax Number *	Email: angelapeh0089@gmail.com Fax:	
Relationship of the Driver with the Insured *	<u>Daughter</u> / <del>Other</del> Employee / Spouse / Friend / <del>Others</del>	
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____	

**GENERAL INFORMATION OF THE ACCIDENT**

Type of Collision	Chain Collision / Side-Swipe / <u>Front to Rear</u> / Others:
Weather Conditions *	Clear / Raining / Others:
Road Surface *	Wet / Dry / Others:

**OTHER INFORMATION**

Was anybody Injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	( 2 )
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage?*	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes

**DETAILS OF POLICE ACTION**

Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)?*	( 1 )
Passengers	Name: _____ Gender: Male / Female Name: _____ Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes <u>No</u>	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) SKM 1905 J	2)
Vehicle Make / Model / Colour	Bmw	
Damage to Vehicle/Property?	Y	
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8411783H



Name

ANGELA PEH CHEW LING

白秋玲

Race

CHINESE

Date of birth

19-04-1984

Country/Place of birth

SINGAPORE

Sex

F

S8411783H



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8411783H

Name  
ANGELA PEH CHEW LING

Exp. Date: 19 Apr 1994

Issue Date: 10 Sep 2015



002471901F

SG  
50

SJL 8402P

5369949



NRIC No. SB411783H



Date of issue  
14-10-2014

Address

APT BLK 720 YISHUN STREET 71  
#07-247  
SINGAPORE 760720

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

EFFECTIVE DATE

**Class 3A** Motor cars without clutch pedals (Auto) =< 3000kg 10 Sep 2015  
< 7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals =< 2500kg



Licence No:SB411783H

NP 428A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0178566D



Name



NG AIK BOON

黄奕文

Race

CHINESE

Date of Birth

01-03-1954

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0178566D

Name: -

NG AIK BOON

Birth Date: 01/03/1954

Issue Date: 27/03/2011





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg No. 205708281E

MXLF  
R 5N  
AN0083A  
COV.Type: C

MOTOR PRIVATE CAR

**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	DMPCSH3006821902	Engine No :1NZC530676 Chassis:NZE1416023301
1 Index Mark and Registration Number of Vehicle	5JL8402P	AUTOSAFE
2 Name of Policy Holder	NG AIK BOON	
3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinances or Enactment	19 January 2019	Named Drivers Ex Sect. I ..... S\$500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25..... S\$3,000.00 Ex Sect. I - Age >= 26..... S\$500.00 * Age as at date of accident
4 Date of Expiry of Insurance	18 January 2020	EX OR 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\$500 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. : THIAN HENG AUTO (S) 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

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

**KCB AGENCY**

Co Reg No. 531165520

213, North Bridge Road

Singapore 048711

Tel: 6341 3810

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Issued By: ..... KCB AGENCY .....  
Authorised Officer