

## 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             | 17/06/2019 14:44     |
| Date Of Accident           | 16/06/2019 13:00     |
| Exact Location Of Accident | ALONG BALESTIER ROAD |
| Country/State of Loss      | SINGAPORE            |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SGU2264Z                 |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | CHEE SHEE TUCK           |
| NRIC No                     | S1607162E                |
| Email Address               | CHEE.SHEETUCK@LCT.COM.SG |
| Mobile Phone No             | (LOCAL) +65-91478762     |
| Alternative Phone No        | OTHERS-91478762          |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | TOYOTA      |
| Model  | VIOS        |
| 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             | DMPCSN3002811907                              |
| Cover Note Number         |   |

### Driver

|                      |                          |
|----------------------|--------------------------|
| Name of Driver       | CHEE SHEE TUCK           |
| NRIC No              | S1607162E                |
| Date Of Birth        | 12/05/1963               |
| Occupation           | INDOOR                   |
| Date Of Driving Pass | 11/09/1985               |
| Driving Experience   | 33 YEARS AND 9 MONTHS    |
| Gender               | MALE                     |
| Mobile Number        | (LOCAL) +65-91478762     |
| Fax Number           |                          |
| Contact Number       | OTHERS-91478762          |
| Email Address        | CHEE.SHEETUCK@LCT.COM.SG |

|   |   |
|---|---|
| Address   | BLK 453 CHOA CHU KANG AVENUE 4<br>#14-133 |
| Postcode  | 680453                                    |
| 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 | -<br>-<br>-                               |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                               |

#### 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?   | 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  |
| Passenger 1   | NAME: : JOONG SAU PENG<br>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 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 | PC1103A            |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              |                    |
| NRIC/Passport Number        |                    |
| Contact Number              |                    |
| Address                     |                    |
| Postcode                    |                    |
| Insurance Company Name      |                    |
| Nature Of Damage            |                    |

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SLG5137C    |
| Vehicle Make/Model/Colour           |             |
| 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**

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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:

17 JUN 2013  
14:43 hrs

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

17 JUN 2013  
14:43 hrs

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Pon Kwee Choo  
S6840583A

### SKETCH PLAN

Refer to sketch plan

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to attached.

### DECLARATION

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

Policyholder's Signature

Date &amp; Time:

17 19

Driver's Signature

(If driver is not the policyholder)

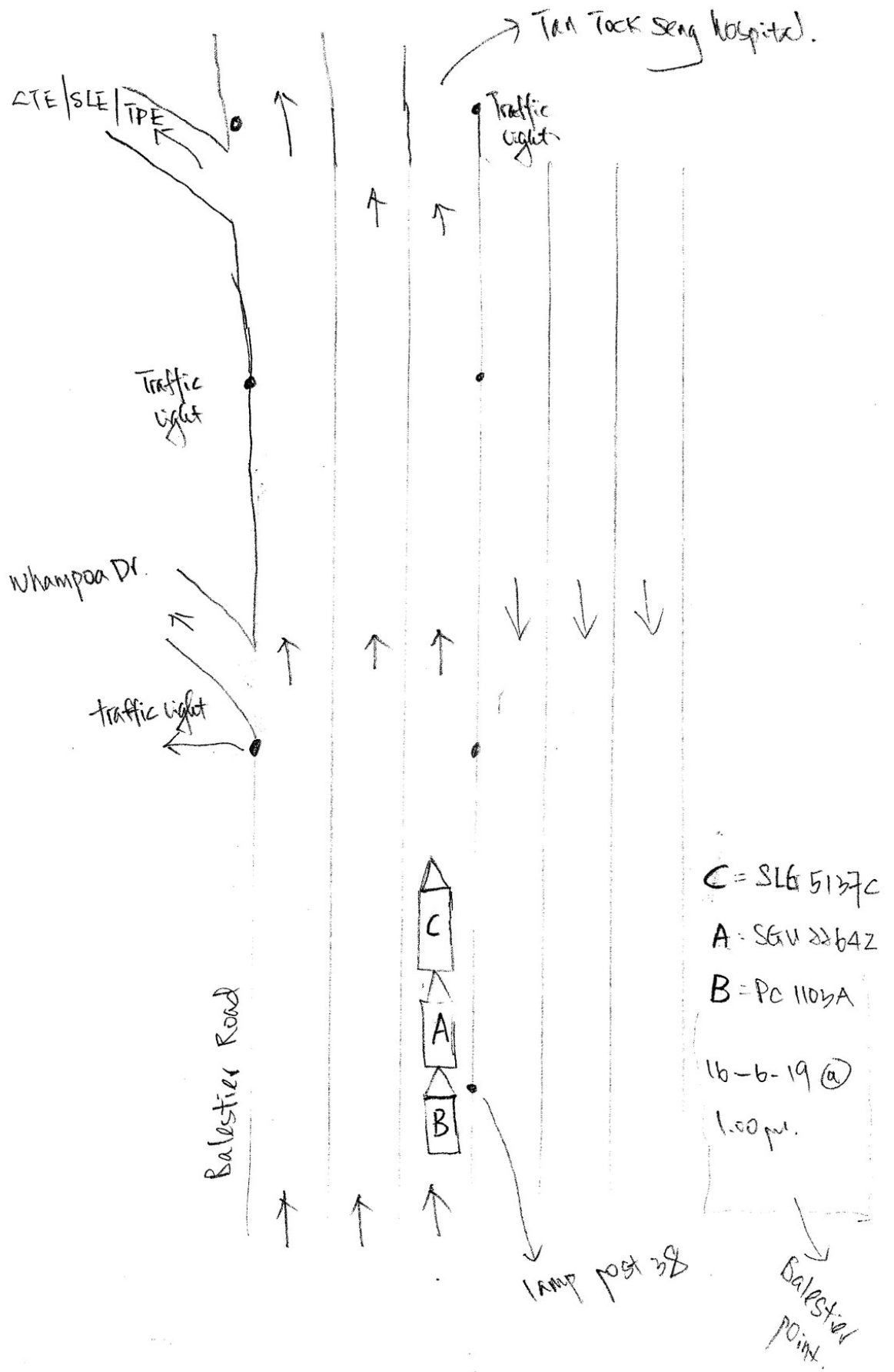
Date & Time:

17 JUN 2013

Reporting Centre Personnel's Signature

Name: **Poh Kwee Choo**

NRIC/FIN No.: S6840583A



On 16-June-2019 at 1300hrs. Me and my wife was travelling along Balestier Road towards Tan Tock Seng hospital on the first lane. I stopped my vehicle (SGU 8842) at the traffic light to wait for the traffic light to turn green (new lamp post 38). Suddenly I felt a large impact coming from the rear of my vehicle. This large impact was come from the vehicle behind (PC 1103A).

As such my vehicle moved forward because of the impact and hit the rear of the vehicle in front. Then I alight to check my vehicle and the front vehicle (SLG 5137C). The driver of the front vehicle (SLG 5137C) claimed that no damaged was done on his vehicle after he did a check.

Mr. Toh Choon Hiong

YC S6826218P

SLG 5137 (TOYOTA Hybrid, Gray)

Tel: 98583418

Mr. Chia Yan Han, Julian

YC S7219081E

PC 1103A (Van, Gray).

**CERTIFICATE OF INSURANCE Pg. 1**



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

MX1FR SN  
AN0166A  
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)

|   |                   |  |
|---|-------------------|--|
| <b>CERTIFICATE No.</b>  | DMPCSN3002811907  | Engine No :1NZX542514<br>Chassis No:MR053HY9305001592  |
| <b>1. Index Mark and Registration Number of Vehicle</b>   | SGU2264Z          |  |
| <b>2. Name of Policy Holder</b>   | MR CHEE SHEE TUCK |  |
| <b>3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment</b> | 7 MAY 2019        | NAMED DRIVERS EX SECT. I .....S\$500.00<br>ADDITIONAL EX OTHER THAN NAMED DRIVERS:<br>EX SECT. I - AGE <= 25.....S\$3,000.00<br>EX SECT. I - AGE >= 26.....S\$500.00<br>* AGE AS AT DATE OF ACCIDENT |
| <b>4. Date of Expiry of Insurance</b>   | 6 MAY 2020        | EX ON WINDSCREEN .....S\$100.00  |
| <b>5. Persons or Classes of Persons entitled to drive *</b>   |                   |  |

(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. : STANDARD CHARTERED BANK(S) LIMITED 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

**LQ BUSINESS PTE LTD**

UEN NO. 201700648N  
180B BENCOOLEN STREET  
#04-02, THE BENCOOLEN  
SINGAPORE 189648


Tel: 6333-4136 Fax: 6334-5238  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Countersigned By:





Name  
**CHEE SHEE TUCK**

Race  
**池 樹 德**

Chinese  
**CHINESE**

Date of birth  
**12-05-1963**


Country/Place of birth  
**SINGAPORE**

Sex  
**M**

61607162E


**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S1607162E**



**REPUBLIC OF SINGAPORE**

**DRIVING LICENCE**



License Number  
**S1607162E**

Name  
**CHEE SHEE TUCK**

Birth Date  
**12 May 1963**

Issue Date  
**08 Jul 2003**

000639556F

6085600



NRIC No. **S1607162E**



Date of issue  
**19-12-2018**

Address  
**APT BLK 453 CHOA CHU KANG AVENUE 4  
#14-133  
SINGAPORE 680453**

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

Class 3  
**Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE  
**11 Sep 1985**

License No. **S1607162E**



NI 473A

Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

