

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	29/10/2019 14:27
Date Of Accident	28/10/2019 17:30
Exact Location Of Accident	ALONG ANG MO KIO AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7990R
Insured/Policyholder	
Name Of Registered Owner	M/S MG LIM TRANSPORT
Co Reg No	53395928D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94896993
Alternative Phone No	OFFICE-94896993

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.8 D (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	BUS

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3027391900
Cover Note Number	

Driver

Name of Driver	CHIEN SOO KAH
NRIC No	S1414118I
Date Of Birth	10/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1980
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93378943
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 606 HOUGANG AVE 4 #09-169
Postcode	530606
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
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	GBH9468J
Vehicle Make/Model/Colour	VAN WHITE COLOUR
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	TAN JINXIAN
NRIC/Passport Number	S8528488F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SH9710H
Vehicle Make/Model/Colour COMFORD TAXI BLUE COLOUR
Details Of Properties
Vehicle Category TAXI
Name of Driver CHONG HIN SHEN
NRIC/Passport Number S1677516I
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage REAR
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name CHIEN SOO KAH
Approximate Age 59
Injuries Sustain NECK
Injured person in which vehicle? PC7990R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

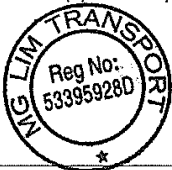
SKETCH PLAN

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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:

X *Ch*

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

29.10.19
1.40 pm



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

li
Sally
1842



**SINGAPORE
POLICE FORCE**



T/20191029/2023

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191029/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2019 10:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHIEN SOO KAH			Address: APT BLK 606 HOUGANG AVENUE 4 #09-169 SINGAPORE 530606		
ID Type / ID No.: NRIC NO / S1414118I			Contact No.: Home/Office: Mobile: 93378943		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 10/01/1960	Type of Informant: Driver		
Race:			Language:	Institution / School Name:	
Occupation: OTHERS			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/10/2019 17:30	Type of Location:
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 10 ANG MO KIO AVENUE 1				
Weather: Drizzling		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH9468J	Bus/Coach/Mi nibus					0
PC7990R	Bus/Coach/Mi nibus					0
SH9710H	Car					0



**SINGAPORE
POLICE FORCE**



T/20191029/2023

Police Station Of Origin:
Traffic Police
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Tel No: 65470000

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Report No. T/20191029/2023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	TAN JINXIAN	ID No.	S8528488P
Related Vehicle	GBH9468J (Bus/Coach/Minibus)	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	CHIEN SOO KAH	ID No.	S1414118I
Related Vehicle	PC7990R (Bus/Coach/Minibus)	Contact No.	93378943
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	CHONG HIN SHEN	ID No.	S1677516I
Related Vehicle	SH9710H (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

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS WAITING AT THE ABOVE MENTIONED LOCATION AS THE TRAFFIC LIGHTS WERE RED, THE TAXI WAS ALSO STATIONARY IN FRONT OF MY VEHICLE. SUDDENLY I FELT AN IMPACT FROM BEHIND AND REALISED THAT THE OTHER VEHICLE HAD COLLIDED INTO THE REAR OF MY VEHICLE, THE RESULT OF THE IMPACT MOVED MY VEHICLE FORWARD AND I COLLIDED INTO THE TAXI THAT WAS PARKED IN FRONT OF ME. I ALIGHTED FROM MY VEHICLE AND WENT TO LOOK FOR THE OTHER DRIVERS THAT WERE INVOLVED IN THE ACCIDENT AND



**SINGAPORE
POLICE FORCE**



T/20191029/2023

Police Station Of Origin:
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Tel No: 65470000

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Report No. T/20191029/2023

CONTINUATION OF REPORT

EXCHANGED PARTICULARS WITH THEM, I ALSO TOOK PHOTOS OF THE VEHICLES AFTER THE ACCIDENT. AFTERWARDS WE LEFT THE SCENE. I THEN WENT TO THE CLINIC FOR A CHECK UP AS I FELT SOME PAIN AT THE BACK OF MY NECK AND WAS GIVEN 1 DAY OF MC.

THAT IS ALL

**SINGAPORE
POLICE FORCE**

T/20191029/2023

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10 Ubi Avenue 3 SINGAPORE, 408865
Tel No: 65470000

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Report No. T/20191029/2023

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:
TP /
LEE CHEN EN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
29/10/2019 10:16

Classification Of Case:

**SINGAPORE
POLICE FORCE**

Signature:



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

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)

MZ601
N SN
AN0597A
COMPREHENSIVE
AUTOSAFE

CERTIFICATE No.	DMB1SN3027391900	Engine No : 1GD8382270
		Chassis No: GDH2232001397
1. Index Mark and Registration Number of Vehicle	PC7990R	
2. Name of Policy Holder	M/S MG LIM TRANSPORT	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12 APRIL 2019 (09:46 HOURS)	EX SECT. IS\$1,500.00 EX SECT. IIS\$3,000.00
4. Date of Expiry of Insurance	11 APRIL 2020	EX ON WINDSCREENS\$100.00
5. Persons or Classes of Persons entitled to drive *		

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR 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 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.

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.

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 Sinyang Drive
Singapore 576720
Tel: 6933 9403, Fax: 8456 0678

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Authorised Signatory

INSURED VEH



INSURED VEH CHASSIS NO

CHASSIS NO. : GDH2232001397
U.W. : 2180 KG
M.L.W. : 3020 KG
TYRE SIZE : F.195/80R-15
: R.195/80R-15(S)
PASS. CAP. : F.1 DRIVER 1 OTHER
: R.12 PASSENGERS

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51270

WDJ

INSURED VEH



INSURED VEH



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