

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	04/08/2020 13:56
Date Of Accident	03/08/2020 17:30
Exact Location Of Accident	ALONG SHANGHAI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7316R
Insured/Policyholder	
Name Of Registered Owner	HIPOINT ENTERPRISE
Co Reg No	5XXXX771X
Email Address	TANGKUMYIN668@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97800668
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PICK-UP PASSENGER
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095524801-02
Cover Note Number	

Driver

Name of Driver	TANG KUM YIN
NRIC No	SXXXX517H
Date Of Birth	12/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	05/12/1979
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97800668
Fax Number	
Contact Number	
Email Address	TANGKUMYIN668@GMAIL.COM

Address	BLK 95C HENDERSON ROAD #27-42
Postcode	153095
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : SHU TING 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

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 Witness 1

Name	SHU TING
Phone Number	9151 0621
Email Address	STLEESH@GMAIL.COM

Details of Witness 2

Name	MARTHA VAN ZANTEN
Phone Number	9656 4997
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8598D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	LIM MENG THIEN
NRIC/Passport Number	SXXXX550Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: SHU 7316 R
ACCIDENT DATE: 03/08/2020 @ 17:30

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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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

HIPOINT ENTERPRISE

Policyholder's Signature
Date & Time:

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

4/8/20 11:15 am

CHARN'S CUSTOMCRAFT

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

[illegible]

Refer to attached sketch plan and accident statement

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:

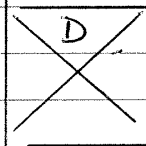
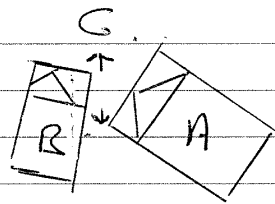
4/8/20 11:15 am

CHARN'S CUSTOMCRAFT

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

Accident between SHC 8598D and
SLU 7316R at along Shanghai Road at about
5:30pm / Monday

River Valley Road



NO. 1
Shanghai
One
Apartment

Shanghai
Road

A: SLU 7316R
B: SHC 8598D

G: ↑ After
↓ passing my
vehicle at
half way, then
grazed upon
my vehicle

D: A pick up
at 'D'

Accident involving SHC 8598D / Comfort
and SLU 7316R / Grab Pte Car.

At about 5.30pm on Monday, I was
at Shanghai Road / off River Valley Road.

Both vehicles were at left of Shanghai Road /
at inwards direction.

Both vehicles were there to pick up our
passenger/s. I pick my passenger at no. 1,
Shanghai One condo name Shu Ting HP:

9151 0621 as passenger.

Both vehicles did three point turn, to drive
out towards River Valley road.

As Driver of SHC 8598D, by passed my vehicle,
at half way, vehicle SHC 8598D, grazed upon
my front left vehicle shoulder, while still moving,
that resulted into ripping of his rear right bumper.
We then stopped to raised the accident issue.
my lady passenger is prepared to be my witness

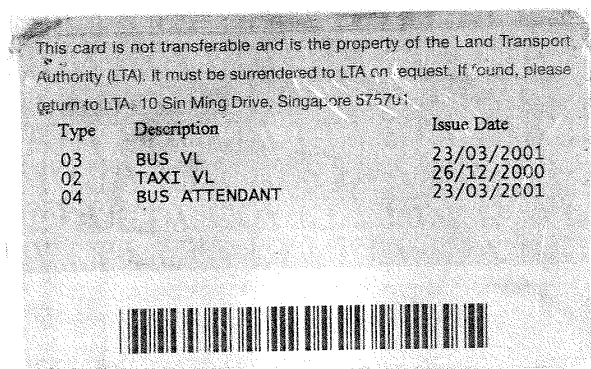
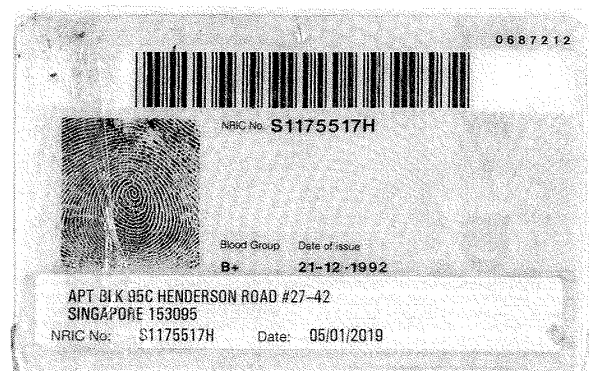
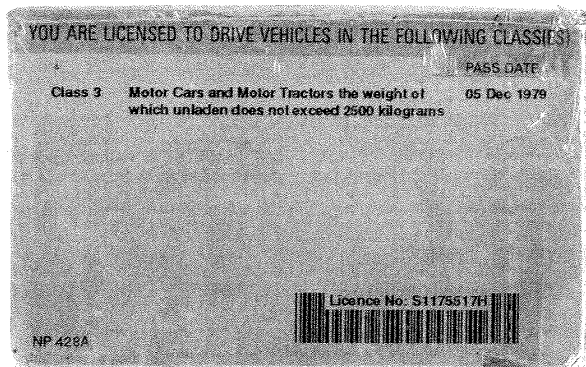
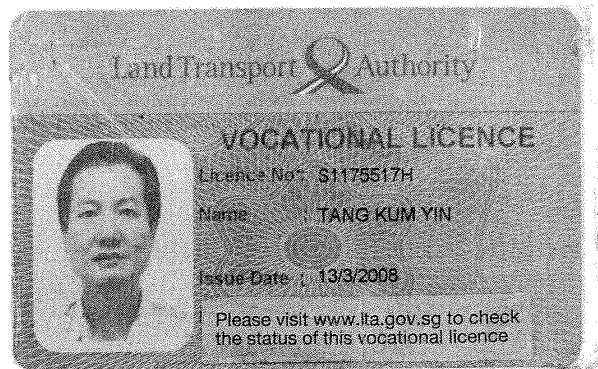
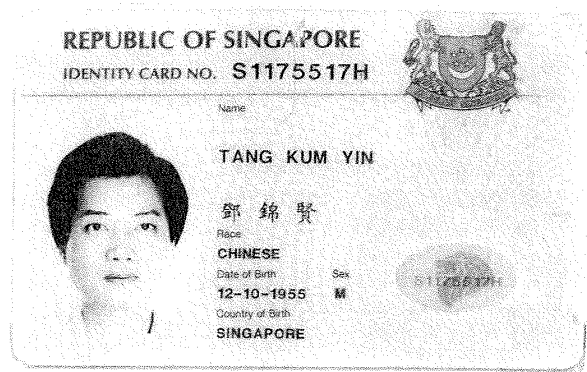
2 /

Due to Driver of SHC 8598D reckless act, also who passenger, that both passengers knew one another, mentioning that Driver of SHC 8598D, irresponsible driving behaviour, recklessly, thinking as though he have his right of way, without any leeway nor safety consideration that resulted.

Bearing in mind, that Driver of SHC 8598D, has already drove passed my vehicle LU 7316R at half way, then resulted into grazing my vehicle, is his fault into driving himself into an inconsiderate & deliberate act, only known to the Driver that resulted.

I am aware, that driver of SHC 8598D, drove passed my vehicle at half way, is the reason, to avoid any incident that may happen, but regretfully resulted by Driver of SHC 8598D.

Identification Card Pg. 1



Certificate of Insurance Pg. 1

Servicing Agent -
Winston Lim LG / LinYuan Enterprises
HP - 9489 9438 / Work - 6698 2521
Email - winsurance@hotmail.com



Certificate of Insurance - 67895000

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1969 (MALAYSIA)

Certificate Number: 5095524801-02 Cover : down CLASSIC

1. Index mark and Registration Number of Vehicle : SLU7316R
Chassis Number : ZGE206099453
2. Name of Policyholder : HUPONT ENTERPRISE
3. Effective Date of Insurance : 12 Dec 2019
4. Expiry Date of Insurance : 11 Dec 2020
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/her 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#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : AUTO-SHIELD PTE. LTD. (00000573450)
Date of Issue : 29 Nov 2019 11:23 hrs

for NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorized Officer

Chief Executive

WITNESS STATEMENT Pg. 1

To whom it may concern,

I am writing this in regards to an accident between my Grab car (SLU7316R) and a Comfort Taxi (SHC8598D) on 3rd August 2020, at around 5:30pm outside Shanghai One Condo.

Right after Mr Tang picked me up at my condo (Shanghai One), he made a 3-point turn at the entrance of my condo in order to exit from Shanghai Road. As he was turning right from Shanghai One heading towards River Valley road, the Comfort Delgo taxi which was further away from the other side of Shanghai Road and also making a 3-point turn, sped up suddenly and overtook Mr Tang's car. As it happened so suddenly and quickly, Mr Tang's car collided onto the Taxi.

The taxi driver got out of the car angrily and started yelling at Mr Tang even despite his reckless driving behaviour. Mr Tang, however, was concerned about my safety and the safety of the other passengers in the Taxi, including a child.

I witnessed the reckless driving of the Comfort Delgo Taxi Driver that posed so much danger to passengers, pedestrians and other drivers on the road. Please contact me should you need more information regarding this accident.

Name: Lee Sok Theng
Email: stleeshs@gmail.com
Tel: 91510621

WITNESS STATEMENT Pg. 1

4th August 2020

To whom it may concern,

This is to give my statement regarding an accident between a Grab driver and Comfort Taxi SHC8598D outside of Shanghai One Condo at 1, Shanghai Road on 3rd August 2020 at around 17.30.

I and my daughter were passengers of the above mentioned Comfort Taxi. The taxi pulled up in front of the entrance on the side of the road, and the Grab taxi pulled up behind very shortly afterwards. In order to exit onto River Valley road, the taxi driver needed to turn further up Shanghai Road. As we pulled off, the driver seemed agitated and subsequently performed the turning manoeuvre very quickly. I was already not feeling safe in the taxi at this point and was considering asking him to slow down.

He then proceeded to speed up quite quickly back down Shanghai Road despite the fact that the Grab Driver was pulling out of the entrance of Shanghai One. He also moved all the way over to the extreme left hand side of the road in order to manoeuvre around the Grab Driver. As we passed the Grab driver the back right hand rear bumper was knocked by the Grab Driver. The taxi driver immediately got out and started yelling at the other driver, he showed no care to his passengers which included a child.

In my opinion, this accident could have been avoided had the taxi driver driven more carefully and shown consideration to others on the road.

If you require any more information, I can be contacted on 96564997 or marthavanzanten@yahoo.co.uk

Yours Sincerely,
Martha van Zanten
G6031646K

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident 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: S66S0020G / 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 : MCCL20065708 Vehicle Registration No: SLU 7316 R
Name (as shown in NRIC) : Tang Kum Yin NRIC/FIN/Passport No : S1175517H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : B1K 95C Henderson Road #27-42 Singapore (153095)
Contact (Tel) : - Mobile No. : 9780 0668
Email Address : tangkumyin668@gmail.com
Date of Accident : 03/08/2020 Time of Accident : 17:30
Place of Accident : Along Shanghai Road
Insurance Company: NTUC Income Insurance Co-Operative 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:

Attach witness detail and statement

Policyholder / Driver's Signature
Date: 4/8/20

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