

# 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 Submission ..... 22/10/2020 10:27 (SGT)  
Date of Accident ..... 25/08/2020 09:50 (SGT)  
Exact Location of Accident ..... CTE TOWARDS SLE NEAR TO MOULMEIN EXIT  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMH6074B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM HENG YONG DARYL  
NRIC No ..... S8618773F  
Email Address ..... LIMDARYL168@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96460786  
Alternative Phone No ..... (Phone) +96460786

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 216D 1.5 D Gran Tourer (A)  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00047332001  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM HENG YONG DARYL  
NRIC No ..... S8618773F  
Date Of Birth ..... 14/07/1986  
Occupation ..... Indoor

|  |                             |
|--|-----------------------------|
| Date Of Driving Pass .....   | 03/05/2005                  |
| Driving experience .....   | 15 YEARS AND 3 MONTHS       |
| Gender .....   | Male                        |
| Mobile Number .....  | (Phone) +65-96460786        |
| Alt. Phone Number .....  | (Phone) +-96460786          |
| Email Address .....  | LIMDARYL168@GMAIL.COM       |
| Address .....  | 156 BISHAN STREET 13 #05-96 |
| Address complement .....   | -                           |
| Postcode .....   | 570156                      |
| Is the driver the policyholder? .....                                | Yes                         |
| If No, Relationship of the Driver with the Insured .....             | -                           |
| Does Driver Own Other Vehicles? .....                                | No                          |
| Vehicle Registration Number of Other Vehicle Owned by Driver 1 ..... | -                           |
| Insurance Company of Other Vehicle Owned by Driver 1 .....           | -                           |
| Vehicle Registration Number of Other Vehicle Owned by Driver 2 ..... | -                           |
| Insurance Company of Other Vehicle Owned by Driver 2 .....           | -                           |
| Vehicle Registration Number of Other Vehicle Owned by Driver 3 ..... | -                           |
| Insurance Company of Other Vehicle Owned by Driver 3 .....           | -                           |

#### 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 the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 2   |
| Was anybody injured in the Accident? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| Was any other material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### DETAILS OF POLICE ACTION

|   |                                    |
|---|------------------------------------|
| Was the accident reported to the police? .....  | Yes                                |
| Police Station Name .....                       | Bishan Neighbourhood Police Centre |
| 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? .....   | -   |
| Was there any audio recorded? .....                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SHD1139L |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| Vehicle Variant .....             | -        |
| Vehicle Colour .....              | -        |
| Vehicle Category .....            | Taxi     |

|   |   |
|---|---|
| Name of Driver .....                          | - |
| Contact Number .....                          | - |
| Address .....                                 | - |
| Address complement .....                      | - |
| Postcode .....                                | - |
| Insurance Company Name .....                  | - |
| Nature Of Damage .....                        | - |
| Details of property damaged in accident ..... | - |
| No. Of Passenger (Including Driver) .....     | - |

**SKETCH PLAN****IMPORTANT NOTICE**

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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:

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

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

**SKETCH PLAN**

A. SAKHOLAP  
B. SAKHOLAP

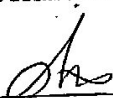
CPE-SLE ne moulach ena


**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**


ref to police report.

**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.:















## NOTICE OF REPORTING

Annex  
D

This is to confirm that Lim Heng Yong Daryl H/P: 96460786, NRIC/FIN: S8618773F has reported to the Police a non-injury traffic accident which occurred along CTE towards SLE near to Moulmein exit, on 25/08/2020 at 0950hrs involving the following vehicles:

## A) SMH6074B – Complainant's vehicle

On the 25/08/2020 at 0950hrs, my vehicle travelling along CTE towards SLE near to Moulmein exit.

At the point of time, my vehicle in the midst filtering to the exit. A taxi vehicle (SHD1139L) which was travelling on the left lane of my vehicle which refuse to give way and the vehicle side swap my vehicle causing some minor scratches on the left rear of my vehicle.

No injuries to any party and no government property damaged. I am lodging report for record purpose.

2- If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Jason TanDate: 25/08/2020Time: 1056hrsS/D Ref: eSD 40Police Post/Unit: Bishan NPC  
BISHAN NPC  
20 BISHAN STREET 2  
SINGAPORE 579757  
TEL: 1800-5529999

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police



**中国太平**  
CHINA TAIPING

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

Motor Private Car

MX1E

R SN

AN0575A

Cov. Type:C

### 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)

CERTIFICATE No.

DMPCSNW00047332001

Engine No.: 30579523B37C15A

Cha. No.: WBA2E320805B44911

1. Index Mark and Registration  
Number of Vehicle

SMH6074B

AUTOSAFE

=====

2. Name of Policy Holder

LIM HENG YONG DARYL DANIEL

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

27/05/2020

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

EX ON 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\$1,000 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. : TOKYO CENTURY LEASING (S) PTE LTD

\* 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: OH GIM KONG  
Authorised Officer

杨亚美  
Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com