

## 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	05/09/2020 16:16
Date Of Accident	05/09/2020 13:30
Exact Location Of Accident	PIE TOWARDS CHANGI (BEFORE EXIT 34)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6249J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TODDS PARTNERS PTE LTD
Co Reg No	201533177E
Email Address	GARETHFONG@ICLOUD.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90665570

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00002692000
Cover Note Number	

### Driver

Name of Driver	FONG KIN FAI
NRIC No	S8323275G
Date Of Birth	04/08/1983
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2007
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90665570
Fax Number	
Contact Number	
Email Address	GARETHFONG@ICLOUD.COM

Address	BLK 150 BEDOK RESERVOIR ROAD #07-1713
Postcode	470150
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376
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?	YES
Remarks/ Reasons:	MEMORY CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR3857L
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE HIRE
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.



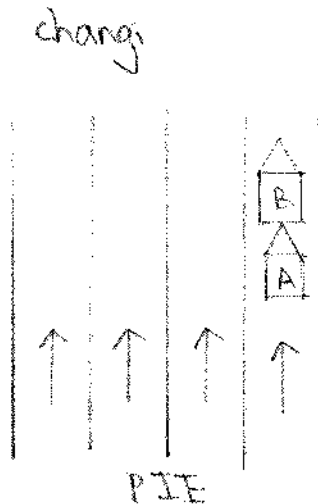
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 5th Sep 2020



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

SKETCH PLAN



Veh A: SJK 6249T

Veh B: SJR 3857 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked a grab van at the junction of S. and N. roads as the  
 PIE (Chung Airport) road. I was in the lane  
 within the speed limit of 85 km/h. Out of the corner  
 I saw a piece of a car that passed my car. I stopped  
 the brake in anticipation of stop traffic ahead.  
 But I soon realised the cars in front were slowing to  
 a halt. I immediately brake hard as attempt to  
 stop safely. My car was coded SJD3857L.  
 I checked my passenger for any injury. My passenger  
 was fine and walked out of my car to safety.  
 I proceeded to check the other driver and public  
 passenger. Only the female driver mentioned  
 she had neck pain and dizziness. I performed  
 the ambulance immediately and reported the incident.

DECLARATION

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

Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 5th Sep 2010

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

**CERTIFICATE OF INSURANCE Pg. 1**



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

Motor Hire Car

M240BL/B

N SN

AN0478A

Cov. Type C

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1968  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia)

<b>CERTIFICATE No.</b>	DMHCSNA00002692000	<b>Engine No.:</b> 1N2X802969	<b>Cha. No.:</b> MR053HY9305084469
<b>1. Index Mark and Registration Number of Vehicle</b>	SJK6249J		
<b>2. Name of Policy Insurer</b>	TODOS PARTNERS PTE LTD		
<b>3. Effective date of the Commencement of Insurance for the purposes of the Regulations Ordinance or Enactment</b>	28/04/2020	<b>Excess Sect I</b>	SS2,000.00
		<b>Excess Sect. I (Outside Singapore)</b>	SS4,000.00
		<b>Excess Sect. II</b>	SS2,000.00
<b>4. Date of Expiry of Insurance</b>	30/04/2021	<b>Excess Sect II (Outside Singapore)</b>	SS4,000.00
		<b>EX ON WINDSCREEN</b>	SS100.00
<b>5. Persons or Classes of Persons entitled to drive</b> As per Named Driver(s) stated below 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.			
ANY EMPLOYEE OF THE COMPANY		ANY AUTHORISED HIRER/DRIVER	
<b>6. Limitations as to use</b> (1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.  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 - HONG LEONG FINANCE LTD AS HP OWNER <i>Limitations rendered inoperative by Section 6 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>			

**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



Issued By: Lim Lee Choo  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

*[Signature]*

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



**SINGAPORE  
POLICE FORCE**



T/20200905/2083

1 of 3

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No: T/20200905/2083

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/09/2020 19:11		Vide Report No. J/20200905/0116		Station Diary No.: 9	
<b>Informant's Particulars</b>					
Name of Informant: FONG KIN FAI			Address: APT BLK 150 BEDOK RESERVOIR ROAD #07-1713 SINGAPORE 470150		
ID Type / ID No.: NRIC NO / S8323275G			Contact No.: Home/Office: Mobile: 90665570		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 04/06/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B, 3		Date of Expiry:

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/09/2020 13:40	Type of Location Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 1698				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Vehicle No.	Vehicle Type	Make	Model	Color	Damage	No of Passenger
SJK5249J	Car	TOYOTA	VIOS E AUTO	Black	Seriously Damaged	1
SJR3657L	Car	TOYOTA	VIOS E AUTO	Red	Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20200905/2083

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

2 of 3

Report No. T/20200905/2083

**CONTINUATION OF REPORT**

**Brief Details.**

On 05/09/2020 at about 1330hrs, I was travelling from KJE along PIE towards Changi Airport to send a passenger to her destination. I was driving within the speed limit at the point of time. I was at the first lane and was going down the slope when I suddenly saw something flew past my car. I was not sure what it was. I started to slow down a bit due to that. Suddenly I noticed the car in front of me jammed their brakes. I tried to jam brake too, however I was not able to react on time and my car started to skid. Due to that, I rear ended the car in front of me. I checked with my passenger to see if she was okay and she was. I then went out of my vehicle to check on the driver. The female driver informed me that her neck was in pain and she felt dizzy. A male passenger that the driver was transporting assisted her while I called for the ambulance. After doing so, I tried to control the traffic while the ambulance was on their way to the incident location.

At 1350hrs, the ambulance came and conveyed the driver to a hospital, with her male passenger following them along. I was not able to get any details from the driver as she was still dizzy at the point of time and was not able to check which hospital she was conveyed to. At the point of time, my passenger was also being picked up by another car and left the scene.

At around 1355hrs, Traffic Police officers came and managed the scene. He also requested for both cars' SD Card for investigation, which I gave him. He also took down my particulars and advised me to lodge a Police report with regards to this incident. I acknowledged and liaised with EMAS to tow my car. My car was sent to Bulim Ave (Bulim Heavy Vehicle Parking) first, and was towed back to Ang Mo Kio Industrial Park 2 to assess the car damages for my insurer. After towing my car to Ang Mo Kio Industrial Park 2, I proceeded to lodge a Police report.

I am lodging this report to assist with the investigations.





**SINGAPORE  
POLICE FORCE**



T/20200905/2083

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No. 1800-4439999

3 of 3

Report No. T/20200905/2083

**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:

G /

Sgt. 2 ARI HAIKAL BIN SUBTU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time

05/09/2020 18:11

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No. 65476246

Classification Of Case:

Authentication Stamp

HP108

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





**Accident Photo**



Accident Photo





Accident Photo



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