SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	16/10/2020 16:22
Date Of Accident	30/09/2020 16:30
Exact Location Of Accident	TAMAN HO SWEE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF3639H
Insured/Policyholder	
Name Of Registered Owner	NG KOK KHIM
NRIC No	S1608809I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97745556
Alternative Phone No	OFFICE-97745556
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 1.5T-3.0 (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNW00086602004
Cover Note Number	
Driver	
Name of Driver	NG KOK KHIM
NRIC No	S1608809I
Date Of Birth	15/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	28/05/1983
Driving Experience	37 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97745556

OFFICE-97745556

NOEMAIL

Address 33 WEST COAST RISE #08-24

Postcode 127476

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

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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 ALEXANDRA NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 46-2 COMMONWEALTH DR, POSTCODE: 140462,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4739999 - FAX NO: 64713569

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20201001/2102

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 SHC3379G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

- Please report correctly the details of the accident to speed up the stelling process.
- 2 This Form must be completed by the Policoholder and/or the Appropriate Driver
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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
- 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.

Date & Time

(If driver is not the policyholder)

Date & Time:

d's Sienature

NIRSC/FINAN

Sketch Plan #2

man Ho Swee	i	
	Ve	hide A. GBF 36394
TE	B Ve	hide A: GBF 36394 nide B: 9HC 3379 G
er to Police Reput : T/20201001	/2102	
		ENGINES

Date & Time:

Date & Time.

Reporting Centre Personnel's Signature
manie Oling Kur Ling
MRISCIEM NO. FIRED 251W

Police Report -1 Pg. 1





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Police Station Of Origin Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462 Tel No: 1800-4739999

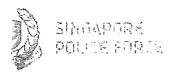
Report No. T/20201001/2102

REPORT OF	A TRAFFIC	CACCIDENT			
Date/Time Report Made: 01/10/2020 17:21		lade:	Vide Report No.:	Station Diary No.: 15	
Informant	's Partic	ılars			
Name of Informant: NG KOK KHIM			Address: 33 WEST COAST RISE #08-24 SINGAPORE 127476		
ID Type / ID No.: NRIC NO / S1608809I		091	Contact No.: Home/Office:	Mobile: 97745556	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 57	Date of Birth: 15/03/1963	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 3.4A.4	Date of Expiry:	

Seneral Informa	tion of the Accident			
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 30/09/2020 16:3	Type of Location: Car Park
Location:				
TAMAN HO SW	EE	Road Surface:		Road Speed Limit:
Raining		Wet		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision Between moving	n: g vehicle rear to side			Anyone conveyed by ambulance:

Details of V					16. 10.	NI. CD
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBF3639H	Lony	- TOYOTA	DYNA 3 0	Silver	Slightly	0
00, 0000		:	MANUAL		Damaged	
SHC3379G	TAX	read or many and independent property of the ANICH ATTEMPT ATTEMPT OF THE PER		Blue	Slightly	1
0,1000,03					Оагладеч	
			,	manus casas — georgias casas assaul ca sale (c	w a.c. i a graph for the first of the second of the sec	
Details of V	ehicle insu	ranca				
		· war are · and a second of the second		surance No		and the second s
Details of V Vehicle No G8F3639H	Insurance	· war are · and a second of the second	بستناه ما التيانا التيا			Expiry Date

Police Report -2 Pg. 1





Station Of Origin: idra NPP 2 of 3 Report No. T/20201001/2102

iglin Halt Road #01-328 SINGAPORE

2

. 1800-4739999

s of Perso	n involved				
edestrian li	nvolved: No				
Pedestrians Injured: NIL Use		Use of Ped	e of Pedestrian Crossing: NA		
	NG KOK KHIM		ID No.	S1608809I	
ed Vehicle	GBF3639H (Lorry)		Contact No.	97745556	
al/Clinic	NII		Class of	Class: 3.4A.4	

CONTINUATION OF REPORT

tal/Clinic NIL Class of Driving Licence & Expiry Date

Treatment NIL Days granted Medical Leave NIL Degree of Injury NIL

etails.

D9/2020, I had parked my lorry registration number GBF3639H head in,at the open HDB carpark at Taman Ho Swee.I was there to send some fishes to my customer. Later at about 1630hrs, I d to my lorry and was reversing out when the rear of my vehicle collided with a taxi registration 79G who was driving passed. The rear of my vehicle collided with the left rear tyre of the body was injured during the accident. We did not exchange particulars as the taxi was in a hurry to spassenger who was seated in front. We only exchange contact number. The driver, believe to be of race, gave me his contact number as 90089178 and eventually drove off. There is a slight to the rear side of my lorry. I noticed the rear left door of the taxi was slightly damage. I was I by my son to lodge a Police report.

Police Report -3 Pg. 1





Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462 Tel No: 1800-4739999 3 of 3 Report No. T/20201061/2102

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

J

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: D / Sgt 2 MUHAMMAD ZAMIR BIN MAZELAN Signature Of Interpreter:	Signature Of Informant: Date/Time: 01/10/2020 17 21
Not applicable Officer In Charge Of Case	Classification Of Case
TP / GIA / Staff Sgt WONG SISCIUL Contact No : 65478131	
Authantication States	

Insurance Certificate Pg. 1



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

Motor Commercial

MZ300/P

R SM

CERTIFICATE OF INSURANCE
Motor Vehicles (Thard-Patty Ricks and Componentian) Act (Chapter 189)
Motor Vehicles (Thard-Patty Ricks and Componentian) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Ricks) Rules, 1959 (Malaysia)

AN0421A Cov. Type:C

CERTIFICATE No.

DMCVSNW00086602004

Engine No.: 1KD2609673 Cha. No.:KDY2318024576

1. Index Mark and Registration

GBF3639H

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

NG KOK KHIM

Excess Sect L.

\$\$500.00

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

15/09/2020

EX ON WINDSCREEN.

\$\$100.00

4. Date of Expiry of Insurance

14/09/2021

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.

(1) Use in connection with the Policyholder's business.(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.(3) Use for social, domestic or pleasure purposes.

The Policy does not cover (1) Use for hire or reward or racing, pace-making, reliability that or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTDAS 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: YITESGE SOLUTIONS Authorised Officer

Authorised Signatory













