

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	23/09/2020 09:07
Date Of Accident	22/09/2020 00:45
Exact Location Of Accident	BUKIT BATOK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7275U
Insured/Policyholder	
Name Of Registered Owner	RENO5 GENERAL SERVICE
Co Reg No	5XXXX703D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90298310

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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	DMHCSNA00004172001
Cover Note Number	

Driver

Name of Driver	GAN CHYE LEONG
NRIC No	SXXXX479G
Date Of Birth	26/12/1957
Occupation	OUTDOOR
Date Of Driving Pass	23/08/2000
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90298310
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 401 BEDOK NORTH AVENUE 3 #10-289
Postcode	460401
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	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : KU CHUN THOU GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT : T/20200922/2126

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	SJD8322D
Vehicle Make/Model/Colour	TOYOTA / WISH / BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOPINOTHAN S/O LOGANATHAN

NRIC/Passport Number	SXXXX539B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMD1544R
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH CHENG WEI
NRIC/Passport Number	SXXXX997F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KU CHUN THOU
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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6. The 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 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:

[Signature]

Driver's Signature *Gun chye leong*
(If driver is not the policyholder)
Date & Time: *22/1/2020*

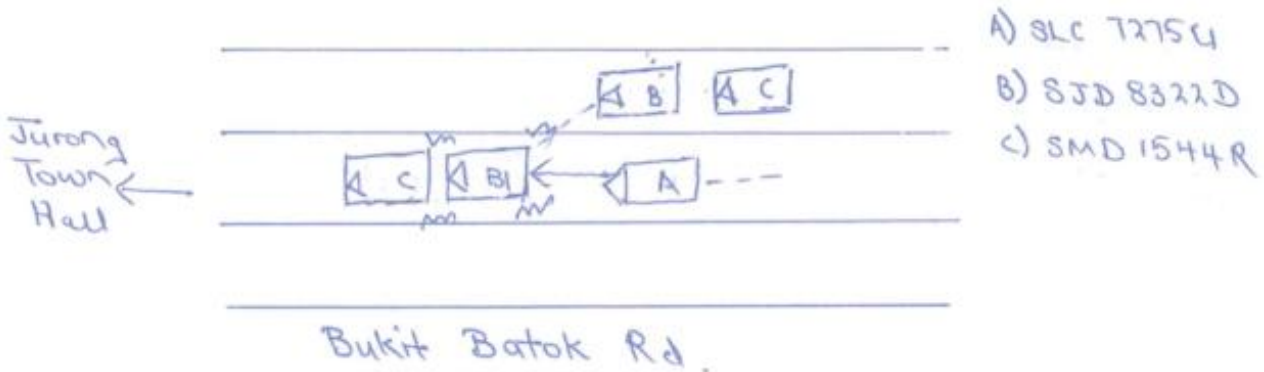


Reporting Centre Personnel's Signature
Name: *Chong Kai Long*
NRIC/FIN No: *80953269W*

[Signature]
Page #3

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Bukit Batok Rd in the center lane, Veh (B) which was on my right suddenly speed up & crossed into my lane & subsequently jammed his brake. Despite my keeping a safe distance, I brake as well but due to wet road surface, my car skidded forward & collided onto Veh (B). I alighted & query the driver of Veh (B) on why he e-brake in front of me. He claimed the Veh (C) which overtook us suddenly stopped in front of him.

I was ferrying two passengers at that time. The male passenger, Ku Chun Thong claimed that he hurt his leg & was swelling. I offered to call the police & ambulance but he rejected. However, this morning, I received a call from Grab Office ~~at~~ informing me the the passenger is lodging a claim as he is still in pain.

DECLARATION

I/We declare the contents of this report are true to the best of my knowledge.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
PIC/Ext No.:

22/9/2020
Gan Chye Leong

Chong Kian Ling
60557810

page # 2

Identification Card Pg. 1

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S1279479G**
Name: **GAN CHYE LEONG**

Birth Date: **26 Dec 1957**
Issue Date: **21 Dec 2015**

002505240B

SG 50

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1279479G

Name: **GAN CHYE LEONG**

Race: **CHINESE**
Date of birth: **26-12-1957**
Country/Place of birth: **SINGAPORE**

Sex: **M**

S1279479G

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Class	EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	23 Aug 2000

NP 428A

Licence No: S1279479G

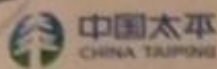
6196590

NRIC No S1279479G

Date of issue: **17-05-2019**

Address: **APT BLK 401 BEDOK NORTH AVENUE 3
#10-289
SINGAPORE 460401**

INSURANCE CERTIFICATE



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

Model: NPA-C-01

REGD

R IN

LANDMARK

Car Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188)

CERTIFICATE No.

088403040000170001

Engine No. 1222601780

Chassis No. 2NE100110217

1. Motor Risk and Registration
Number of vehicle

91070791

AUTOSAFE

2. Name of Policy Holder

RENCO GENERAL SERVICE

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations
Continuation of Insurance

31/07/2020

Excess Sect 1	S\$1,200.00
Excess Sect. 1 (Outside Singapore)	S\$2,500.00
Excess Sect. 4	S\$1,200.00
Excess Sect. 5 (Outside Singapore)	S\$2,500.00
EX ON WINDSCREEN	S\$100.00

4. Date of Expiry of Insurance

30/07/2021

5. Persons or Classes of Persons entitled to drive

Any employee or any person who is driving with the Policyholder's order or with their permission.

Provided that the person driving is permitted to do so 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 to that effect from driving the Motor vehicle.

ANY EMPLOYEE OF THE COMPANY OR
GAN CHYE LEONG

ANY AUTHORIZED DRIVER ONLY
GAN CHYE KOON

6. Conditions as to use*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(2) Use for social domestic pleasure purposes.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.
(2) Use whilst towing a trailer except the towing (other than for repair) of any one disabled mechanically propelled vehicle.

* Conditions rendered inoperative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188) and Section 25 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 188) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By

Chen Sui-Lee Selly

Authorized Officer

Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208394E)
1 Anson Road #15-00 Springland Tower Singapore 079903

6389 6111

6222 1033

www.sg.entaiping.com

POLICE REPORT -1



**SINGAPORE
POLICE FORCE**



T/20200922/2126

1 of 3

Report No. T/20200922/2126

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 22/09/2020 20:52	Vide Report No.	Station Diary No. 111
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Informant's Particulars

Name of Informant: GAN CHYE LEONG		Address: APT BLK 401 BEDOK NORTH AVENUE 3 #10-289 SINGAPORE 460401	
ID Type / ID No.: NRIC NO / S1279479G		Contact No.:	Mobile: 90298310
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 26/12/1957	Type of Informant: Driver
Race: Chinese		Language: Mandarin	Institution / School Name:
Occupation: GRAB DRIVER		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: 22/09/2020 00:45	Type of Location: Straight Road
Location: BUKIT BATOK ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Chain Collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJD8322D	Car	TOYOTA	Wish	Black	Slightly Damaged	0
SLC7275U	Car	TOYOTA	Wish	Grey	Slightly Damaged	2
SMD1544R	Car	BMW			Slightly Damaged	0

POLICE REPORT -2



**SINGAPORE
POLICE FORCE**



T/20200922/2126

2 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469675
Tel No: 1800-2449999

Report No. T/20200922/2126

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAN CHYE LEONG	ID No.	S1279479G
Related Vehicle	NIL	Contact No.	90298310
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

Brief Details.

On 22.09.2020 at about 0045hrs, I was driving along Bukit Batok Rd in the centre lane, vehicle no: SJD 8322D, which was on my right lane suddenly speed up and crossed into my lane and subsequently jammed his brake. Despite my keeping a safe distance, I brake as well but due to wet road surface my car skidded forward & collided onto the said vehicle. I alighted and query the said vehicle driver why he e-brake in front of me. He claimed the vehicle no: SMD1544R which overtook us suddenly stopped in front of him.

I was ferrying two passengers at that time, the said male passenger, Ku Chun Thou claimed that he hurt his leg and was swelling. I offered to call the police & ambulance but he rejected it. However, this morning, I received a call from Grab Office informing me that the passenger is lodging a claim as he is still in pain. My damage of my vehicle is front bumper was badly dented, front bonnet was also dented too and the left headlight was broken too.

POLICE REPORT -3



SINGAPORE
POLICE FORCE



T/20200922/2126

3 of 3

Report No. T/20200922/2126

Police Station Of Origin
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469876
Tel No: 1800-2448999

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 /
SI LIM TOON HUANG

Signature Of Interpreter
Not applicable

Officer In Charge Of Case
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No: 65476436

Authentication Stamp
NP-168

Signature Of Informant

Date/Time
22/09/2020 20:52

Classification Of Case

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

