





## 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	07/10/2020 15:18
Date Of Accident	06/10/2020 11:35
Exact Location Of Accident	SIMPANG BEDOK CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8513P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CARE EXPRESS SERVICES
Co Reg No	5XXXX992M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88894435
Alternative Phone No	OFFICE-87686898

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 COMMUTER GL (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	BUS

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SNW0008242000
Cover Note Number	

### Driver

Name of Driver	AYANG ALIAHNA BINTE MANSOOR
NRIC No	SXXXX668D
Date Of Birth	05/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2013
Driving Experience	7 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88894435
Fax Number	
Contact Number	OTHERS-87686898
Email Address	NOEMAIL

Address BLK 350 ANCHORVALE ROAD  
#10-113  
Postcode 540350  
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 -  
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) 3

#### 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

PLEASE 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC5601Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name AXA INSURANCE PTE LTD  
Nature Of Damage  
No. Of Passenger (Including Driver)



## SKETCH PLAN

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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:

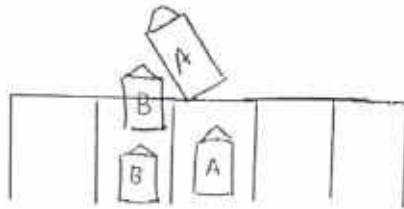


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

A= PA8513P

B= SHC 56014



Simpang Bedok  
Carpark.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/10/2020 @ 11:40hrs, I was driving my car PA8513P exiting out from carpark lot @ Simpang Bedok Carpark after checking it is clear to exit. While I was almost completing exiting out from the lot, a taxi SHC 56014 which was parked beside the lot suddenly move out from his lot & hit onto my car as a result.

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.:

Road surface Dry / Wet

Weather condition: Clear / Raining

Speed: \_\_\_\_\_

Does driver own a vehicle: yes/no

if yes, veh number plate: \_\_\_\_\_

veh insurance co: \_\_\_\_\_

Usage of veh during of accident:

Driver IC: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Driver Pass date: \_\_\_\_\_

Driver Birth date: \_\_\_\_\_

Relationship with insured: Employee & Employer

Witness (if any): yes/no

Witness name: \_\_\_\_\_

Witness hp: \_\_\_\_\_

Witness email (if any): \_\_\_\_\_

Witness add: \_\_\_\_\_

Witness IC no: \_\_\_\_\_

Third party veh number: SUC 5681 Y

Name of third party driver: \_\_\_\_\_

IC of third party driver: \_\_\_\_\_

HP of third party driver: \_\_\_\_\_

Address of third party driver: \_\_\_\_\_

Insured/Co name of third party vehicle: \_\_\_\_\_

Contact number of insured/Co: \_\_\_\_\_

Insurance co of third party vehicle: SAFARI

Police report (if any): yes/no

Police report reported at which police station: \_\_\_\_\_

Any intended prosecution given: yes/no

if yes, against whom: veh A / veh B driver

Action taken: claiming third party / claiming own damage / reporting only

No of Pax: 03 Pax

Connect3 client vehicle no: FD 8513P

Owner contact no: 8829-4435

Date of accident: 06/10/2020

Location of accident: Simpru, Bt. 1, Rte 1

Time of accident: 11:40 AM

Any injury: yes/no (if yes, must have police report)



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 Bus

MZ601

N SN

AN0626A

Cov. Type F

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1992 (Malaysia)

CERTIFICATE No

DMB15NW0006242000

Engine No.: 1KD1868403

Chassis No.: KD42230005594

1. Index Mark and Registration  
Number of Vehicle

PA8513P

2. Name of Policy Holder

CARE EXPRESS SERVICES

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

20/08/2020

Excess Sect. II \$51,500.00

4. Date of Expiry of Insurance

19/08/2021

5. Persons or Classes of Persons entitled to drive\*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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.

E. Limitations as to use\*

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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.


\* 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: UNIVERSAL INSURANCE AGENCY PTE LTD  
Authorised Officer

  
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.cntaping.com



## Enquire Vehicle Registration Details

### Vehicle Registration Details

Vehicle No.

**PA8513P**

Make/ Model

**TOYOTA/HIACE COMMUTER GL 3.0 A**

Vehicle Scheme

**Public Service Vehicle (Others)**

Current Propellant

**Diesel**

Chassis No.

**KDH2230005594**

Vehicle Type

**Private Hire (Chauffeur) Bus/Coach/Minibus**

#### Owner's Details

Owner Name:

**CARE EXPRESS SERVICES**

Owner ID Type:

**Business**

NRIC/Passport/Company Cert No.:

**53416992M**

Registered Address:

**14 JALAN TARI PIRING JALAN KAYU ESTATE SINGAPORE 799167**

Mailing Address:

**-**

Birth Date:



## Previous Vehicle No.:

19 Aug 2020

10 Mar 2009

10 Mar 2009

2

1550213375

Engine No.:

Chassis No.:

Year of Manufacture:

Primary Colour:

Secondary Colour:

10

2982 cc/-

Max Unladen Weight:

**2300 kg**

Maximum Laden Weight:

**3025 kg**

Vehicle Attachment 1:

**With Wheelchair Lift**

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

**Additional Registration Fee (ARF) and COE Information**

Open Market Value:

**\$52,899.00**

Additional Registration Fee Rate:

**5.00 %**

Actual ARF Paid:

**\$2,645.00**

Vehicle Lifespan Expiry Date:

**09 Mar 2029**

OPC Cash Rebate Eligibility:

**No**

QP during COE Bidding Exercise:

**\$2,590.00**

COE No.:

**2009030105000033G**

COE Expiry Date:

**29 Feb 2024**

COE Category:

**C - Goods Vehicle & Bus**

COE Registration Category:

**C - Goods Vehicle & Bus**

Quota Premium (QP) / Prevailing Quota Premium

**\$2,590.00 / -**

PQP Paid

**\$13,688.00**

QP (Regn Cat):

\$2,590.00

### PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

10

Minimum PARF Benefit:

1

### Vehicle Emissions Details

CO2 Emission:

1

CO Emission:

1

HC Emission:

1

NO<sub>x</sub> Emission:

1

PM Emission:

1

Message:

This is a public service vehicle.

Print

OK →

Save as PDF

Copy as Text