

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	27/11/2020 09:34
Date Of Accident	24/11/2020 19:30
Exact Location Of Accident	ALONG JURONG EAST AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ1090M
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Insured/Policyholder

Name Of Registered Owner	NETWAY TRADING AND ENGINEERING SERVICES
Co Reg No	43209400L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97231671
Alternative Phone No	OFFICE-97231671

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR G

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

If No, Please state action to be taken REPORTING ONLY

Vehicle Category	COMMERCIAL VEHICLE
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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	DMVSN3000111902
Cover Note Number	

Driver

Name of Driver	SUM HON WENG
NRIC No	S0591868E
Date Of Birth	05/12/1950
Occupation	OUTDOOR
Date Of Driving Pass	15/06/1971
Driving Experience	49 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96913413
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 925 JURONG WEST ST 92 #09-105
Postcode	640925
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	-
	-
	-
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20201124/709

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	SHB5185L
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)

Accident Sketch Plan

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.:

Accident Sketch Plan

SKETCH PLAN

Unable To provide sketchplan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report
T/20201124/709

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.: _____

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201124/2079

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20201124/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2020 20:49	Vide Report No.:	Station Diary No.: 138
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Informant's Particulars

Name of Informant: SUM HON WENG			Address: APT BLK 925 JURONG WEST STREET 92 #09-105 SINGAPORE 640925		
ID Type / ID No.: NRIC NO / S0591868E			Contact No.: Home/Office: Mobile: 96913413		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 05/12/1950	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: LORRY DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 24/11/2020 19:30	Type of Location: Straight Road
Location: JURONG EAST STREET 21				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ1090M	Lorry	NISSAN	CABSTAR G	Gold	No Damage	2
SHB5185L	Taxi	TOYOTA	PRIUS HYBRID 1.8 CVT	Maroon	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201124/2079

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20201124/2079

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:

J/
Sgt 2 ANG KWAN SHYAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/11/2020 20:49

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

SN 126



Signature:

Singapore Police Force

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201124/2079

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20201124/2079

CONTINUATION OF REPORT

Passenger			
Name	SIEW GUAT LEE		ID No. S0752229J
Related Vehicle	GZ1090M (Lorry)		Contact No. 83687198
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	SUM HON WENG		ID No. S0591868E
Related Vehicle	GZ1090M (Lorry)		Contact No. 96913413
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
Driver			
Name	MOHAMED RAMZAN BIN MOHD DALI		ID No. S7250283C
Related Vehicle	SHB5185L (Taxi)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On the 24th Nov 2020, at about 1930hrs, I was driving along Jurong East Ave 1 on lane 2, towards SPC Jurong East. I heard a car horn sound. My wife(SIEW GUAT LEE) looked to the left and car this taxi driving very close to my left side. I was not aware what happened, I continue my journey to SPC Jurong East just in front. When I was at my kiosk station, the taxi driver (MOHAMED RAMZAN BIN MOHD DALI, NRIC: S7250283, License plate: SHB5185L) approached me saying that I side swipe his right side of his car body at the front near the tyre area at Jurong East St 21 when he was turning out to JE Ave 1. The damage was some scratch mark and a small dent on the front part.

I took photo of his driving license and also the damage of his taxi. I wish to state that my car did not suffered any damage, nor did I had side swipe his taxi. I do not know how it happen as I did not hear any "hitting" sounds beforehand. I am lodging this report for recording purposes.

Accident Sketch Plan



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

HS300/CR 2H
ANG44-4A
Car 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, 1959 (Malaysia)

CERTIFICATE No.	DMCVB300011960	Engine No	GD32211551
		Chassis No	7N18F4F2322890354
1. Index Mark and Registration Number of Vehicle	GR107M		
2. Name of Policy Holder	NETWAY TRADING & ENGINEERING SERVICES		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Statement	9 DECEMBER 2019		
4. Date of Expiry of Insurance	9 DECEMBER 2020		
5. Persons or Classes of Persons entitled to drive *	ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S CREDIT OR WITH THEIR PERMISSION.		
<p>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.</p>			
<p>6. Limitations as to use:</p> <ul style="list-style-type: none"> (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. (4) THE POLICY DOES NOT COVER: (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING. (2) USE WHILE TOWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISASSEMBLED MECHANICALLY PROPELLED VEHICLE. 			
<p>WIRE PURCHASE CO. 1 KINOS CAPITAL LTD AS SP OWNER</p> <p>* 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.</p>			

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.



Authorized By:

Authorized Officer

Authorized Signatory

13 Anson Road #16-00 Springleaf Tower Singapore 079903 Tel: 6389 6111 Fax: 6255 3592 Website: www.sg.cntaiiping.com

Netway Trading And Engineering Services
Block 5, #01-1279 Lorong 8,
Tee Payoh Ind. Park, Singapore 319057.
Tel: 6255 7983 Fax: 6258 8025
Reg. No. 43209400L

Accident Photo



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