

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 Submission 11/01/2021 17:34 (SGT)
Date of Accident 09/01/2021 14:40 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBQ8804G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Seah Jun Hao
NRIC No S9101374F
Email Address seahjunhao@gmail.com
Mobile Phone No (Phone) +65-96349208
Alternative Phone No +65-96349208

VEHICLE PARTICULARS

Manufacturer Mercedes
Model 200e
Variant -
Exact purpose for which vehicle was being used at time of
accident Private use
Are you claiming under your own insurance policy for repair to
your vehicle? No - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMPCSNW00129422001
Cover Note Number -

DRIVER

Name of Driver Seah Jun Hao
NRIC No S9101374F
Date Of Birth 14/01/1991
Occupation Indoor

Date Of Driving Pass	27/02/2015
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96349208
Alt. Phone Number	+65-96349208
Email Address	seahjunhao@gmail.com
Address	Blk 532 Upper Cross Street #09-227
Address complement	-
Postcode	050532
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Heavy rain
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to sketch plan / police report no: T/20210111/2032

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	SFF4442D
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
NRIC No	S1833828I

Contact Number	(Phone) +65-96739009
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKB9073
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Seah Jun Hao
Address	Blk 532 Upper Cross Street #09-227
Address Complement	-
Post Code	050532
Approximate Age Years Old	29
Injuries Sustained	-
Injured person in which vehicle?	SBQ8804G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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. 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:

11 JAN 2021

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



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











**SINGAPORE
POLICE FORCE**



T/20210111/2032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20210111/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2021 11:27	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SEAH JUN HAO		Address: APT BLK 532 UPPER CROSS STREET #09-227 SINGAPORE 050532	
ID Type / ID No.: NRIC NO / S9101374F		Contact No.:	Mobile: 96349208
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 14/01/1991	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/01/2021 14:40	Type of Location:
Location: PAN-ISLAND EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBQ8804G	Car	MERCEDES BENZ	200E AT	White		0
SFF4442D	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBQ8804G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCS NW001294 22001	01/10/2020	30/09/2021



**SINGAPORE
POLICE FORCE**



T/20210111/2032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210111/2032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEAH JUN HAO	ID No.	S9101374F
Related Vehicle	SBQ8804G (Car)	Contact No.	96349208
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	LIM SOO CHING	ID No.	S1833828I
Related Vehicle	SFF4442D (Car)	Contact No.	96739009
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.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS DRIVING ALONG PIE(CHANGI) BEFORE KIM KEAT FLYOVER. I WAS DRIVING ALONG THE EXTREME RIGHT OF 4 LANES. SUDDENLY, THIS CAR INFRONT OF ME CAME TO A SUDDEN STOP. I MANAGED TO BRAKE BUT WAS NOT ABLE TO STOP IN TIME. THIS WAS ALSO DUE TO THE FACT THAT THE ROAD SURFACE WAS VERY SLIPPERY. I COLLIDED ONTO THE REAR BUMPER OF THE VEHICLE INFRONT OF ME. THE RIGHT SIDE OF MY UPPER BODY WAS IN PAIN. IT WAS VERY DIFFICULT FOR ME TO LEAVE MY CAR. THERE WERE A FEW DRIVERS OUTSIDE EXCHANGING PARTICULARS. AFTER A FEW MINUTES, I MANAGED TO STEP OUT OF MY VEHICLE AND TAKE SOME PICTURES OF THE GENERAL SCENE INFRONT OF ME. THE DRIVER OF THE VEHICLE WHICH I COLLIDED INTO ASKED ME IF I WAS OKAY. I RESPONDED BY SAYING TO CALL THE AMBULANCE. WE BOTH EXCHANGED OUR PARTICULARS AFTER THAT. THE AMBULANCE ARRIVED AND CONVEYED ME TO THE HOSPITAL.

THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20210111/2032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210111/2032

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20210111/2032

4 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210111/2032

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: TP / MUHAMMAD MOINUR RAHMAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 2 DAVID YAP Contact No.: 96192349

Authentication Stamp
NP108

Signature Of Informant: 
Date/Time: 11/01/2021 11:27
Classification Of Case:

 SINGAPORE POLICE FORCE
Signature: 



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

Motor Private Car

MX1

R SN

AN0655A

Cov. Type:T

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, 1958 (Malaysia)

CERTIFICATE No.	DMPCSNW00129422001	Engine No.: 10296322032400 Cha. No.: WDB1240212B538641
1. Index Mark and Registration Number of Vehicle	SBQ8804G	
2. Name of Policy Holder	SEAH JUN HAO	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/10/2020	
4. Date of Expiry of Insurance	30/09/2021	
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.	
6. Limitations as to use:**	Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.	

* 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: ACER INSURANCE AGENCY
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200708384F)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

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