

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 21/01/2021 17:39 (SGT)
Date of Accident 20/01/2021 21:35 (SGT)
Exact Location of Accident 986D Buangkok Cres, Singapore 535986
Additional Location Information Entrance of 986D Buangkok Crescent
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGW4542Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Tan Hui Sim
NRIC No S1255808B
Email Address weiwah@singnet.com.sg
Mobile Phone No (Phone) +65-97105450
Alternative Phone No +65-97105450

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E250
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00009832100
Cover Note Number -

DRIVER

Name of Driver Tan Hui Sim
NRIC No S1255808B
Date Of Birth 06/12/1957
Occupation Outdoor

Date Of Driving Pass	12/02/1977
Driving experience	43 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97105450
Alt. Phone Number	+65-97105450
Email Address	weiwah@singnet.com.sg
Address	Blk 299A Compassvale Street #02-140
Address complement	-
Postcode	541299
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	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Tan Lay Hoon
Gender	Female

PASSENGER 2

Name	Tan Lay Hua
Gender	Female

PASSENGER 3

Name	Lim Kwee Huay
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan / police report no. T/20210121/2005

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	SHD777B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Mr Lim
Contact Number	(Phone) +65-96169633
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Taxi's Passenger
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD777B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT 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: 21 JAN 2021

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


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

SKETCH PLAN

Refer to attachment.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No = T/20210121/2005.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

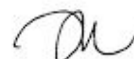
Date & Time:

21 JAN 2021

Driver's Signature

(If driver is not the policyholder)

Date & Time:

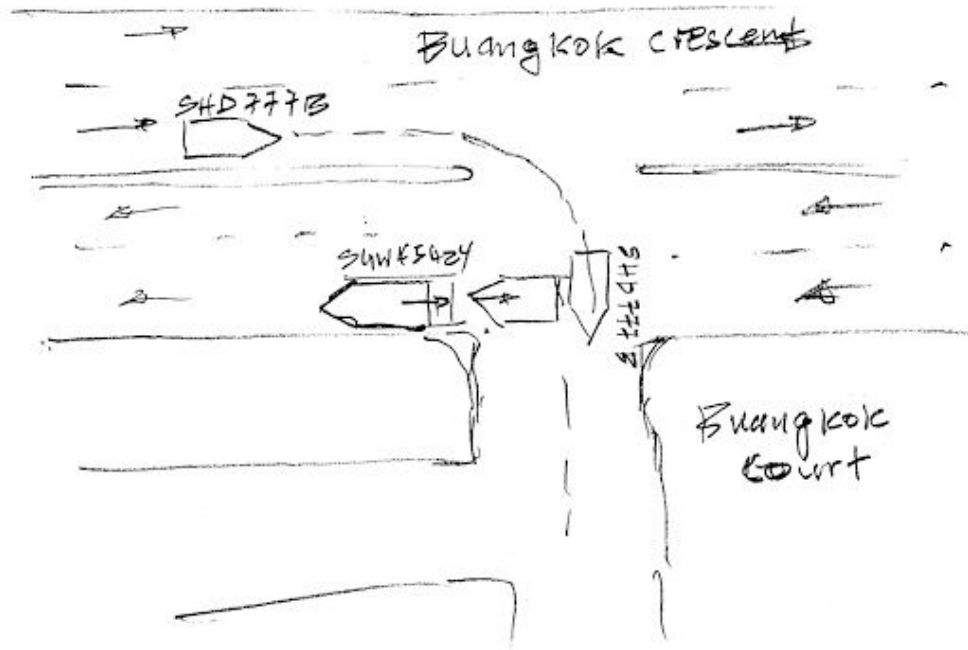


Reporting Centre Personnel's Signature

Name:

Jenny Lim

NRIC/FIN No.:













**SINGAPORE
POLICE FORCE**



T/20210121/2005

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4

Report No. T/20210121/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2021 00:46	Vide Report No.: F/20210120/0177	Station Diary No.: 13
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Informant's Particulars

Name of Informant: TAN HUI SIM	Address: APT BLK 299A COMPASSVALE STREET #02-140 SINGAPORE 541299		
ID Type / ID No.: NRIC NO / S1255808B	Contact No.:	Mobile: 97105450	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 63	Date of Birth: 06/12/1957	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: MANAGER	Driving Licence Information: Class: 3	Date of Expiry:	

General Information of the Accident

General Information: Of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/01/2021 21:35	Type of Location:
Location: BUANGKOK CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW4542Y	Car	MERCEDES BENZ	E 250CGI	Grey	Seriously Damaged	3
SHD777B	Car				Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGW4542Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000098 32100	15/01/2021	14/01/2022



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20210121/2005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN HUI SIM	ID No.	S1255808B
Related Vehicle	SGW4542Y (Car)	Contact No.	97105450
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	MR LIM	ID No.	NIL
Related Vehicle	NIL	Contact No.	96169633
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 20/1/2021 at about 9.35pm, I was driving my grey Mercedes SGW4542Y with three passengers at the carpark near 986D Buangkok Crescent.

I was actually looking for 985B but as I was not familiar with the area, my car overshot the entrance of the carpark at 986D.

I looked around my left and right and there was no oncoming vehicles. So I decided to reverse back in to the service road.

However it was at that time a taxi appeared also attempting to enter the same carpark entrance from the opposite side of the road.

As a result, the rear of my car collided into the front of the taxi (SHC777B) which has two passengers inside.

Both the ambulance and Traffic Police attended to us.

One of the taxi's passengers complained of pain to her head as her head had banged into the side window. Thus she was conveyed to the hospital.



**SINGAPORE
POLICE FORCE**



T/20210121/2005

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20210121/2005

CONTINUATION OF REPORT

No other party required any medical attention at that time.

Due to the accident, my car sustained a dislodged right side rear bumper while both the taxi's right side doors were dented.

The Traffic Police officer went on to seize the taxi driver's dashcam memory card and also advised me to lodge a report under TP IO Alex (tel: 65476083).



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : SL03211L0004 Vehicle Registration No: SGW 4542T
Name (as shown in NRIC) : Tan Hui Sim NRIC/FIN/Passport No : SXXXX808B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 299A Compassvale St #02-140 Singapore 541299
Contact (Tel) : _____ Mobile No. : 9710 5450
Email Address : _____
Date of Accident : 20/01/2021 Time of Accident : 21:35 hours
Place of Accident : 986D Buangkok Crescent entrance
Insurance Company: China Taiping Insurance (Singapore) Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend vehicle no. SGW 4542Y.

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Jenny Lim
NRIC/FIN No.: _____
Date: 27 JAN 2021

GIARMC addendum form_V2



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

Motor Private Car

MX1E

N SN

AN0044A

Cov. Type:C

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.	DMPCSNW00009832100	Engine No.: 27186030006177 Cha. No.: WDD2120472A088629
1. Index Mark and Registration Number of Vehicle	SGW4542Y	AUTOSAFE *****
2. Name of Policy Holder	TAN HUI SIM	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15/01/2021 (00.00.00)	Named Drivers Ex Sect. I \$S750.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25 \$S3,000.00 Ex Sect. I - Age >= 26 \$S500.00 * Age as at date of accident EX ON WINDSCREEN \$S100.00
4. Date of Expiry of Insurance	14/01/2022	
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.
Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first \$S1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

* 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: CHOO WOON YIT
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.cntaiping.com