

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	11/03/2021 17:18 (SGT)
Date of Accident	10/03/2021 17:00 (SGT)
Exact Location of Accident	264 Serangoon Central, Singapore 550264
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH4719M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	G2 AUTO
Company Reg No	5XXXX398X
Email Address	g2auto@hotmail.com
Mobile Phone No	(Phone) +65-85001019
Alternative Phone No	+65-85001019

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?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00090592000
Cover Note Number	-

DRIVER

Name of Driver	SIM HUI HENG KENNETH
NRIC No	SXXXX802Z
Date Of Birth	18/11/1980
Occupation	Indoor

Date Of Driving Pass	22/05/2008
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85001019
Alt. Phone Number	-
Email Address	kenneth.sim18@gmail.com
Address	BLK 12 TECK WHYE LANE #14-218
Address complement	-
Postcode	680012
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
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 AND POLICE REPORT T/20210311/7023

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK3238E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

SKETCH PLAN

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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.
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

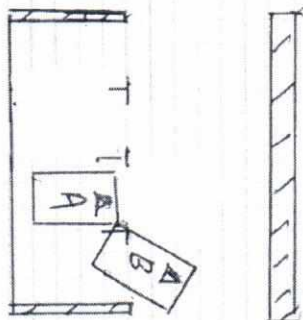
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



VA = SMH 4719 M

VB = GBK 3238 E

Braddell Heights Community Hub,
open carpark

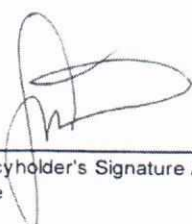
Describe Circumstances of the Accident

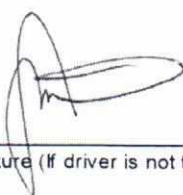
On the stated date and time, I vehicle 'A' was parked at a parking lot on the stated venue. My vehicle was stationary and I have make sure my vehicle was parked within the parking lot before I left. When I came back to my vehicle and realized that my vehicle front right portion was damage. Hence, I checked my vehicle camera and realized that vehicle 'B' was collided against my vehicle front right portion. I wish to highlight that I was not in the car but my son was stay in the car when accident happened.


Police Report 7/20210311/7023

Declaration

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

 11/03/2021
Witnessed by Reporting Centre Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

***If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 10/03/2021 (dd/mm/yy) Time of Accident: 17 : 00 (24-HR-FORMAT)
Vehicle No.: SMH 4719 M Vehicle Make & Model / Engine (cc): MERC BENZ E250 1991 cc Private Hire: (Y / N)
Exact location of Accident: Braddell Heights Community Hub, open carpark
Policyholder's Name / IC No.: G2 AUTO 53359398X
Driver's Name / IC No.: SIM HUI HENG KENNETH S8036802Z (As Above) ☐
Driver's Contact No.: 8500 1019 Company Contact No / Owner Contact No: 8500 1019
Driver's Address: BLK 12 TECK WHYE LANE #14-218 S680012
Owner Email address: G2auto@hotmail.com Insurance Company: China Taiping
Driver Email address: kenneth.sim18@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Employee

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor/ ☐ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** 1

***Passanger Name:** Ian Sim

Gender: Male

***Passanger Name:** _____

Gender: _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBK 3238 E

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

***Independent Witness (If Any):** _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



SINGAPORE POLICE FORCE



T/20210311/7023

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

1 of 3

Report No. T/20210311/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2021 16:38	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SIM HUI HENG KENNETH			Address: 12 TECK WHYE LANE #14-218 SINGAPORE 680012		
ID Type / ID No.: NRIC NO / S8036802Z			Contact No.: Home/Office: Mobile: 85001019		
Nationality: SINGAPORE CITIZEN			Email: kenneth.sim18@gmail.com		
Sex: Male	Age: 40	Date of Birth: 18/11/1980	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: BROKER			Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/03/2021 17:00	Type of Location: Car Park
Location: SERANGOON CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK3238E	Van					0
SMH4719M	Car					0

Details of Person Involved

Any Pedestrian Involved: No



**SINGAPORE
POLICE FORCE**



T/20210311/7023

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

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Report No. T/20210311/7023

CONTINUATION OF REPORT

Driver				
Name	SIM HUI HENG KENNETH		ID No.	S8036802Z
Related Vehicle	SMH4719M (Car)		Contact No.	85001019
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

ON 10/03/2021 AROUND 1700HRS, I SMH 4719 M WAS PARKED AT A PARKING LOT AT BRADDELL HEIGHTS COMMUNITY HUB, OPEN CAR PARK. MY VEHICLE WAS STATIONARY AND I HAVE MAKE SURE MY VEHICLE WAS PARKED WITHIN THE PARKING LOT BEFORE I LEFT. WHEN I CAME BACK TO MY VEHICLE AND REALIZED THAT MY VEHICLE FRONT RIGHT PORTION WAS DAMAGE. HENCE, I CHECKED MY VEHICLE CAMERA AND REALIZED THAT GBK 3238 E WAS COLLIDED AGAINST MY VEHICLE FRONT RIGHT PORTION. I WISH TO HIGHLIGHT THAT I WAS NOT IN THE CAR BUT MY SON WAS STAY IN THE CAR WHEN ACCIDENT HAPPENED. GBK 3238 E WAS NOT LEFT DOWN ANY PARTICULAR TO ME.



**SINGAPORE
POLICE FORCE**

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



T/20210311/7023

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Report No. T/20210311/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
11/03/2021 16:38

Classification Of Case:



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 Private Car

MX4E

N SN

AN0214A

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.

DMPCSNW00090592000

Engine No.: 27492030174518

Cha. No.: WDD2120362B005556

1. Index Mark and Registration
Number of Vehicle

SMH4719M

AUTOSAFE
=====

2. Name of Policy Holder

G2 AUTO

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

24/07/2020

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

01/07/2021

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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 S\$1,000 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: SC ALLIANCE 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.cntaiping.com

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN1821380004 Vehicle Registration No: SMH 4719M
Name (as shown in NRIC): Sim Hui Hui Kenneth NRIC/FIN/Passport No: Sxxxx 0022
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 85001019

Email Address: _____

Date of Accident: 10/03/2021 Time of Accident: 17:00

Place of Accident: BRADRELL HEIGHTS COMMUNITY CLUB

Insurance Company: CHINA IMPACT

(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 Put ACCIDENT LOCATION

Policyholder / Driver's Signature
Date:

 11/03/2021
Reporting Centre Personnel's Signature
Name: