

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	16/03/2021 17:37 (SGT)
Date of Accident	15/03/2021 13:20 (SGT)
Exact Location of Accident	450 Ang Mo Kio Ave 10, Block 450, Singapore 560450
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK2450E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	POH SOO MEI
NRIC No	SXXXX891A
Email Address	xdetox32@gmail.com
Mobile Phone No	(Phone) +65-97980883
Alternative Phone No	+65-97680883

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	DMPCSNW00098902000
Cover Note Number	-

DRIVER

Name of Driver	LAU KIM SUA @ KIM SUA
NRIC No	SXXXX952D
Date Of Birth	15/06/1960
Occupation	Outdoor

Date Of Driving Pass	17/09/1984
Driving experience	36 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97680883
Alt. Phone Number	-
Email Address	xdetox32@gmail.com
Address	BLK 417 ANG MO KIO AVENUE 10 #08-1015
Address complement	-
Postcode	560417
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Head on collision
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?	No
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 POLICE REPORT T/20210316/7011

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	SGA3800A
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO CHEOW BENG
NRIC No	SXXXX745C

Contact Number	(Phone) +65-97890888
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LAU KIM SUA @ KIM SUA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGK2450E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' law yers/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;

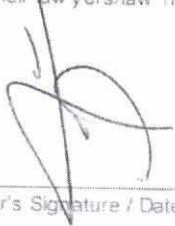
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

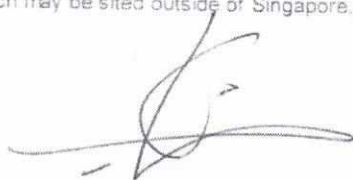
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

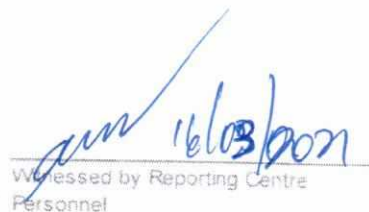
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

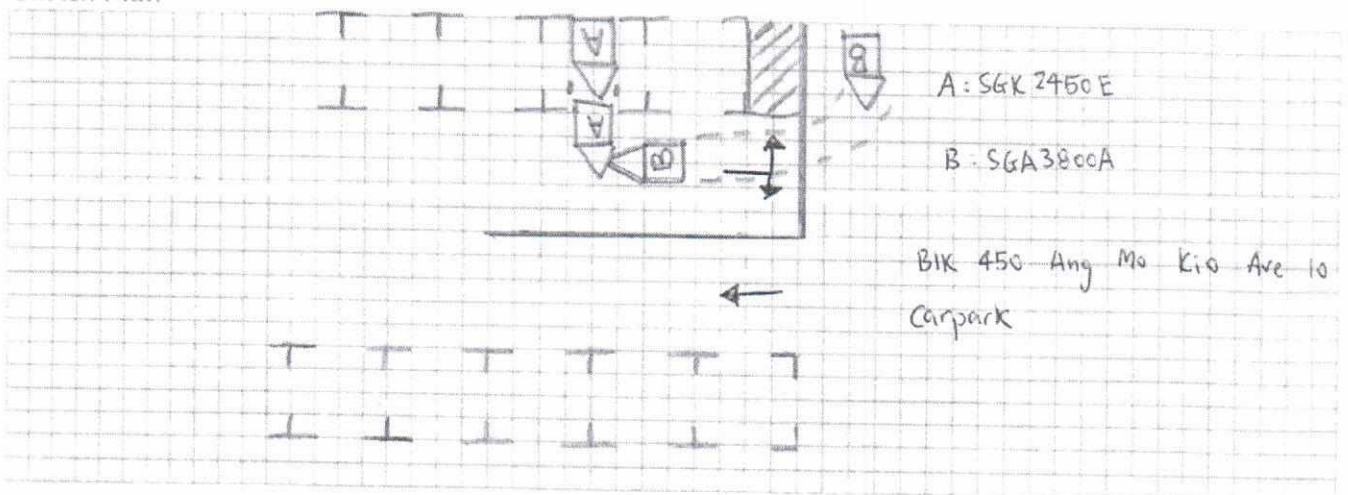


Driver's Signature (if driver is not the policyholder) / Date & Time



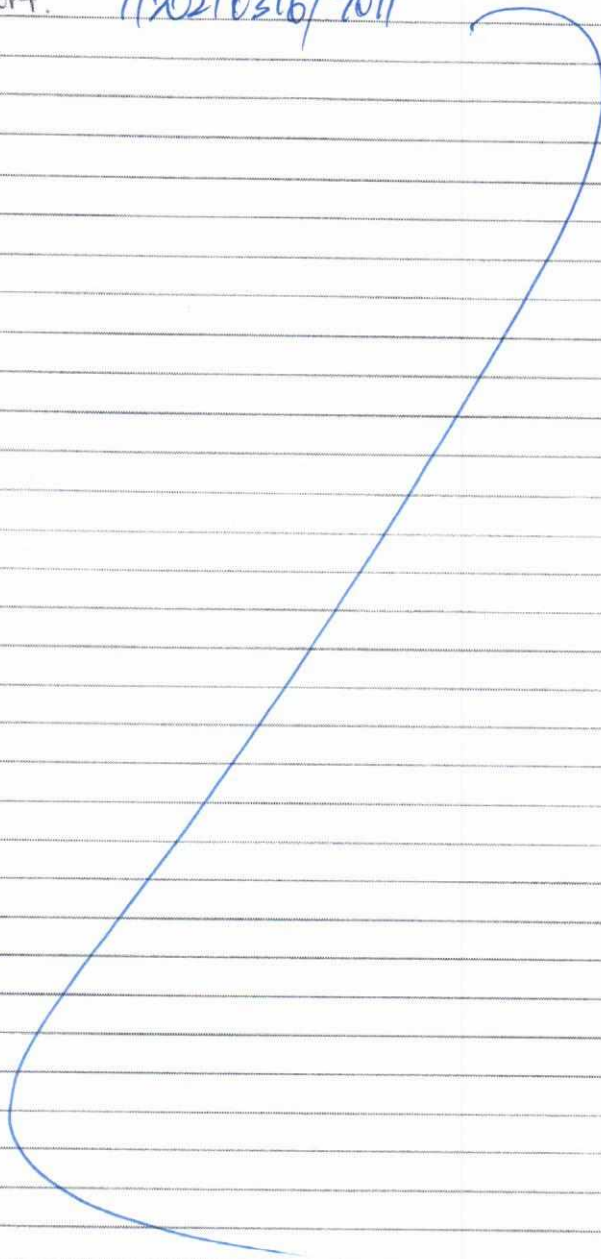
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report. 7/20210316/7011



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

Witnessed by Reporting Centre Personnel

Date of Accident : 15/03/2021 Accident Time: 1320 (24-HR-Format)
Accident Place : BIK 450 Ang Mo Kio Ave 10 Car park.
Vehicle No. (Car Plate No.) : SGK 2450E Make/Model: Toyota Altis.
Insurance Company : China Taiping Policy No: DMPCSNW00098902000
Owner or Company Name / IC No. : Poh Soo Mei 57112891A
Owner or Company Contact No. : 9798 0883 Owner's Hp Company Tel
DRIVER'S Name / IC No. : Lau Kim Sui @ Kim Sui S2634952D
DRIVER'S Date Of Birth : 15/06/1960 DRIVER'S License Pass Date 17/09/1994
Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others:
DRIVER'S Address : BIK 417 Ang Mo Kio Ave 10 #08-1015 S(560417)
DRIVER'S Contact No / Alt No. : 1) 9768 0883 2)
DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address : xdetox32@gmail.com
Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance
Number of Passengers (Including Driver): 01
Was there any video Captured by car camera: YES / NO
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose
Any Injury (If YES, Pls state): ~~Lau~~ Lau Kim Sui @ Kim Sui

Other Party Driver's Particular (if any)

Vehicle No: SGA 3800A	Vehicle No: _____
Vehicle Make/Model: BMW	Vehicle Make/Model: _____
Name Driver: Teo Cheow Beng	Name Driver: _____
IC No. Driver/Contact: S1250745C / 9789 0888	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



**SINGAPORE
POLICE FORCE**



T/20210316/7011

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

1 of 3

Report No. T/20210316/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2021 13:23		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LAU KIM SUA			Address: 417 ANG MO KIO AVENUE 10 #08-1015 SINGAPORE 560417		
ID Type / ID No.: NRIC NO / S2634952D			Contact No.: Home/Office: Mobile: 97680883		
Nationality: SINGAPORE CITIZEN			Email: SUNHUP88@GMAIL.COM		
Sex: Male	Age: 60	Date of Birth: 15/06/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Construction			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/03/2021 13:20	Type of Location: Car Park
Location: ANG MO KIO AVENUE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGA3800A	Car	BMW		Black	Slightly Damaged	0
SGK2450E	Car	TOYOTA	ALTIS	Silver	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210316/7011

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

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Report No. T/20210316/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO CHEOW BENG	ID No.	S1250745C
Related Vehicle	SGA3800A (Car)	Contact No.	97980888
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LAU KIM SUA	ID No.	S2634952D
Related Vehicle	SGK2450E (Car)	Contact No.	97680883
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	16/03/2021	Date	16/03/2021
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

ON THE ABOVE STATED DATE AND TIME , MY VEHICLE WAS PARKED AT BLK 450 ANG MO KIO AVE 10 CARPARK .

I WAS ABOUT TO EXIT FROM MY PARKING LOT WHEN SUDDENLY VEHICLE SGA3800A CAME IN TO MY LANE FROM THE OTHER EXIT LANE AND COLLIDED ON TO MY VEHICLE FRONT LEFT PORTION .

I THEN ALIGHTED AND TOOK THE ACCIDENT SCENE PHOTOS AND THEN EXCHANGED PARTICULAR WITH THE OTHER DRIVER .

THE NEXT DAY I THEN PORCCEDED TO HEALTHPLUS CLINIC & SURGERY TO CONSULT A DOCTOR AND RECIEVED 04 DAYS MC FROM 16/03/2021 TO 19/03/2021.

I AM MAKING THIS REPORT FOR MEDICAL AND INSURANCE PURPOSES .

I WOULD ALSO LIKE TO STATED THAT VEHICLE SGA3800A WAS ON THE OPPOSITE LANE .



**SINGAPORE
POLICE FORCE**



T/20210316/7011

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

3 of 3

Report No. T/20210316/7011

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

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

Date/Time:
16/03/2021 13:23

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

MX1

N SN

AN0574A

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, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00098902000

Engine No.: 3ZZ4591487

Cha. No.:MR053ZEC107127407

1 Index Mark and Registration
Number of Vehicle

SGK2450E

2 Name of Policy Holder

POH SOO MEI

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

03/08/2020
(12:22:14)

4 Date of Expiry of Insurance

02/08/2021

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.

HIRE PURCHASE CO. : TOKYO CENTURY LEASING (S) PTE LTD

* 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: GAC GI 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