



## 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	06/05/2021 17:17 (SGT)
Date of Accident	04/05/2021 14:00 (SGT)
Exact Location of Accident	7 Kaki Bukit Rd 1, Singapore 415937
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK7443C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SG LEASING PTE LTD
Company Reg No	-
Email Address	SGLEASING@OUTLOOK.COM
Mobile Phone No	(Phone) +65-84211426
Alternative Phone No	+65-84211426

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00115142000
Cover Note Number	-

### DRIVER

Name of Driver	TOH CHEE TIONG
NRIC No	SXXXX885I

Date Of Birth	04/06/1983
Occupation	Outdoor
Date Of Driving Pass	28/02/2014
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97797584
Alt. Phone Number	-
Email Address	JIMMYTOHTCH21@GMAIL.COM
Address	BLK 829 YISHUN STREET 81 #04-498
Address complement	-
Postcode	760829
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH DRIVER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS7625Y
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)	-

**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 : SN0921560007-01 Vehicle Registration No: GBK7443C  
Name (as shown in NRIC) : Toh Chee Tiong NRIC/FIN/Passport No : SXXXX8851  
(\*Vehicle Driver/ Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97797584  
Email Address : \_\_\_\_\_  
Date of Accident : 4/5/21 Time of Accident : 14:00  
Place of Accident : 7 hah. bahit road  
Insurance Company: China taiping

### (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:

Date of birth

Policyholder / Driver's Signature  
Date:

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

**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 : SN0921560007 Vehicle Registration No: GBK 7443C  
Name(as shown in NRIC) : TOH CHEE TION G NRIC/FIN/Passport No : SKXXX8851  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 84211426  
Email Address : S6leasing@outlook.com  
Date of Accident : 4/5/21 Time of Accident : 1400  
Place of Accident : 7 haki bahit rd  
Insurance Company: China tai ping

### (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:

driver licence pass date  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

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

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.

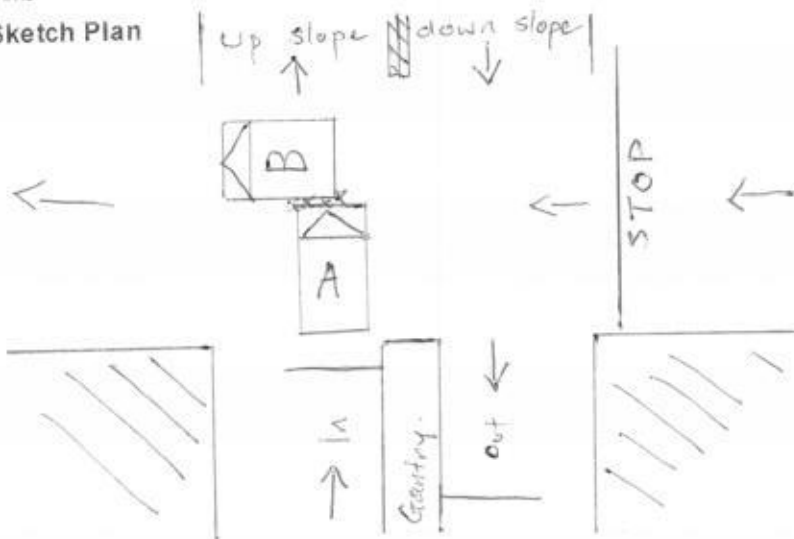


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A: GBK7443C

B: SM87625Y

Eunos Technolink building



### Describe Circumstances of the Accident

On 04/05/2021 at about 14:00 hrs, I was driving my vehicle (GBK7443C) entering into Eunos TechnoLink building. After entering the building, I saw vehicle B (SMS76254) driving very fast pass the stop line and did not stop. I immediately applied my brakes but it was too fast for me to react and ~~the~~ vehicle B ~~was~~ collided into the front portion of my vehicle.

### 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



VEHICLE NO:	GBK7443C		MAKE & MODEL:	Toyota Hiace		AUTO / MANUAL
DATE OF ACCIDENT:	04/05/2021					CC: 3.0
TIME OF ACCIDENT:	14:00 HRS					
LOCATION OF ACCIDENT:	Eonas Technolink building.					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	SG Leasing Pte Ltd.					
TEL NO:	H/P: 84211426		OFFICE:			HOME:
NRIC:	201317520E					
ADDRESS:	15 Yishun Industrial St 1, #01-08 WINS S(768091)					
EMAIL:	Sgleasing@outlook.com					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO?					
INSURANCE COMPANY:	China Taiping.					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	DMCVSNW00115142000					
NAME OF DRIVER:	AS ABOVE / IF NO: Toh Chee Tiong					
NRIC:	S8315885I		ANY PASSENGER:	NO		
DATE OF BIRTH:	04/06/1983		LICENCE PASSED DATE:	28/02/2014		
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P: 97797584		OFFICE:			HOME:
ADDRESS:	Blk 829 Yishun St 81 #04-498 S(460829).					
EMAIL:	Jimmytohtch21@gmail.com					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:					INSURER:
RELATIONSHIP:	Hiree.					
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:	Toh Chee Tiong, 97797584.					
NAME & CONTACT:						
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	SM376254		ANY PASSENGERS:	NO		
NAME OF DRIVER:	Doreen Teoh Ewe Ming		CONTACT NO:	98570567		
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:	-		
WAS THERE ANY VIDEO CAPTURE?	YES / NO					
WAS THERE ANY AUDIO RECORDED?	YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	Front Portion.					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?			YES / NO			
WORKSHOP PARTICULAR:	N51 Automotive					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Luanol.					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					



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 Commercial

MZ407/C

N SN

AN0663A

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.

DMCVSNW00115142000

Engine No.: 1KDB047407

Cha. No.: JTFHT02P500250670

1. Index Mark and Registration  
Number of Vehicle

GBK7443C

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

SG LEASING PTE. LTD.

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

20/11/2020  
(00:00:00)

Excess Sect. I : S\$1,500.00

Excess Sect. II : S\$1,500.00

4. Date of Expiry of Insurance

19/11/2021

EX ON WINDSCREEN : S\$100.00

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use\*

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO. : MAYBANK SINGAPORE LIMITED

\* 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

Issued By:

SGML PTE LTD

Authorised Officer



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

*杨亚美*

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

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