



## 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	17/05/2021 18:25 (SGT)
Date of Accident	15/05/2021 00:30 (SGT)
Exact Location of Accident	Pasir Ris, Singapore
Additional Location Information	INTERSECTION ST 11 & ST 13
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4269Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AURORA CA RENTAL & LEASING SINGAPORE PTE LTD
Company Reg No	2XXXXX185K
Email Address	RICHARDYEO_1980@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90229995
Alternative Phone No	+65-90229995

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00003462000
Cover Note Number	-

#### DRIVER

Name of Driver	CASPER CHUA YU XUN
NRIC No	SXXXX524E

Date Of Birth	16/02/1994
Occupation	Outdoor
Date Of Driving Pass	23/05/2018
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-93369662
Alt. Phone Number	-
Email Address	CASPERCHUA@HOTMAIL.COM
Address	BLK 129 PASIR RIS ST 11
Address complement	#03-303
Postcode	510129
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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	FBQ6907G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	FIRDAUS
Contact Number	(Phone) +65-91144241
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 CASPER CHUA YU XUN  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained SLIGHT  
Injured person in which vehicle? SJN4269Z  
Were seat belts worn? Yes  
Was this injured conveyed to hospital by ambulance? No

### WITNESS DETAILS

#### WITNESS 1

Name ALISYA  
Phone (Phone) +65-90721062  
Email -

#### WITNESS 2

Name ALFRED  
Phone (Phone) +65-94506086  
Email -

#### WITNESS 3

Name SHAWN  
Phone (Phone) +65-91746896  
Email -

## 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' 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.

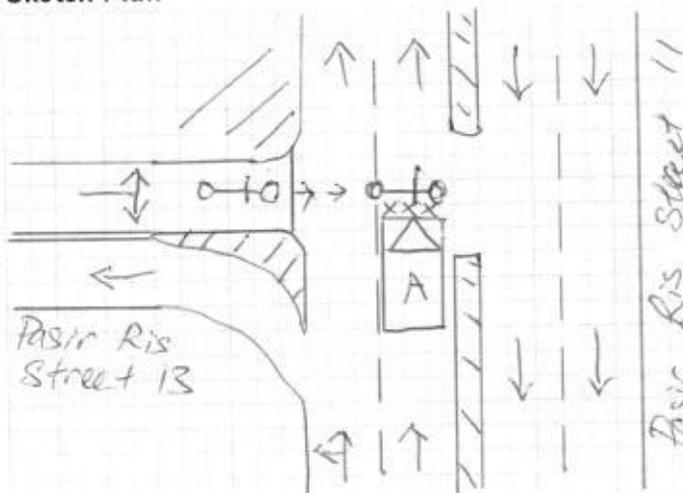


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### **Sketch Plan**



A: SJN4269Z

B: FBQ6907G

**Describe Circumstances of the Accident**

On 15/05/2021 at about 00:30 hrs, i was driving my vehicle (SON4269Z) travelling straight along Pasir Ris street 11 on the right lane. As i was approaching the intersection between Pasir Ris St 11 and Pasir ris st 13, vehicle B (#FBQ6907G) did not stop at the stop line and wanted to turn right to pasir ris street 11 from pasir ris street 13. Upon seeing it, i applied my emergency brake as it was too sudden, our vehicle collided. Upon collision, the rider flew on to my windscreen and roll to the right side of my vehicle. After alighting the vehicle, vehicle B rider kept apologizing to me and insist not to call the ambulance. The rider sat at the side and rested while i called the ambulance. Nobody was conveyed to the hospital and we were told to settle the issue through insurance. There were two witnesses that saw the accident and render assistance to the rider. After that, there was a witness that saw the whole accident scene from Block 180 just beside the intersection and told me that he can be my witness to the accident

Witness details

- Alisya - 90721062
- Alfred - 94506086
- Shawn - 91746896.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 17/05/21

Witnessed by Reporting Centre Personnel

VEHICLE NO:	SJN4269Z		MAKE & MODEL:	Hyundai Avante	AUTO / MANUAL
DATE OF ACCIDENT:	15/05/2021		CC:	1.6	
TIME OF ACCIDENT:	00:30 HRS				
LOCATION OF ACCIDENT:	Inter-section between Pasir Ris St 11 & 13				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	Aurora Car Rental & Leasing Singapore Pte Ltd				
TEL NO:	H/P: 90229995		OFFICE:	HOME:	
NRIC:	201914185K				
ADDRESS:	10 Ubi Crescent #05-60 S(408564)				
EMAIL:	Richard.yeo_1980@yahoo.com.sg				
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:	DMHCSNA00003462000				
NAME OF DRIVER:	AS ABOVE / IF NO: Casper Chua Yu Xun				
NRIC:	S9405524E		ANY PASSENGER:	NO	
DATE OF BIRTH:	16/02/1994		LICENCE PASSED DATE:	23/05/2018	
OCCUPATION:	OUTDOOR / INDOOR				
GENDER:	MALE / FEMALE				
CONTACT NO:	H/P: 93369662		OFFICE:	HOME:	
ADDRESS:	Casper chua@hotmail.com				
EMAIL:	B1K 129 Pasir Ris Street 11 #03-303 S(510129)				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Hirer				
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	DRY / WET / OTHER:				
ANY INJURIES:	NO / IF YES, WHO?				
NAME & CONTACT:	Casper Chua Yu Xun, 93369662				
NAME & CONTACT:					
POLICE REPORT:	NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?				
VEHICLE B REG NO:	FBQ6907G		ANY PASSENGERS:	NO	
NAME OF DRIVER:	Firdaus		CONTACT NO:	91144241	
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:	Alisya / Alfred / Shawn		WITNESS CONTACT:	90721062 / 94506086 / 91746896	
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:	N-51 Automotive				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Kenard				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

Motor Hire Car

MZ407

E SN

AN0008A

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, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA0003462000

Engine No.: G4FC9U596193

Cha. No.: KMHDU41BR9U679633

1. Index Mark and Registration  
Number of Vehicle

SJN4269Z

2. Name of Policy Holder

AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD

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

30/05/2020

Excess Sect. II

S\$2,000.00

Excess Sect. II (Outside Singapore).

S\$4,000.00

4. Date of Expiry of Insurance

29/05/2021

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

Any employee or any person who is driving with 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.\*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes.

The Policy does not cover

- (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.

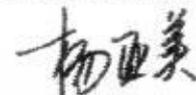
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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: .....  
Ho Li Hwa Irene  
Authorised Officer



.....  
Authorised Signatory