

# 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 17:37 (SGT)
Date of Accident .....	13/05/2021 13:40 (SGT)
Exact Location of Accident .....	Yio Chu Kang, Singapore
Additional Location Information .....	Yio Chu Kang toward Hougang (traffic junction near Greenwich V Mall)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLZ260L

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	HYMS Car Leasing Pte Ltd
Company Reg No .....	201320561K
Email Address .....	hyms@live.com.sg
Mobile Phone No .....	(Phone) +65-96398319
Alternative Phone No .....	(Office) +65-64515752

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
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? .....	Yes
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMHCSNA00004942001
Cover Note Number .....	-

### DRIVER

Name of Driver ..... Elvin Ling Hong Weng

NRIC No .....	S8378812G
Date Of Birth .....	08/03/1983
Occupation .....	Outdoor
Date Of Driving Pass .....	22/09/2007
Driving experience .....	13 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96398319
Alt. Phone Number .....	-
Email Address .....	elvin@recruitflash.com
Address .....	620 Hougang Avenue 8 #10-268
Address complement .....	-
Postcode .....	530620
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 .....	Collision - Head to Rear
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) .....	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 .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan / police report no: F/20210513/7011

#### 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 .....	Unknown
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Taxi
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) .....	-

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	Elvin Ling Hong Weng
Address .....	620 Hougang Avenue 8 #10-268
Address Complement .....	-
Post Code .....	530620
Approximate Age Years Old .....	38
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLZ260L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

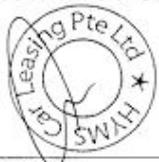
**SKETCH PLAN****IMPORTANT NOTICE**

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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.
- (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: 17 MAY 2021

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 17 MAY 2021

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















**SINGAPORE  
POLICE FORCE**



F/20210513/7011

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## POLICE REPORT (NP299)

Report No. F/20210513/7011

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 13/05/2021 09:49	Vide Report No.	Station Diary No.
Name Of Informant ELVIN LING HONG WENG	Address 620 HOUGANG AVENUE 8 #10-268 SINGAPORE 530620	
ID Type / ID No. NRIC NO / S8378812G	Contact No. Home/Office:	Mobile: 96398319
Nationality SINGAPORE CITIZEN	Email Address ELVINLING@GMAIL.COM	
Occupation Private Hire Driver	Sex Male	Age 38
Institution/School Name	Date of Birth 08/03/1983	Race Chinese
Date/Time Of Incident 13/05/2021 01:40 - 13/05/2021 01:55	Location Of Incident 620 HOUGANG AVENUE 8 #10-268 SINGAPORE 530620	

Brief details.

I was driving along Yio Chu Kang Road towards Hougang (traffic junction near to Greenwich V Mall), and I crashed into a SMRT taxi.

My car is a Silver Honda Shuttle, the vehicle plate number is SLZ260L.

I sustained Chest and Neck injuries, hence was convey to Sengkang General Hospital.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/05/2021 09:49
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



F/20210513/7011

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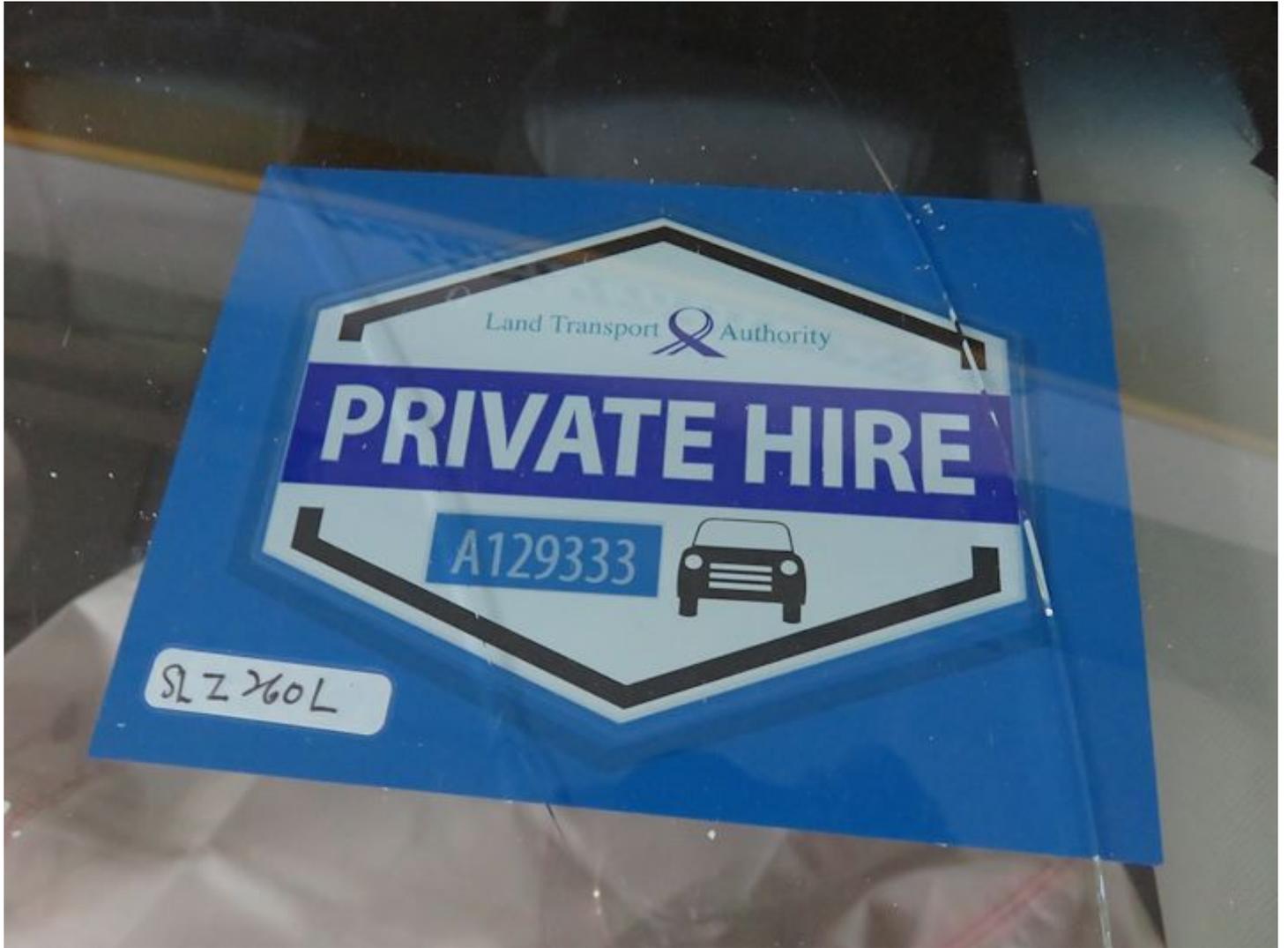
POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210513/7011

I was discharged at around 5.46am.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/05/2021 09:49
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





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 Hire Car

MZ406L/B

R SN

AN0498A

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.	DMHCSNA00004942001	Engine No.: LEB6549482 Cha. No.: GP71207721
1. Index Mark and Registration Number of Vehicle	SLZ260L	AUTOSAFE *****
2. Name of Policy Holder	HYMS CAR LEASING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	31/07/2020	Excess Sect I,      \$S2,000.00 Excess Sect. I (Outside Singapore)      \$S4,000.00 Excess Sect. II      \$S1,500.00
4. Date of Expiry of Insurance	30/07/2021	Excess Sect II (Outside Singapore),      \$S3,000.00 EX ON WINDSCREEN,      \$S100.00
5. Persons or Classes of Persons entitled to drive* As per Named Driver(s) stated below. 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 and business purposes of any person to whom the vehicle is hired.  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: Tan Jia Hwei  
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

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