

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 17:06 (SGT)
Date of Accident	14/05/2021 14:40 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7878L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN GHIM CHUAN
NRIC No	SXXXX795Z
Email Address	MD@THEBUILDERS.COM.SG
Mobile Phone No	(Phone) +65-84847878
Alternative Phone No	+65-84847878

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Pajero
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
Transmission	Auto
CC	3828

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMPCSWW00126542000
Cover Note Number	-

DRIVER

Name of Driver	CHAN GHIM CHUAN
NRIC No	SXXXX795Z

Date Of Birth	04/06/1978
Occupation	Indoor
Date Of Driving Pass	20/01/1996
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84847878
Alt. Phone Number	+65-84847878
Email Address	MD@THEBUILDERS.COM.SG
Address	BLK 172 LOR TOA PAYOH #09-1154
Address complement	-
Postcode	310172
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SGX7878D
Insurance Company of Other Vehicle Owned by Driver	NTUC Income Insurance Co-operative Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

ON THE 14 TH MAY 2021 AT AROUND 1440 HRS WHILE TRAVELLING ALONG UPPER BUKIT TIMAH ROAD, I SLOW DOWN MY VEHICLE AND CAME TO A STOP AS THE VEHICLE IN FRONT OF ME CAME TO A STOP. SUDDENLY, I FEEL AN IMPACT HITTING MY CAR FROM THE REAR. WHEN I CAME OUT OF MY VEHICLE, I REALISED THE CAR BEHIND ME HIT ONTO THE REAR OF MY VEHICLE. THERE WA A TOTAL OF 3 VEHICLES INVOLVED CAUSING A CHAIN COLLISION.

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	SMH9961X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG AI LENG
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC8733B
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)	-



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1

N EN

ANC642A

Car Type F

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 169)
Motor Vehicles (Third Party Risks and Compensation) Rules 1989
Road Transport Act 1987 (Malaysia)
Code Number: 07 (Private Motor Car, Singapore)

CERTIFICATE No.	DMPC5H/00426640000	Engine No.	6C75TM271
		Chs. No.	JMALYV97W0J000108
1. Index Mark and Registration Number of Vehicle	SLPT67SL		
2. Name of Policyholder	CHANG H M CHUAN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (Date of Issue or Expiry)	11/02/2020 (15:24:55)		
4. Date of Expiry of Insurance	10/02/2021		
5. Persons on whose behalf the policy is issued: (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 regulation 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 or business or for racing, speed testing, the carriage of goods or other than transport of passengers with any trade or business or use for any purpose in connection with the Motor Trade.			

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 169) and Section 86 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia)

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Signed By: INSURANCE AGENTS PTE LTD
Authorized Officer

Authorized Signatory

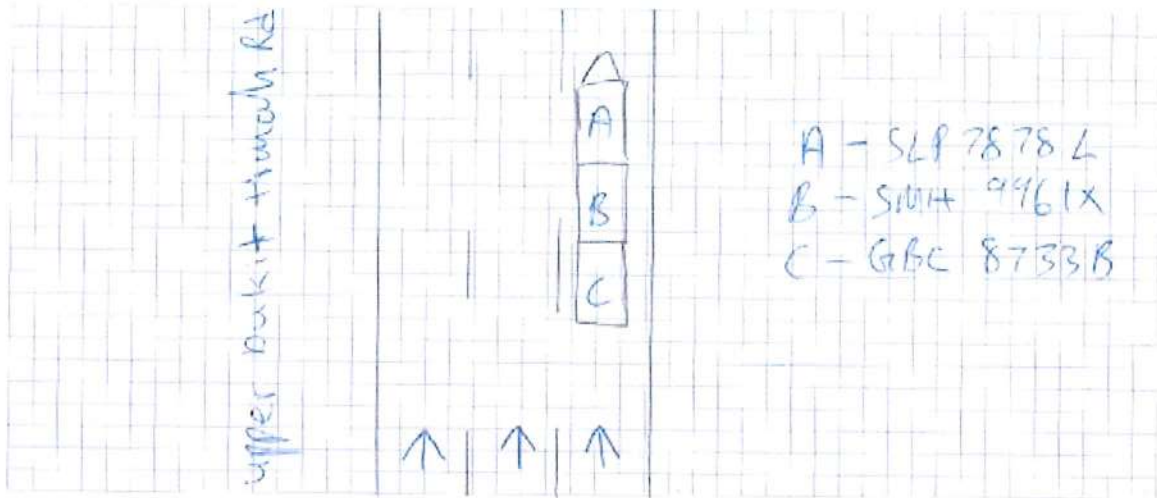
China Taiping Insurance (Singapore) Pte. Ltd. (INC. Reg. No. 200208384F)
3 Anson Road # 6.00 Sunlight Tower Singapore 079909

S: 6389 6111

F: 6222 1033

www.sg.cntaiping.com

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 14th May 2021 at around 1440 hrs while travelling along Upper Bukit Timah Road, I slow down my vehicle and came to a stop as the vehicle in front of me came to a stop. Suddenly, I feel an impact hitting my car from the rear. When I came out of my vehicle, I realised the car behind me hit onto the rear of my vehicle. There was a total of 3 vehicles involved causing a chain collision.

DECLARATION

I/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:

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

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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.
- (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:

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

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











