

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	22/07/2021 15:17 (SGT)
Date of Accident	21/07/2021 10:20 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	JUNCTION WITH HOUGANG CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX2590T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LEASE2OWN.SG
Company Reg No	5XXXX207C
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-90271916
Alternative Phone No	+65-90271916

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180k
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	Commercial vehicle
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	DMPCSNW00106892101
Cover Note Number	-

DRIVER

Name of Driver	SIVA KUMAR S/O PANEER SELVAM
NRIC No	SXXXX165D

Date Of Birth	15/03/1981
Occupation	Indoor
Date Of Driving Pass	20/05/2009
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90271916
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	BLK 308C ANCHORVALE ROAD #02-32
Address complement	-
Postcode	543308
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	Chain 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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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/20210721/7035

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	SHC6931M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	KWEK TIAN LYE
NRIC No	SXXXX514H
Contact Number	(Phone) +65-82827610
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	YL9801L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHEN QIUHAO
NRIC No	SXXXX982J
Contact Number	(Phone) +65-97489701
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	SIVA KUMAR S/O PANEER SELVAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKX2590T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

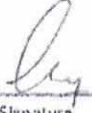
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established 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 lodgment 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.
- (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: 

SKETCH PLAN

Sketch plan area with grid lines. Handwritten notes on the right side of the grid:

A: SKX-25907
 B: SHC 693 M
 C: Y64901L

Handwritten text at the bottom of the grid: "UPPER SECTION 100m"

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20210721/7085

Large empty rectangular area for describing the circumstances of the accident, with horizontal lines for writing.

DECLARATION

(We declare that the following 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/ID No.:

Handwritten signature and date: 22/07/2021

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 21 / 07 / 2021 (dd/mm/yy) Time of Accident: 10 : 45 (24-HR-FORMAT)
Vehicle No.: SKX2590T Vehicle Make & Model: MERCEDES C180K
*Transmission : ☐ Manual ☒ Auto *C.c : 1500
Exact location of Accident: UPPER SERANGOON ROAD JUNCTION WITH HOUGANG CENTRAL
Policyholder's Name: LEASE2OWN.SG NRIC/FIN/REG No.: 53387207C
*Policyholder's email address : REPORTING@MYCAR.SG
Driver's Name: SIVA KUMAR S/O PANEER SELVAM NRIC/FIN/REG No.: S8108165D
*Driver's email address : REPORTING@MYCAR.SG
Driver's Contact No.: 90271916 Company Contact No (If any): _____
Date of birth: 15/03/1981 Driving Pass Date: 20/05/2009
Driver's Address: BLK 308C ANCHORVALE ROAD, #02-32, SINGAPORE (543308)
Insurance Company: CHINA TAIPING
Policy No.: DMPCSNW00106892101 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please CIRCLE one only)
Owner /Spouse / Children / Friend / Parents / Sibling / Relative / Employee Hire or Others specify: _____
What do you wish to claim? (Please TICK one only)
☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
Type of Accident
☒ Chain Collision ☐ Head To Rear ☐ Side Swipe ☐ Other _____
Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver): 1
*Passenger Name: _____ Gender: Male / Female
*Passenger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? ☐ Yes ☒ No
Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person' Name: SIVA KUMAR S/O PANEER SELVAM
Injuries Sustain : BODY Injured Person in Which Vehicle: SKX2590T
Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: TRAFFIC POLICE

The Other Party (S) Details:

1. Driver's Name / IC No: KWEK TIAN LYE S0126514H Vehicle No: SHC6931M
Driver's Contact No: 82827610 Insurance Company : _____
2. Driver's Name / IC No (If Any): CHEN QIUHAO S7929982J Vehicle No: YL9801L
Driver's Contact No: 97489701 Insurance Company : _____
*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681



**SINGAPORE
POLICE FORCE**



T/20210721/7035

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

1 of 3

Report No. T/20210721/7035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2021 18:00		Vide Report No.: F/20210721/0073		Station Diary No.:	
Informant's Particulars					
Name of Informant: SIVA KUMAR S/O PANEER SELVAM			Address: 308C ANCHORVALE ROAD #02-32 SINGAPORE 543308		
ID Type / ID No.: NRIC NO / S8108165D			Contact No.: Home/Office: Mobile: 90271916		
Nationality: SINGAPORE CITIZEN			Email: sivakumar30@gmail.com		
Sex: Male	Age: 40	Date of Birth: 15/03/1981	Type of Informant: Vehicle Owner		
Race: Indian			Language: English		Institution / School Name:
Occupation: Dorm inspector			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/07/2021 10:20	Type of Location: X-Junction
Location: UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKX2590T	Car	MERCEDES BENZ	C180 kompressor	White	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKX2590T	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	NA	01/08/2020	01/08/2021



**SINGAPORE
POLICE FORCE**



T/20210721/7035

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

2 of 3

Report No. T/20210721/7035

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	SIVA KUMAR S/O PANEER SELVAM	ID No.	S8108165D
Related Vehicle	NIL	Contact No.	90271916
Hospital/Clinic	18 CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	21/07/2021	Date	21/07/2021
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

It was red light and i have stopped my car waiting for green light. There was a taxi behind me and there was a lorry behind the taxi. The lorry banged into the taxi which resulted in the taxi banging into my rear of the car. The taxi behind me banged into my rear while my car was stationary.

Taxi no: SHC6931M. Name of driver: Kwek Tian Lye. Lorry no: YL9801L, Driver name: Chen Qiu hao.



**SINGAPORE
POLICE FORCE**



T/20210721/7035

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

3 of 3

Report No. T/20210721/7035

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 /
CHONG GUAN FATT
Contact No.: 65476083

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:
21/07/2021 18:00

Classification Of Case:

Motor Private Car

MX4E

R SN

AN0695A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMPCSNW00106892101

Engine No.: 27191031209837

Cha. No.: WDD2040452A277080

1. Index Mark and Registration
Number of Vehicle

SKX2590T

AUTOSAFE

=====

2. Name of Policy Holder

LEASE2OWN.SG

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment15/06/2021
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

14/06/2022

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on 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:

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.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : RICARDO CARS PTE LTD AS HP OWNER

* 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

TECK WEI CREDIT PTE LTD

Co. Reg. No. 200512300K

210 Turf Club Road

The Grandstand, Lot A8

Singapore 287995

Tel: 6465 0020 Fax: 6465 0017

Email: info@teckwei.com.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: TECK WEI CREDIT 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