



# 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 .....	04/08/2021 10:00 (SGT)
Date of Accident .....	02/08/2021 19:50 (SGT)
Exact Location of Accident .....	Upper Serangoon Rd, Singapore
Additional Location Information .....	TOWARDS BOUNDARY ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMQ8898E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YUAN LONGGEN
NRIC No .....	SXXXX946Z
Email Address .....	taipingyangjiangong2009@gmail.com
Mobile Phone No .....	(Phone) +65-90215078
Alternative Phone No .....	+65-90215078

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	E250
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 .....	1991

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW001611432001
Cover Note Number .....	-

### DRIVER

Name of Driver .....	YUAN LONGGEN
NRIC No .....	SXXXX946Z

Date Of Birth .....	22/03/1964
Occupation .....	Indoor
Date Of Driving Pass .....	04/11/2010
Driving experience .....	10 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90215078
Alt. Phone Number .....	+65-90215078
Email Address .....	taipingyangjiangong2009@gmail.com
Address .....	BLK 411 SEMBAWANG DRIVE #03-752
Address complement .....	-
Postcode .....	750411
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### 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 .....	SLJ686B
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Vezei
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) ..... -

**SKETCH PLAN**

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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 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.

*袁龙根*

*袁龙根*

*03/08/2021*

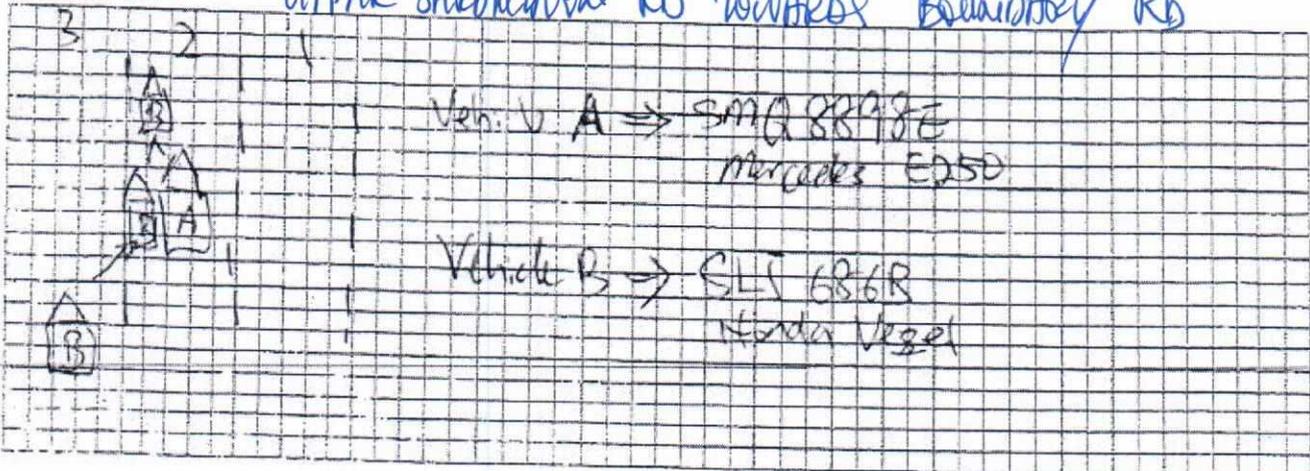
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

*UPPER SHROUHOVAE RD TOWARDS BOUNDARY RD*



Describe Circumstances of the Accident

02/08/2021, 1950 HRS, I was travelling along  
MPP Serangoon Road towards Boundary Rd direction  
on the center lane going straight.  
Out of sudden, Vehicle B cut into my lane  
from the bus lane and hit onto my left  
part of my vehicle A and move forward

Vehicle A  $\Rightarrow$  SMR 8898E

Vehicle B  $\Rightarrow$  SLS 686B

Declaration

We declare the foregoing particulars are true in every respect.

袁龙根

Policyholder's Signature / Date &  
Time

袁龙根

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

03/08/2021  
Witnessed by Reporting Centre  
Personnel

VEHICLE NO	SMQ 8898E		MAKE & MODEL:	mercedes 1E250	
DATE OF ACCIDENT	03 / 08 / 2001		AUTO/MANUAL	AUTO	
TIME OF ACCIDENT	1950		CC		
LOCATION OF ACCIDENT	UPP Serangoon Rd towards Boundary Rd		AM/PM	AM	
EXACT PURPOSE USED AT TIME OF ACCIDENT			EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	YUAN LONGGEN		Email	tai ping yang jiangang 2009@gmail.com	
TEL NO			Mobile	90215078	
NRIC	S27599462		Office		
CLAIM TYPE	OD		Home		
FLEET POLICY	THIRD PARTY /		REPORTING ONLY		
INSURANCE CO	YES / NO				
TYPE OF COVERAGE	CHINA TAIPING				
POLICY NO	Comprehensive / Third Party /		Third Party Fire & Theft		
NAME OF DRIVER	AS ABOVE / IF NO				
NRIC	S27599462				
DATE OF BIRTH	22 / 03 / 1964				
ANY PASSENGER	YES / NO				
NAME OF PASSENGER					
GENDER OF PASSENGER	MALE / FEMALE				
OCCUPATION	Outdoor / Indoor				
DATE OF DRIVING PASS	04 / 11 / 2010				
GENDER	MALE / FEMALE				
CONTACT NO	Mobile 90215078		Office	67206177	
EMAIL	Home				
ADDRESS	Hill Sembawang Dr #03-752				
DOES DRIVER OWN OTHER VEHICLE	NO /		If yes, Reg No	INSURER	
RELATIONSHIP			Employee / If No		
WEATHER CONDITION	Clear / Raining /		Other		
ROAD SURFACE	Dry / Wet /		Other		
ANY INJURIES	No /		If yes, Who?		
CONTACT NO	No /		If yes, Where?		
POLICE REPORT	No /		If yes, Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	No /		If yes, Where?		
VEHICLE B NO	SWJ 6868		Any Passenger		
NAME	RONDY VEZEL				
CONTACT NO					
VEHICLE C NO			Any Passenger		
VEHICLE D NO			Any Passenger		
VEHICLE E NO			Any Passenger		
VEHICLE F NO			Any Passenger		
ANY WITNESS			Any Passenger		
WITNESS CONTACT NO					
WAS THERE ANY VIDEO CAPTURE			YES / NO		
WAS THERE ANY AUDIO RECORDED			YES / NO		
SCENE ACCIDENT PHOTOS TAKEN?			YES / NO		
Have you been approach by unknown person soliciting offering accident claims assistance?			YES / NO		

Motor Private Car

MX1E

R SN

AN0573A

Gov. 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.	DMPCSNW00161432001	Engine No. : 27492030367356	
		Cha. No. WDD2120362B141529	
1. Index Mark and Registration Number of Vehicle	SMQ8898E	AUTOSAFE	*****
2. Name of Policy Holder	YUAN LONGGEN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15/11/2020 (00:00:00)	Named Drivers Ex Sect. I	SS750.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	SS3,000.00
		Ex Sect. I - Age >= 26	SS500.00
4. Date of Expiry of Insurance	14/11/2021	* Age as at date of accident	
		EX ON WINDSCREEN	SS100.00
5. Persons or Classes of Persons entitled to drive*			
(a) The Policyholder.			
(b) Any other person who is driving on the Policyholder's order or with his permission.			
<p>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.</p>			
6. Limitations as to use.*			
<p>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.</p>			
<p>HIRE PURCHASE CO. : TOKYO CENTURY LEASING (S) PTE LTD * 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.</p>			

**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: PRIVILEGE CAPITAL PTE LTD  
Authorised Officer

  
Authorised Signatory