





# 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	11/08/2021 15:04 (SGT)
Date of Accident	09/08/2021 12:55 (SGT)
Exact Location of Accident	Cavenagh Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3954X
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG LEASING PTE LTD
Company Reg No	2XXXXX520E
Email Address	sgleasing@outlook.com
Mobile Phone No	(Phone) +65-84211426
Alternative Phone No	+65-88924018

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00062272000
Cover Note Number	-

### DRIVER

Name of Driver	ZAISHURIN BINTE TERUNA
NRIC No	SXXXX893A

Date Of Birth	28/04/1990
Occupation	Outdoor
Date Of Driving Pass	01/11/2010
Driving experience	10 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88924018
Alt. Phone Number	-
Email Address	queenofheartz90@hotmail.com
Address	BLK 370 TAMPINES STREET 34 #04-07
Address complement	-
Postcode	520370
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?	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?	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	SMN8230Y
Vehicle Manufacturer	-
Vehicle Model	-
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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	ZAISHURIN BINTE TERUNA
Gender	Female
Phone No	(Phone) +65-88924018
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK3954X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## 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;

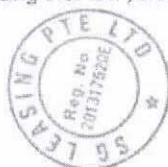
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

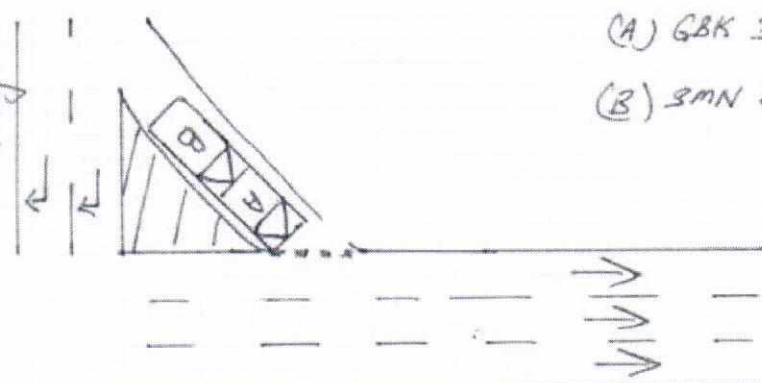


Policyholder's Signature / Date & Time

Sketch Plan

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

Cavenagh Road.



Bukit Timah Road.

Witnessed by Reporting Centre Personnel

(A) GBK 3954 X.

(B) SMN 8230 Y.

Describe Circumstances of the Accident

On 09/08/2021 at @ 1255 hrs, I stopped my vehicle  
at (GAK 3954 X) along Cavenagh Road slip road into Bukit  
Timah Road to give way to the traffic on the main road.  
Suddenly, a car (SMN 8230Y) from behind collided onto the  
rear portion of my vehicle.

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]* 11/08/2021  
Witnessed by Reporting Centre  
Personnel



VEHICLE NO:	6BK 3954X	MAKE & MODEL:	Toyota Hrace.	AUTO / MANUAL	<input checked="" type="checkbox"/>
DATE OF ACCIDENT:	09/08/2021.	CC:	2982.		
TIME OF ACCIDENT:	1255 HRS				
LOCATION OF ACCIDENT:	Cavenagh Road slip road Bukit Timah Road.				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	SG Leasing Pte Ltd.				
TEL NO:	H/P: 8421 1426	OFFICE:	HOME:		
NRIC:	201317520E.				
ADDRESS:	15 Yishun Industrial St 1 #01-08, Wns (S) 768091				
EMAIL:	sgleasing@outlook.com				
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES / NO ?				
INSURANCE COMPANY:	China Taiping.				
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	DMCVSNW00062272000.				
NAME OF DRIVER:	AS ABOVE / IF NO: Zaishurin Binte Teruna.				
NRIC:	S 9014893A. ANY PASSENGER: N.A.				
DATE OF BIRTH:	28/04/1990. LICENCE PASSED DATE: 01/11/2010.				
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR / <input type="checkbox"/> INDOOR				
GENDER:	MALE / <input checked="" type="checkbox"/> FEMALE				
CONTACT NO:	H/P: 8892 4018.	OFFICE:	HOME:		
ADDRESS:	8LK 370 Tampines St 34 #04-07 (S) 520370.				
EMAIL:	queenofheart290@hotmail.com.				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO: INSURER:				
RELATIONSHIP:	Hiree				
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR / <input type="checkbox"/> RAINING / OTHERS:				
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / <input type="checkbox"/> WET / OTHER:				
ANY INJURIES:	NO / IF YES, WHO? Zaishurin Binte Teruna (H/P. 8892 4018)				
NAME & CONTACT:					
NAME & CONTACT:					
POLICE REPORT:	<input checked="" type="checkbox"/> NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?				
VEHICLE B REG NO:	SMN 8230Y	ANY PASSENGERS:	N.A.		
NAME OF DRIVER:		CONTACT NO:			
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:	N.A.	WITNESS CONTACT:	N.A.		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO				
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO				
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / NO				
ACCIDENT PORTION:	Rear Portion.				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?					YES / <input checked="" type="checkbox"/> NO
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd.				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Jas2014 TAN.				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				



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 Commercial

MZ407/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, 1988 (Malaysia)

E SN

AN0663A

Cov. Type C

CERTIFICATE No. DMCVSNW00062272000

Engine No. 1KD2081966

Cha. No. JTFJ102P900001385

1. Index Mark and Registration  
Number of Vehicle

GBK3954X

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

SG LEASING PTE LTD

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

31/03/2021  
(00:00:00)

Excess Sect I S\$1,500.00

EX ON WINDSCREEN S\$100.00

Excess Sect II S\$1,500.00

4. Date of Expiry of Insurance

12/10/2021

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

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use:

(1) Use in connection with the Policyholder's business and Hire's Business.

(2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hire's Business.

(3) Use for social, domestic or pleasure purpose.

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.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO. LAKE VIEW CREDIT 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.

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:

Chua Suat Lay Sally  
Authorised Officer



杨亚美

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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6222 1033

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