





# 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	27/08/2021 16:23 (SGT)
Date of Accident	26/08/2021 07:42 (SGT)
Exact Location of Accident	Woodlands Rd, Singapore
Additional Location Information	AT YEW TEE FLYOVER
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS5613T
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LOUIS SIM CONSTRUCTION PTE LTD
Company Reg No	2XXXXX783C
Email Address	calvin-ang21@gmail.com
Mobile Phone No	(Phone) +65-97374715
Alternative Phone No	+65-91543381

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	Auto
CC	1798

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW000131322001
Cover Note Number	-

### DRIVER

Name of Driver	ANG KAI MING, CALVIN
NRIC No	SXXXX556B

Date Of Birth	27/10/1985
Occupation	Outdoor
Date Of Driving Pass	27/07/2010
Driving experience	11 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91543381
Alt. Phone Number	-
Email Address	calvin-ang21@gmail.com
Address	BLK 449A BUKIT BATOK WEST AVENUE 9 #18-68
Address complement	-
Postcode	650449
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	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	SKX5987M
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO WENG MENG
Contact Number	(Phone) +65-93206124
Address	-
Address complement	-

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



## SKETCH PLAN

### 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. 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.

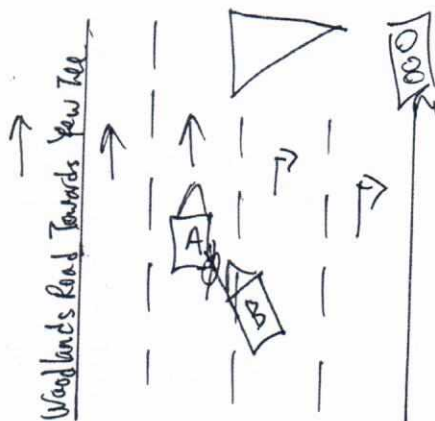
LOUIS SIM CONSTRUCTION PTE LTD  
BLK 117 JURONG EAST STREET 13  
#08-139 IVORY HEIGHTS  
SINGAPORE 600117

TWP 9797 4745 FAX 6892 3901  
Policyholder's Signature / Date &  
Time

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

27/08/2021  
Witnessed by Reporting Centre  
Personnel

### Sketch Plan



Vehicle A: SKS 5613 T

Vehicle B: SKX 5987 M

**Describe Circumstances of the Accident**

I was travelling on the middle lane at woodland Road heading towards stagmont ring. Just along  
Yew Tee flyover SKX 5987M suddenly hit my right rear end.

**Declaration**

We declare the foregoing particulars are true in every respect.

LOUIS SIM CONSTRUCTION PTE LTD  
BLK 117 JURONG EAST STREET 13  
#08-139 IVORY HEIGHTS  
SINGAPORE 600117

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



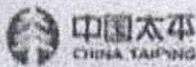
Date of Accident W : 26/08/2021 Accident Time: 0742 (24-HR-Format)  
 Accident Place : Woodlands Road at Yew Tee Flyover  
 Vehicle No. (Car Plate No.) : SKS 5613 T Make/Model: Toyota Wish  
 Insurance Company : China Taiping Insurance Policy No: DMPCSNW000131322001  
 Owner or Company Name IC No. : Louis Sim Construction Pte Ltd 201308789c  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 9737 4715 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : ANG KAI MING, CALVIN S8535550B  
 DRIVER'S Date Of Birth : 27.10.1985 DRIVER'S License Pass Date 27/7/2010  
 Relationship of Owner & Driver : Spouse / Parents / Children / Sibling ☒ Employee / Others: \_\_\_\_\_  
 DRIVER'S Address : #44A Bukit Batok West Ave 9 #18-68 650449  
 DRIVER'S Contact No./ Alt No. : 1) 91543381 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)  
 Email Address : calvin\_ang\_21@gmail.com Calvin - ang21@gmail.com  
 Weather & Road Surface : CLEAR & DRY / ~~RAINING & WET~~ / ~~AFTER RAIN & WET~~  
 Reporting Type : Reporting Only / ☒ Claim Other Party / ~~Claim Own Insurance~~  
 Number of Passengers (including Driver): 1  
 Was there any video Captured by car camera: NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose  
 Any Injury (If YES, Pls state): No

Other Party Driver's Particular (if any)

Vehicle No: <u>SKX 5987M</u>	Vehicle No: _____
Vehicle Make/Model: <u>Hyundai</u>	Vehicle Make/Model: _____
Name Driver: <u>Ho Weng Meng</u>	Name Driver: _____
IC No. Driver Contact: <u>9320 6124</u>	IC No. Driver Contact: _____

\* NEW - Passenger's name & gender:





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

Motor Private Car

**CERTIFICATE OF INSURANCE**

Under Motor Vehicle Third Party Risks and Compensation Act (Chapter 194)  
Motor Vehicle (Third Party Risks and Compensation) Rules, 1987  
Motor Insurance Act, 1987 (Malaysia)  
Motor Vehicle (Third Party Risks and Compensation) Act, 1987 (Singapore)

MX440  
M SN  
AMQ18A  
Car, Year G

<b>CERTIFICATE No</b>	888705440012132301	<b>Engine No.</b>	22N13M008
<b>V. Make and Registration</b>	BA308121	<b>Chassis No.</b>	22E20600008
<b>1. Name of Insured</b>	10045 JIM CONSTRUCTION PTE LTD	<b>AUTOMATED</b>	Automatic
<b>2. Expiry date of the Certificate</b>	23/12/2010	<b>Sum Insured Ex Sect.</b>	15720.00
<b>3. Expiry date of the Certificate</b>	23/12/2010	<b>Additional Ex Other than Insured Drivers</b>	
<b>4. Date of Entry in Force</b>	22/10/2010	<b>Ex Sect. 1 - Age 15-25</b>	552,000.00
		<b>Ex Sect. 1 - Age 26-28</b>	552,000.00
		<b>Age on all days of accident</b>	
		<b>EX ON OWNERSHIP</b>	15720.00

**5. Persons named as Drivers**  
Any person who is driving on the Policyholder's order or with their permission.  
Provided that the person driving is licensed in accordance with the licensing or other laws of Singapore 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 disqualification in that behalf from driving the Motor Vehicle.

**6. Limitation as to use**  
Use for social, domestic and pleasure purposes and for the Policyholder's business.  
This policy does not cover use for hire or reward, driving test, racing, pace-making, road trials, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in contravention with the Motor Traffic Act.  
Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss) will be advised. A Flat 555,000 Excess shall apply for Theft Losses occurring outside Singapore. One and a half times the Excess for the first 55,000 will apply to the Insured and Insured Drivers in the event of Own Damage Claims at our Authorized Workshops for each Policy Year.

**7. PURCHASE CO. - MAYBANK SINGAPORE LIMITED AS HPOWERS**  
\* Limitation imposed by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 194) and Section 8 of the Motor Transport Act 1987 (Malaysia), will not be applicable under these terms.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 194) and Part IX of the Road Transport Act, 1987 (Malaysia).

Please Sign Here

SHANG HUI AGENT  
Authorized Office

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorized Signature

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208364E)  
# 3 Anson Road 471-00 Springhill Tower Singapore 079909

6382 6111

6222 1031

www.sg.chinataping.com