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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	04/10/2021 18:07 (SGT)
Date of Accident	01/10/2021 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EAST COAST RD
Country/State of Loss	Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SLZ6206E
INSURED/POLICYHOLDER	
Is company?	No HOWELCHEE

HO WEI CHEE Name Of Registered Owner SXXXX145E NRIC No WEICHEE4108@GMAIL.COM **Email Address** (Phone) +65-94242196 Mobile Phone No (Office) +65-94242196 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	Private car
Transmission	Auto
CC	1797

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00002232100
Cover Note Number	•

### DRIVER

Name of Driver	HO WEI CHEE
NRIC No	SXXXX145E

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	31/01/1962 Outdoor 01/11/1983 37 YEARS AND 11 MONTHS Male (Phone) +65-94242196 (Office) +65-94242196 WEICHEE4108@GMAIL.COM BLK 286 YISHUN AVE 6 #10-88 760286 Yes - No
Insurance Company of Other Vehicle Owned by Driver	* ·
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  PASSENGER 1  Name  Gender  PASSENGER 2  Name  Gender	No 2 Yes No Yes 3 No UNKNOWN Female UNKNOWN Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes VIDEO WITH DRIVER No
DETAILS OF OTHE	R VEHICLE PROPERTY 1

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	1=
No. Of Passenger (Including Driver)	

### INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	177
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	-



### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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)

Lunderstand, 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' law yers/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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		
		(R) SLZ 6206E
		(B) SDTGTE
RVA		
[3]		
		0.1

Describe Circumstances of the Accident
On 01-10-2021 at about 17:00/ms, I was true (106 along
East cont Road. As I was heading staight, all of a oudder I falt
an impact on my left. Then I realized a whide SDT 67E had
collided onto my left portion. That's all.

### Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Just the

Time

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

JUANHO

Date Wills

Witnessed by Reporting Centre Personnel

Date of Accident	: 01.10.2021 Accident Time: 17:00 115 (24-HR-Format)
Accident Place	: East Coart Rd
Vehicle, No. (Car Plate No.)	: SLZ6206E Make/Model: Turta CHR Hy bio 1.66
Insurace Company	: and TayAns Policy No: Dm HCSNW6000 2232101
Owner or Company Name /IC No.	: Ho wa Cher (52184145E)
Owner or Company Contact No.	: Owner's Hp 94242196 Company Tel
DRIVER'S Name / IC No.	: Same as above
DRIVER'S Date Of Birth	31.01.1962 DRIVER'S License Pass Date 01-11-1983
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 6Wee
DRIVER'S Address	: 286 Yishan Are 6 \$ 10-88 s'Yore 760286
DRIVER'S Contact No./ Alt No.	:1) 94242196 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	weichee 4108 comail-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 D	river): 3 pax include dia ver
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of accident: Private use Work nurses
Other I	Party Driver's Particular (if any)
Vehicle No: SDT 67E	Vehicle, No:
Vehicle Make Model:	
Name Driver:	
IC No. Driver/Contact:	
* NEW - Passenger's name &	gender;
Ounkhown - (F)	
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## > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

145E

Vehicle Details

Vehicle No.:

SLZ6206E

Vehicle to be Exported:

No

Intended Deregistration Date:

06 Nov 2021

Vehicle Make:

TOYOTA

Vehicle Model:

C-HR HYBRID 1.8G CVT

Primary Colour:

Silver

Manufacturing Year:

2017

Engine No.:

2ZR8177787

Chassis No.:

ZYX102068653

Maximum Power Output:

90.0 kW (120 bhp)

Open Market Value:

\$31,382.00

Original Registration Date:

11 May 2018

First Registration Date:

11 May 2018

Transfer Count:

1

Actual ARF Paid:

\$25,935.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

10 May 2028

PARF Rebate Amount:

\$19,451.00

Intended COE Rebate Details

COE Expiry Date:

10 May 2028

COE Category:

E - Open - all except motorcycle

COE Period(Years):

10

QP Paid:

\$39,903.00

COE Rebate Amount:

\$25,979.00

Total Rebate Amount:

\$45,430.00

The information contained herein is correct as at 02 Oct 2021

Noter Hire Car

CERTIFICATE OF INSURANCE
Voice Vortices (Thrit-Piety Kelks and Companionation) Act (Chapter 1991
Liciae Verlades (Thrit-Piety Rives and Companionating Rives 1980
Rived Thompson Act 1887 (Marylad)
Maior Volucios (Thrit-Piety Rives) Rules 1950 (Malaysia)

MZ405U8 AN0055A Cov. Type:C

CERTIFICATE No.

DMHCSNW00002232100

Engine No.: 2ZR3177737 Cha. No.: ZYX102088553

t. Incies Mark and Rogistmoon Standay of Vehicle

SLZ8208E

AUTOSAFE

2 Herne of Policy Holder

HO WEI CHEE

Exce sa Bect 1. Excess Sed. I (Outside Singapore) 8\$1,250.00 S\$2.500.00

Effortive unit of the Communicement of Insurance for the purposes of the Regulations.

Orientation of Eracksteric

Excess Sect. U

531 250.00 532,500.00

4. Date of Expiry of Immuniors 03/03/2022

Excess Sect.II (Outside Singapore). EX ON WINDSCREEN .

5\$100.00

f. Person or Classe of Penors maked to drive?
As per Named Driver(s) stated below.
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.

HO WEI CHEE

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(2) Use for special domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

(1) Use for recing, perge-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.

Limitations rendered transported by Section 9 of the Motor Venicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 05 of the Road Transport Act 1987 (Medicinal), are not to be included under these headings.

LWe 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 (Melaysia).

Please see reverse

FO CHINA TARING INCURANCE (SINGAPORE) FIR LTD.

Issued By: COWELLINGO CE INCENO PTE LTD

**Authorised Signatory** 

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

Q0389 0111

0 6222 1033

www.sg.cntalping.co