

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	04/10/2021 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
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INSURED/POLICYHOLDER

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

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	31/01/1962
Occupation	Outdoor
Date Of Driving Pass	01/11/1983
Driving experience	37 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94242196
Alt. Phone Number	(Office) +65-94242196
Email Address	WEICHEE4108@GMAIL.COM
Address	BLK 286 YISHUN AVE 6
Address complement	#10-88
Postcode	760286
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	Raining
Road Surface	Wet

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

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 CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDT67E
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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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
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

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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;

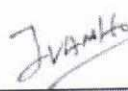
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

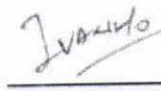
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

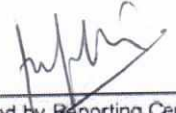
(collectively the "Purposes")

(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

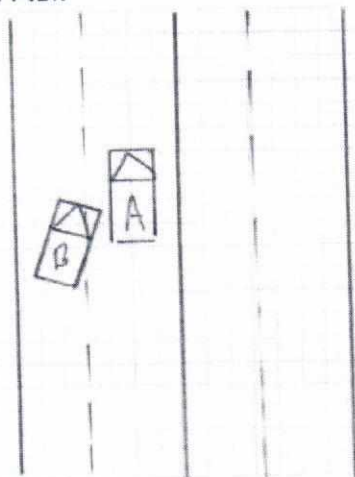
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SLZ 6206E

(B) SBT67E

East West Rd.

Describe Circumstances of the Accident

On 01-10-2021 at about 17:00hrs, I was travelling along
Eut cont road. As I was heading straight, all of a sudden I felt
an impact on my left. Then I realised a white SBT 67E had
collided into my left portion. That's all.

Declaration

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

Justin Ho
Policyholder's Signature / Date &
Time

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

[Signature]
Witnessed by Reporting Centre
Personnel

Date of Accident : 01.10.2021 Accident Time: 17:00 hrs (24-HR-Format)
 Accident Place : East Coast Rd
 Vehicle No. (Car Plate No.) : SLZ 6206E Make/Model: Toyota CHR Hybrid 1.8E
 Insurance Company : China Tayane Policy No: BMHCSNW00002232100
 Owner or Company Name /IC No. : Ho Wu Chee (S21 84145E)
 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: owner
 DRIVER'S Address : 286 Yishan Ave 6 # 10-88 s'pore T60286
 DRIVER'S Contact No./ Alt No. : (1) 94242196 (2) _____
 DRIVER'S Occupation : INDOOR ☒ OUTDOOR (e.g. working inside or outside office)
 Email Address : weichee4108@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): 3 pax include driver
 Was there any video Captured by car camera? ☒ YES ☐ 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: SDT 67E	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

① unknown - (F)
 ② unknown - (F)

> 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

OK

04-03-21 16:16 FROM Maxurance

62809878

T-207 P0001/0001 F

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

Motor Hire Car

MZ405L8

N 8N

AN0055A

Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1995 (Malaysia)

CERTIFICATE No.

DMHCSNW00002232100

Engine No.: 2ZRS177737

Chs. No.: ZYX102088653

1. Index Mark and Registration
Number of Vehicle

SL28208E

AUTOSAFE

2. Name of Policy Holder

HO WEI CHEE

3. Effective Date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or enactment04/03/2021
(15:07:41)

4. Date of Expiry of Insurance

03/03/2022

Excess Sect. I.	\$51,250.00
Excess Sect. I (Outside Singapore)	\$32,600.00
Excess Sect. II	\$31,250.00
Excess Sect. II (Outside Singapore)	\$32,600.00
EX ON WINDSCREEN	\$3100.00

5. Persons or Classes of Persons entitled 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

6. Exclusions as to use:

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

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.

* Limitations rendered inoperative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 9.5 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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 TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: COWELL INSURANCE (AGENCY) PTE LTD
Authorized Officer

Authorized Signatory

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

06389 0111

0222 1033

www.sg.cntaiiping.com