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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.
- 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 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 11/10/2021 11:52 (SGT) Date of Accident 08/10/2021 15:30 (SGT) Exact Location of Accident Punggol Flyover, Singapore Additional Location Information TOWARDS TPE (CTE/SLE) AND JALAN KAYU Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKT5446D

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG CHEK HOU DANIEL NRIC No SXXXX223H **Email Address** aileen\_daniel2002@hotmail.com Mobile Phone No (Phone) +65-96920320 Alternative Phone No +65-96920320

#### VEHICLE PARTICULARS

Manufacturer

Volvo Model V40 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 1560

#### INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00119552103 Cover Note Number

#### DRIVER

Name of Driver NG CHEK HOU DANIEL NRIC No SXXXX223H

Date Of Birth 16/10/1976 Occupation Outdoor Date Of Driving Pass 03/05/2013 Driving experience 8 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-96920320 Alt. Phone Number +65-96920320 Email Address aileen\_daniel2002@hotmail.com Address BLK 601C PUNGGOL CENTRAL #16-630 Address complement Postcode 823601 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? 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 AILEEN Gender Female PASSENGER 2 Name KAYLEIGH 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 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** 

SLK9598H

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	
Address	-
Address complement	
Postcode	.=
Insurance Company Name	1-
Nature Of Damage	: <del>-</del>
Details of property damaged in accident	5 <b>-</b>
No. Of Passenger (Including Driver)	1 -

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person Gender Phone No	NG CHEK HOU DANIEL Male (Phone) +65-96920320
Address	-
Address Complement	121
Post Code	
Approximate Age Years Old	
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKT5446D
10/	
	Yes
Was this injured conveyed to hospital by ambulance?	No

## 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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 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' 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 &

TPE ((TE SLE) K Jalan Kayu

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Whiden: Stylesh

Describe Circumstances of the Accident	
On the stated date & time, I, vehicle A( SKT54460) wa	
location on Lane 2. As the traffic light was green - I proceed t	turn right. Out of Sudden.
vehicle B (SLK9EABH) from Lane 1 collided onto the right portion of	
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## Declaration

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

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

Witnessed by Reporting Centre Personnel

Date of Accident	8 10 2021 Accident Time: 1530hrs (24-HR-FORWAT)
Accident Place	: Parygol Flyouer towards TPE (TESLE) & Jalan Kayu
Vehicle Reg. No (Car plate 140.)	SKT 54460 Vehicle Make/Model: Volvo V40 03
lństúránce Company	. China Taiping Policy No. DMPL SHWOO119552103
Name of Registered Owner	Company/Individual Na chet Hou Daviel
ID of Registered Owner	Co Reg No Owner's MRIC No. S7636343H,
	Co Contact Not Owner's Contact Not _969 20320
DRIVER'S Name	: Mg Chek How Daniel DRIVER'S NRIG No: 57636223H
DRIVER'S Date of Birth	16 Oct. 1076 DRIVER'S License Pass Date 03 May 2013
Relationship bet. Owner & Driver	Spotise \ Parents \Children\ Sibling \ Employee\ Other): owner
BRIVER'S Address	* APT BIK GOIC Punggol Central #16-630 Singapore 823601
DRIVER'S Contact No. Ali No.	(1) 9690320 2) -
DRIVER'S Occupation	: INDOOR (OUTDOOR (eg. working inside or outside of an old)
Email Address	ailern_daniel 2002 @ hotmail.com
Weather & Road Surface	CLEAR & DRY   RAIMING & WET VAFTER RAIN & WET
Reparting Type	Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including f Was the accident reported to the po Was there any video Captured by o	plice? YES \ NO Passenger Name: <u>kayleigh</u> Gender: M/F) par camera: YES \ NO Any Injuries: YES / NO Injured Name: Ng chek Hay Dami
Exact purpose for which yehicle w	Injured Name:
	Other Party Driver's Particulars (il any)
Yellicle Rey No. SLK9598	H Vehicle Reg No:
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Motor Private Car

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Cov. Type:C

CERTIFICATE OF INSURANCE
Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 for Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00119552103

Engine No.: D4162T3286355

Cha. No.:YV1MV845BF2247897

1. Index Mark and Registration

4. Date of Expiry of Insurance

SKT5446D

2. Name of Policy Holder

NG CHEK HOU DANIEL

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

15/06/2021 (00:00:00)

Named Drivers Ex Sect. I

\$\$500.00

14/08/2022

Additional Ex Other than Named Drivers: Ex Sect. 1 - Age <= 25

\$\$3,000.00

Ex Sect. I - Age >= 26

\$\$500.00

\* Age as at date of accident

EX ON WINDSCREEN . \$\$100.00

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.

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.

6. Limitations as to use:

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 Walver of Excess for the first \$\$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.

HIRE PURCHASE CO. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFICITO AS HP OWNER \* 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

Issued By: ALFA CREDIT PTE LTD Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory