

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	15/10/2021 12:26 (SGT)
Date of Accident	13/10/2021 21:46 (SGT)
Exact Location of Accident	Serangoon Garden Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH3926M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALBERT FOO MENG AIK
NRIC No	SXXXX609B
Email Address	wmgrjkh@gmail.com
Mobile Phone No	(Phone) +65-93828754
Alternative Phone No	+65-93828754

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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 hire
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00000782101
Cover Note Number	-

DRIVER

Name of Driver	ALBERT FOO MENG AIK
NRIC No	SXXXX609B

Date Of Birth	24/07/1964
Occupation	Outdoor
Date Of Driving Pass	18/08/2014
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93828754
Alt. Phone Number	+65-93828754
Email Address	wmgrjkhu@gmail.com
Address	BLK 138 PASIR RIS STREET 11 #05-209
Address complement	-
Postcode	510138
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN PAX
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ4933C
Vehicle Manufacturer	Toyota
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)	-

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:

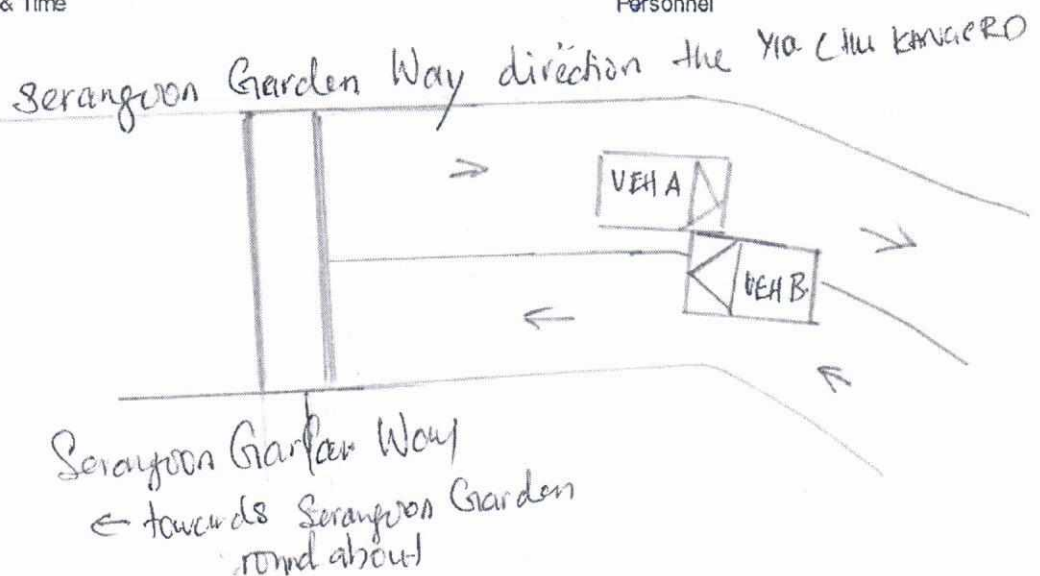
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, I was driving along Serangoon Garden Way towards Yio Chu Kang. I have passenger onboard as well, while I was travelling: there this vehicle B (SLZ4933C) from my opposite direction had drove and cut onto my lane and hit onto my right side mirror, after my vehicle got hit I slow down and stop at the side, lucky behind my vehicle A (SMH3926M) was another vehicle with video clip and sent to me for evidence. I turn back hopefully to find the vehicle B and saw the driver had stop and searching for something and that why I manage to take the vehicle B no plate. I did not manage to exchange particulars as the vehicle B driver found his item and just drove off without exchange conversation.

Declaration

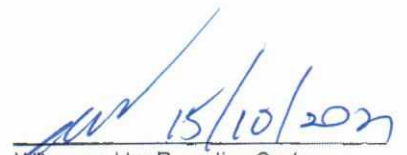
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



ACCIDENT STATEMENT

Date of accident: 13/10/2021 Time: 0946 hrs
 Location of accident: Serangoon Garden Way

Details of Own Vehicle

Vehicle Number: SMH3926M
 Insurer: CHINA TAIPENG
 Policy No: DMHCENW00000782101

Make/Model: HONDA FREED
 Passenger (incl. Driver): 2 (1 FEMALE PASSENGER)
 Policy Type: C/ TPFT/ TPO

Policyholder

Name: ALBERT FOO MENG ANIC
 Contact no.: 93828754

NRIC/FIN no.: S1644609B

Driver

Name: AS ARINE
 Contact no.: 93828754
 Email: wmgrijkh@gmail.com
 Address: Blk 138 PASIR RIS ST. 11 # 05-209 (510138)

NRIC/FIN no.: S1644609B
 D.O.B: 24/07/1964
 Occupation: PRIVATE HICER

Driving pass date: 23/03/2018

Relationship with Policyholder: OWNER

General Information

Weather conditions: Clear Raining

Road surface: Dry Wet

Police report: Yes/ No

Video Footage: Yes No

Prosecution Letter: Yes/ No

If Yes against whom: _____

Injuries: Yes/ No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)

Details of Third party

Vehicle B

Vehicle C

Vehicle no.:	<u>S1Z4933C - HONDA</u>	
Driver name:		
NRIC/ FIN no.:		
Contact no.:		
Insurance Co.:		
Remarks: (Make/Model, Passenger, property Info & etc)		

Detail of Witness

Witness 1

Witness 2

Name:		
Contact no.:		

Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only

Workshop: _____

Policyholder/ R

driver X

Signature: [Signature]

Motor Hire Car

MZ406L/B

R SN

AN0621A

Cov. Type: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, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNW00000782101

Engine No.: LEB5618136

Cha. No.:GB71081511

1. Index Mark and Registration
Number of Vehicle

SMH3926M

AUTOSAFE

=====

2. Name of Policy Holder

ALBERT FOO MENG AIK

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment21/01/2021
(00:00:00)

Excess Sect. I . S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

4. Date of Expiry of Insurance

20/01/2022

Excess Sect.II (Outside Singapore). S\$2,500.00

EX ON WINDSCREEN . S\$100.00

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.

ALBERT FOO MENG AIK

ANY AUTHORISED DRIVER

6. Limitations 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.

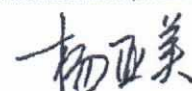
HIRE PURCHASE CO. : SMARTCARS BOUTIQUE PTE. LTD.

* 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: _____
IMOTOR INSURE
Authorised Officer

Authorised Signatory

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SV082/A0002 Vehicle Registration No: SMH 3926M
Name (as shown in NRIC): ALAN TEO XIAO HUI NRIC/FIN/Passport No: Sxxxx60913
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 91328144

Email Address: _____

Date of Accident: 13/10/2021 Time of Accident: 21:46

Place of Accident: Singhpora GARDEN Wm

Insurance Company: Chonco Impact

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Time of decision to 2146Hrs

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: *Rosa Novak*
NRIC/FIN No.:
Date: