





# 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	13/12/2021 16:17 (SGT)
Date of Accident	08/12/2021 19:50 (SGT)
Exact Location of Accident	Tampines Street 81, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5717G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KAK GUAN HARDWARE & ELECTRIC TRADING
Company Reg No	3XXXX600M
Email Address	fullstop423@gmail.com
Mobile Phone No	(Phone) +65-97904386
Alternative Phone No	+65-97904386

## VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1597

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00046352100
Cover Note Number	-

## DRIVER

Name of Driver	SEE SENG YEW
NRIC No	SXXXX923E

Date Of Birth	30/06/1957
Occupation	Outdoor
Date Of Driving Pass	19/07/1977
Driving experience	44 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97904386
Alt. Phone Number	-
Email Address	fullstop423@gmail.com
Address	BLK 879 TAMPINES AVENUE #12-256
Address complement	-
Postcode	520879
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 - Major/Minor Rd
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	SHD5453C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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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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.

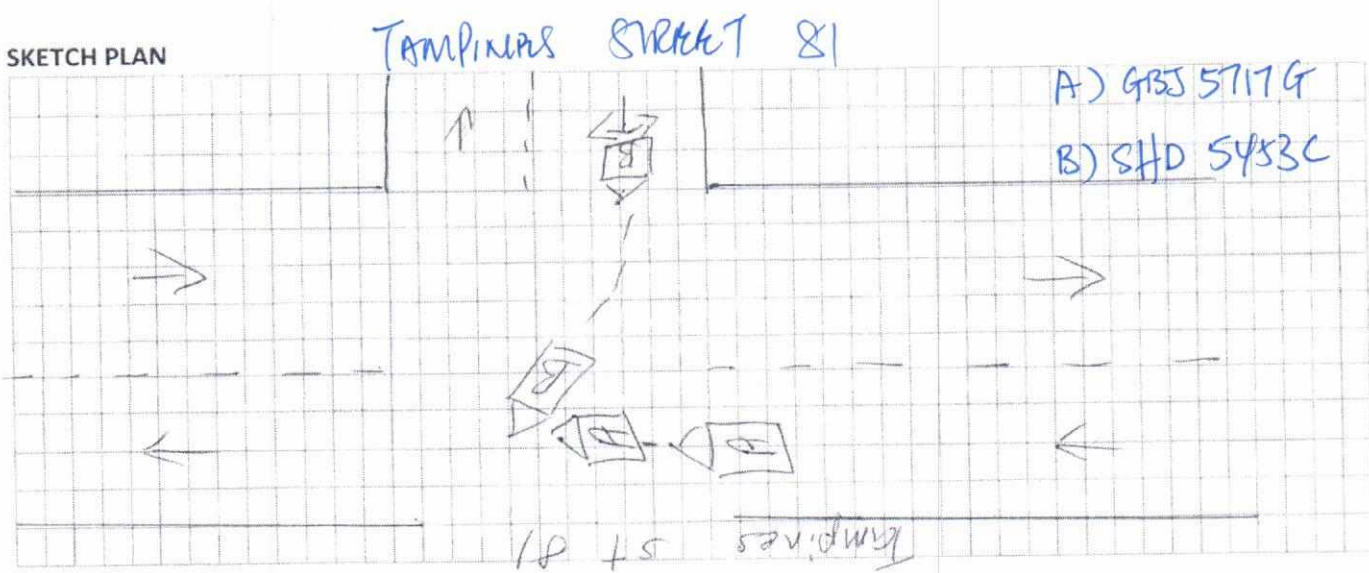
KAK GUAN HARDWARE & ELECTRIC TRADING

*[Signature]*  
Policyholder's Signature Date  
& Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder) Date  
& Time:

*[Signature]* 13/12/2021  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

At mentioned Date and Time, I was driving along Tampines st 81, suddenly vehicle (B) come out from car park B1K 894 and I cannot stop in time and hit into his left side portion.

**DECLARATION**

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

KAK GUAN HARDWARE & ELECTRIC TRADING

X  
Policyholder's Signature Date & Time:

[Signature]  
Driver's Signature (If driver is not the policyholder) Date & Time:

[Signature] 13/12/2021  
Reporting Centre Personnel's Signature Name:  
NRIC/FIN No.:



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888



\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 08/12/2021 (dd/mm/yy) Time of Accident: 19:50 (24-HR-FORMAT)

Vehicle No.: GRT 5T17G Vehicle Make & Model: \_\_\_\_\_

Exact location of Accident: Tampines St 81

Policyholder's Name / IC No.: Lak Guan Hardware & Electric Trading 39077600M

Driver's Name / IC No.: See Seng Yew 51250923E (As Above)

Driver's Contact No.: 97904386 Company Contact No (Company Veh Only): \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Email address: fullstop423@gmail.com Insurance Company: China Taping

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please **TICK** one only)

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job)  Indoor /  Outdoor

Private use /  Work purpose

\*No. of Passengers (Including Driver): \_\_\_\_\_

\*Passenger Name: \_\_\_\_\_  
Name: \_\_\_\_\_

Gender: Male / Female \*Passenger  
Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera?  Yes /  No

Any Injuries:  Yes /  No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed:  Yes /  No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SHD 5453C

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Motor Commercial

MZ300/C

N SN

AN0287A

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, 1958 (Malaysia)

CERTIFICATE No.	DMCVSNW00046352100	Engine No.: HR16143281D	
		Cha. No.: VM20133053	
1. Index Mark and Registration Number of Vehicle	GBJ5717G	AUTOSAFE	
		=====	
2. Name of Policy Holder	KAK GUAN HARDWARE & ELECTRIC TRADING		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30/05/2021 (00:00:00)	Excess Sect I.	S\$450.00
		EX ON WINDSCREEN.	S\$100.00
4. Date of Expiry of Insurance	29/05/2022		
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's order or with their 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.*	<ul style="list-style-type: none"> <li>(1) Use in connection with the Policyholder's business.</li> <li>(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</li> <li>(3) Use for social, domestic or pleasure purposes.</li> </ul> <p>The Policy does not cover</p> <ul style="list-style-type: none"> <li>(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.</li> <li>(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</li> </ul>		

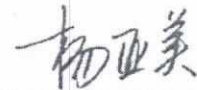
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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: WEE GIAP ENTERPRISE LLP  
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: SM0821C00006 Vehicle Registration No: GBJ 5717G  
 Name (as shown in NRIC): SEE SHIH YAN NRIC/FIN/Passport No: XXXXXXXX23E  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 08/12/2021 Time of Accident: 19:50  
 Place of Accident: Tampines S1 81  
 Insurance Company: Chong Poon

**(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:

To insert Policy number DMCVSUW00046252100

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

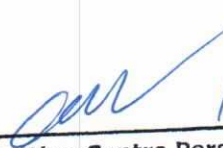
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

  
 Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: XXXXXXXXXXXX  
 Date: 13/12/2021