



## 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	03/01/2022 15:14 (SGT)
Date of Accident	29/12/2021 12:30 (SGT)
Exact Location of Accident	Kaki Bukit Rd 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND4105T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AUTOTRUST TRADERS PTE LTD
Company Reg No	2XXXXX165H
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-96916249
Alternative Phone No	+65-96916249

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1598

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMTPSNA00000412102
Cover Note Number	-

### DRIVER

Name of Driver	TAN YUEN HONG, GABRIEL (CHEN YANFENG)
NRIC No	SXXXX288D



Date Of Birth	20/02/1984
Occupation	Indoor
Date Of Driving Pass	05/03/2007
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96916249
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 609 ANG MO KIO AVENUE 4 #05-1149
Address complement	-
Postcode	560609
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 - Head on collision
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?	Yes
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211230/7013

#### 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	SMW1245D
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	TAN YUEN HONG, GABRIEL (CHEN YANFENG)
Gender	Male
Phone No	(Phone) +65-96916249
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SND4105T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

## SKETCH PLAN

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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)**

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.

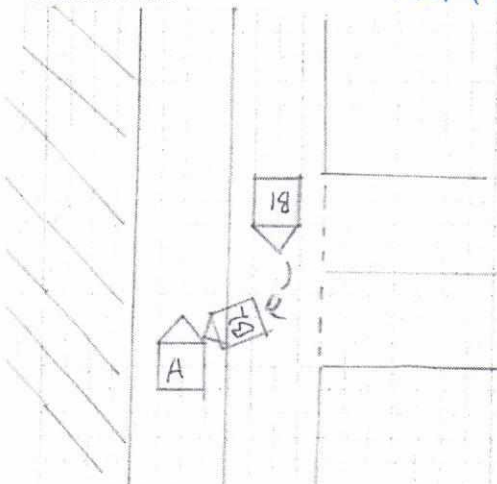


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



KAKI BUKIT ROAD 1

A = SVD 4105T

B = SMW 1245D



Describe Circumstances of the Accident

Refer to police report 7/2021/230/70139

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature in black ink, consisting of a stylized 'X' shape.

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

Witnessed by Reporting Centre Personnel 03/01/2022

Email: 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.

Date of Accident: 29/12/2021 (dd/mm/yy) Time of Accident: 12:30 (24-HR-FORMAT)

Vehicle No. SND 4105T Vehicle Make & Model / Engine (cc): Honda Civic 1.6 Private Hire: (Y ☒ N ☐)

Exact location of Accident: Kaki Bukit Road 1

Policyholder's Name / IC No.: Autotryst Traders Pte Ltd ROC/UEN (Company) 201217165H

Driver's Name / IC No.: Tan Yuen Hong, Gabriel S8405288D (As Above) ☐

Driver's Contact No.: 9691 6249 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: Blk 609 Ang Mo Kio Ave 4 #05-1149 S(560609)

Owner Email address: \_\_\_\_\_ Insurance Company: China Taiping

Driver Email address: CS8558CS@gmail.com

**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):** 1

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x( )

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x( )

**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 Remarks: \_\_\_\_\_

**Any Injuries:** ☒ Yes / ☐ No (If YES) Injured Person's Name: Driver

Injuries Sustain: Facial, Neck, Body Injured Person in Which Vehicle: SND 4105T

**Police Report filed:** ☒ Yes / ☐ No (If YES) Which Police Station: online

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SMW 124SD

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: \_\_\_\_\_







**SINGAPORE  
POLICE FORCE**



T/20211230/7013

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20211230/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/12/2021 12:23		Vide Report No.: G/20211229/0106		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN YUEN HONG, GABRIEL			Address: 609 ANG MO KIO AVENUE 4 #05-1149 SINGAPORE 560609		
ID Type / ID No.: NRIC NO / S8405288D			Contact No.: Home/Office: Mobile: 96916249		
Nationality: SINGAPORE CITIZEN			Email: kenheng2299@gmail.com		
Sex: Male	Age: 37	Date of Birth: 20/02/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Salesman			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/12/2021 12:30	Type of Location: Straight Road
Location:  KAKI BUKIT ROAD 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMW1245D	Car				Seriously Damaged	0
SND4105T	Car				Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20211230/7013

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20211230/7013

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAN YUEN HONG, GABRIEL	ID No.	S8405288D
Related Vehicle	SND4105T (Car)	Contact No.	96916249
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/12/2021	Date	29/12/2021
No. of Days granted Medical Leave	07	Degree of	Serious

**Brief Details.**

I was traveling along Kaki Bukit Road 1, I was travelling straight then suddenly a car ( SMW1245D ) from the opposite direction make a illegal U-Turn and collided head onto the front right of my car.

Traffic police and ambulance were on the accident scene, I'm conveyed to Changi General Hospital.

The impact cause my air bag to be activated, i lost conscious for a short while, I suffered facial injuries, neck, body, wrist and my knee. I was given 7days MC.



**SINGAPORE  
POLICE FORCE**



T/20211230/7013

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20211230/7013

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476201

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
30/12/2021 12:23

Classification Of Case:





中国太平  
CHINA TAIPING

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

Motor Trade Policy

MZ9

R SN

AN0631A

Cov. Type:T

**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, 1959 (Malaysia)

CERTIFICATE No.

DMTPSNA00000412102

Engine No.: N.A.

Cha. No.: N.A.

1. Index Mark and Registration  
Number of Vehicle

Any Motor Vehicle the property of the Policyholder or in their  
custody or control. All steam-driven vehicles are excluded.

2. Name of Policy Holder

AUTOTRUST TRADERS PTE LTD

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

04/08/2021  
(00:00:00)

Excess Sect. II \$S1,500.00

4. Date of Expiry of Insurance

03/08/2022

5. Persons or Classes of Persons entitled to drive\*

As per Schedule.

Any other person provided he is driving with the Policyholder's permission and is accompanied  
by a named driver of the Policyholder under the Policy.

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.

CHUA MENG HOCK  
OW CHEE KEONG  
LEE CHONGMIN(LI CHONGMIN)  
CHUA QI JIN  
CHUA CHEN ANN  
CHUA QI WEI SECT II EXCESS \$3K

TAN GUAN HONG  
CHUA MENG HOE  
LEONG KAM WENG  
THAM KUAN HOW  
GIAM CHOON HUAT  
FELIX TAN RUI HAO

6. Limitations as to use:

Use only for Motor Trade purposes.

7. The Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

\* 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: Irene Hor  
Authorised Officer

Authorised Signatory