

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	17/01/2022 12:08 (SGT)
Date of Accident	10/01/2022 17:59 (SGT)
Exact Location of Accident	678A Choa Chu Kang Cres, Singapore 681678
Additional Location Information	MSCP, DECK 2A LOT 117
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB8387R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	BENJAMIN PAUL TAN (DECEASED)
NRIC No	SXXXX113G
Email Address	damienpaul280@gmail.com
Mobile Phone No	(Phone) +65-98137030
Alternative Phone No	+65-98137030

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00011082105
Cover Note Number	-

DRIVER

Name of Driver	DAMIEN PAUL HIPONIA TAN
NRIC No	SXXXX593Z

Date Of Birth	10/02/1992
Occupation	Indoor
Date Of Driving Pass	05/09/2017
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98137030
Alt. Phone Number	-
Email Address	damienpaul280@gmail.com
Address	BLK 313 SEMBAWANG DRIVE #16-470
Address complement	-
Postcode	750313
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	GBK5478R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	JOHNSON
NRIC No	SXXXX861C
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' 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.

X

Danion Paul

Policyholder's Signature / Date & Time

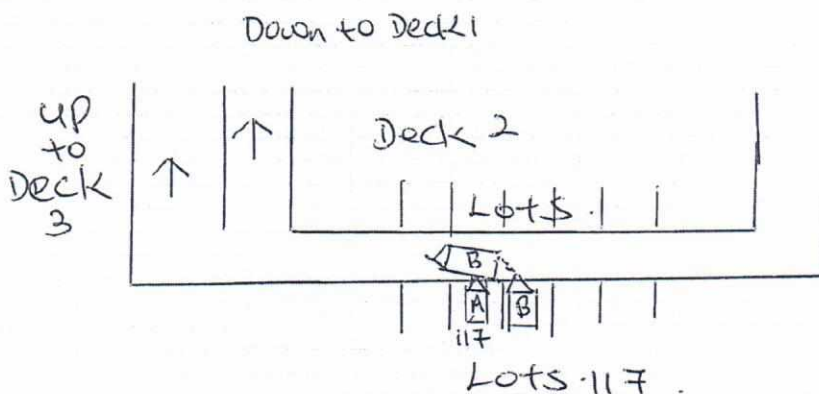
X

Danion Paul

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

17/01/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



A SKB 83876

B GBK 5478R

Describe Circumstances of the Accident

Apologies in the delay in reporting the incident as I am currently serving my National Service as an NSF in Kranji Camp 111 and was not able to book out during office hrs last few day.

On 10/1/22 I parked my car SKB8387R at the multi story carpark located at BIK 678 Choa Chu Kang Crescent Deck 2A lots 117. After booking out of camp, at 1759 hrs I discovered that the right front side of my car was damage. No one or any note was left behind to claim responsibility of the damage. So I proceeded to call Choa Chu Kang Police Post at 1812 hrs to report. I was then instructed to wait at the carpark for the officers to arrive. Before the TP arrive at around 1849 hrs. Mr Johnson S6826861C approached me and took responsibility for causing damage to my car. According to him he was in a rush and as he turned out of the Lots and hit my vehicle. He then give me his contact details and vehicle number. Soon then TP arrived and he surveyed the damage of my car. Since Mr Johnson had claimed responsibility for the accident no report was filed. However for recording purposes TP officer recorded the contact details of the person responsible for the incident.

Declaration

We declare the foregoing particulars are true in every respect.

X

Danion Paul

Policyholder's Signature / Date & Time

X

Danion Paul

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

11/01/2022
Witnessed by Reporting Centre Personnel

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: 10/01/2017 (dd/mm/yy) Time of Accident: 17:59 (24-HR-FORMAT)

Vehicle No.: SKB8387T Vehicle Make & Model / Engine (cc): HONDA AVENUE Private Hire: ☒ (N)

Exact location of Accident: Block 678A Choa Chu Kang Crescent, MSCP, Deck 2A Lot: 117

Policyholder's Name / IC No.: BENJAMIN PAUL TAN (Deceased) ROC/UEN (Company): 501981136

Driver's Name / IC No.: DAMEN PAUL HIRONIA TAN 999905932 (As Above) ☐

Driver's Contact No.: 98137030 Company Contact No / Owner Contact No: -

Driver's Address: BLK 313 Sembawang Drive #16-470. 750313.

Owner Email address: damenpaul280@gmail.com Insurance Company: CHINA TAPING Spore

Driver Email address: as above 01/05/1992 05/09/2017

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):** NIL

*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: -

Injuries Sustain: N/A Injured Person in Which Vehicle: N/A

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

The Other Party(s) Details:

1. Driver's Name / IC No.: JOHNSON S6826861C Vehicle No.: GBK 5478R

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): TP Contact No.: -

Preferred Workshop Name: Alpha Car Services Pte Ltd Contact No.: 6509 8258 / 8338 8376

REPUBLIC OF SINGAPORE
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

325587E

DECEASED	Death registered at: BISHAN NEIGHBOURHOOD POLICE CENTRE, SINGAPORE			
	Full name of deceased: BENJAMIN PAUL TAN			
	NRIC Identification Document No: S0198113G		Sex: MALE	Date of birth: 01/05/1952
	Race/Dialect Group: INDIAN MALAY		Nationality: SINGAPORE CITIZEN	Country/Place of birth: SINGAPORE
	Home Address: APT BLK 313 SEMBAWANG DRIVE #16-470 SINGAPORE 750313			Date and hour of death: 04/10/2020 0635
	Place or Address where death occurred: ASSISI HOSPICE			Approximate interval between onset and death: Years: Months: Days: Hours:
CAUSE OF DEATH BY CERTIFIER	I (a) CHRONIC OBSTRUCTIVE PULMONARY DISEASE Disease or Condition leading to death			10 0 0 0
	(b) Antecedent Causes			
	(c) Other Significant conditions			
	II			
Name and official status of person certifying cause of death: DR HO LI CHIN, MEDICAL PRACTITIONER				Certificate of Cause of Death Reference No: N388173 Date: 04/10/2020
INFORMANT	Name: DAMIEN PAUL HIPONIA TAN			I certify that the above information given by me is correct DAMIEN PAUL 04/10/2020 Informant's Signature Date Thumb impression
	Address: APT BLK 313 SEMBAWANG DRIVE #16-470 SINGAPORE 750313			
	NRIC Identification Document No: S9990593Z			
	Relationship: SON			
REGISTRATION OFFICER	Name of Registration Officer: LINUS OW JUN KAI Designation: REGISTRATION OFFICER Date: 04/10/2020			BISHAN NPC 20 BISHAN STREET 23 SINGAPORE 579757 TEL: 6739 5398/5399 Fax: 6739 5398

DISPOSITION	PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]			
	Place of Burial or Place of Cremation: MANDAI CREMATORIUM		Religious type: CHRISTIAN	
INFORMANT/INFORMANT APPLICATION	I: DAMIEN PAUL HIPONIA TAN NRIC Identification Document No: S9990593Z apply for a permit to <input type="checkbox"/> bury <input checked="" type="checkbox"/> cremate 325587E the deceased referred to in the Death Certificate No For application to cremate only <input checked="" type="checkbox"/> I certify that to the best of my knowledge the deceased has no written direction that he/she should not be cremated		DAMIEN PAUL 04/10/2020 Informant's Signature Date Thumb impression	
	The Certificate of Cause of Death certified that there is <input checked="" type="checkbox"/> No evidence of pacemaker in the body of the deceased <input type="checkbox"/> Evidence of pacemaker device removed from the body of the deceased Permit is approved		BISHAN NPC 20 BISHAN STREET 23 SINGAPORE 579757	

DEED POLL

BY THIS DEED, I the undersigned **BENJAMIN PAUL TAN** holder of NRIC No. S01981137 of Block 313 Sembawang Drive #16-470 Singapore 750313, the lawful father and guardian of **DAMIEN PAUL HIPONIA TAN** formerly known as **DAMIEN PAUL HIPONIA MAJEED** a minor and Singapore Citizen holding Birth Certificate No. S9990593Z do hereby on behalf of the said **DAMIEN PAUL HIPONIA TAN** absolutely renounce and abandon the use of his said name of **DAMIEN PAUL HIPONIA MAJEED** and in lieu thereof do on his behalf assume as from the date hereof the name of **DAMIEN PAUL HIPONIA TAN**.

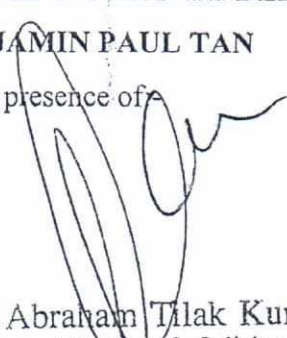
AND in pursuance of such change of name as aforesaid I hereby declare on behalf of the said **DAMIEN PAUL HIPONIA TAN** that he will at all times hereafter in all records, deeds and instruments in writing and in all actions and proceedings and in all dealings and transactions and upon all occasions whatsoever use and sign the said name of **DAMIEN PAUL HIPONIA TAN** as his name in lieu of the said name of **DAMIEN PAUL HIPONIA MAJEED** as renounced as aforesaid.

AND on behalf of the said **DAMIEN PAUL HIPONIA TAN** I HEREBY AUTHORISE and request all persons to designate and address him by such assumed name of **DAMIEN PAUL HIPONIA TAN** only.

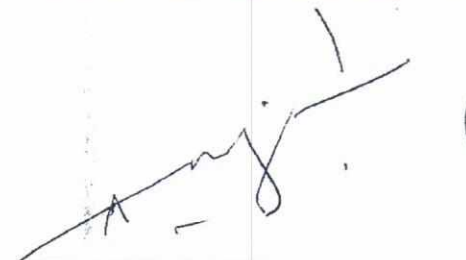
IN WITNESS whereof I have hereunto set my hand and seal this
29th day of December 2008.

SIGNED SEALED and DELIVERED by
BENJAMIN PAUL TAN

in the presence of


Abraham Tilak Kumar
Advocate & Solicitor
Singapore

)
)
)



BENJAMIN PAUL TAN father and
guardian of **DAMIEN PAUL
HIPONIA TAN**, a minor





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 Private Car

MX1/NDF

R SN

AN0498A

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.

DMPCSNW00011082105

Engine No.: G4FC8U565668

Cha. No.: KMHDU41BR9U647990

1. Index Mark and Registration
Number of Vehicle

SKB8387R

AUTOSAFE
=====

2. Name of Policy Holder

IN THE ESTATED OF BENJAMIN PAUL TAN (DECEASED)

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

24/02/2021
(00:00:00)

Named Drivers Ex Sect. I

SS500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

SS3,000.00

Ex Sect. I - Age >= 26

SS500.00

* Age as at date of accident

EX ON WINDSCREEN .

SS100.00

4. Date of Expiry of Insurance

23/02/2022

5. Persons or Classes of Persons entitled to drive*

Any 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 loss occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.
One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our
Authorised Workshops for each Policy Year.

* 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: NEO & COMPANY INSURANCE AGENCY
Authorised Officer

Authorised Signatory