

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 26/01/2022 14:07 (SGT)
Date of Accident 24/01/2022 17:45 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ2742C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PS COMPONENTS PTE LTD
Company Reg No 201505166Z
Email Address QUINNIESEETOH@YAHOO.COM.SG
Mobile Phone No (Phone) +65-90473500
Alternative Phone No +65-90473500

VEHICLE PARTICULARS

Manufacturer Fiat
Model Doblo
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 Goods vehicle
Transmission Manual
CC 1598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage -
Fleet Policy No
Policy Number DMCVSNW00023492100
Cover Note Number -

DRIVER

Name of Driver QUINNIE SEETOH LAI KUIN
NRIC No S7040973I

Date Of Birth	07/11/1970
Occupation	Outdoor
Date Of Driving Pass	02/06/1993
Driving experience	28 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90473500
Alt. Phone Number	-
Email Address	QUINNIESEETOH@YAHOO.COM.SG
Address	BLK 296C CHOA CHU KANG AVE 2 # 06-38
Address complement	-
Postcode	-
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 to Rear
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?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

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	FBM4292E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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)	-



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

Motor Commercial

MZ300/C

N SN

BR0120A

Cov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1967
Road Transport Act, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1960 (Malaysia)

CERTIFICATE No.	DMCVSNW00023482100	Engine No.: 263A80008188960 Cha. No.: ZFA26300008H45288
1. Index Mark and Registration Number of Vehicle	GBJ2742C	AUTOSAFE *****
2. Name of Policy Holder	PS COMPONENTS PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06/03/2021 (00:00:00)	Excess Said 1. S\$450.00 EX ON WINDSCREEN. S\$100.00
4. Date of Expiry of Insurance	05/03/2022	
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.* (1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic or pleasure purposes. The Policy does not cover: (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.		
HIRE PURCHASE CO.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 25 of the Road Transport Act 1967 (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, 1967 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ACORN INTERNATIONAL NETWORK PTE
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200206334E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1035

🌐 www.sg.cntaiping.com

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
- (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

Sketch Plan area with handwritten notes and diagram:

- Left side: "Lamp post No. 164F"
- Bottom left: "21E towards Woodlands"
- Diagram: A vertical line with a triangle labeled 'A' at the top and a circle labeled 'B' at the bottom.
- Right side:
 - Vehicle A: G83 2742 C
 - Vehicle B: PBM 4242 E

Describe Circumstances of the Accident

Follow police report.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time

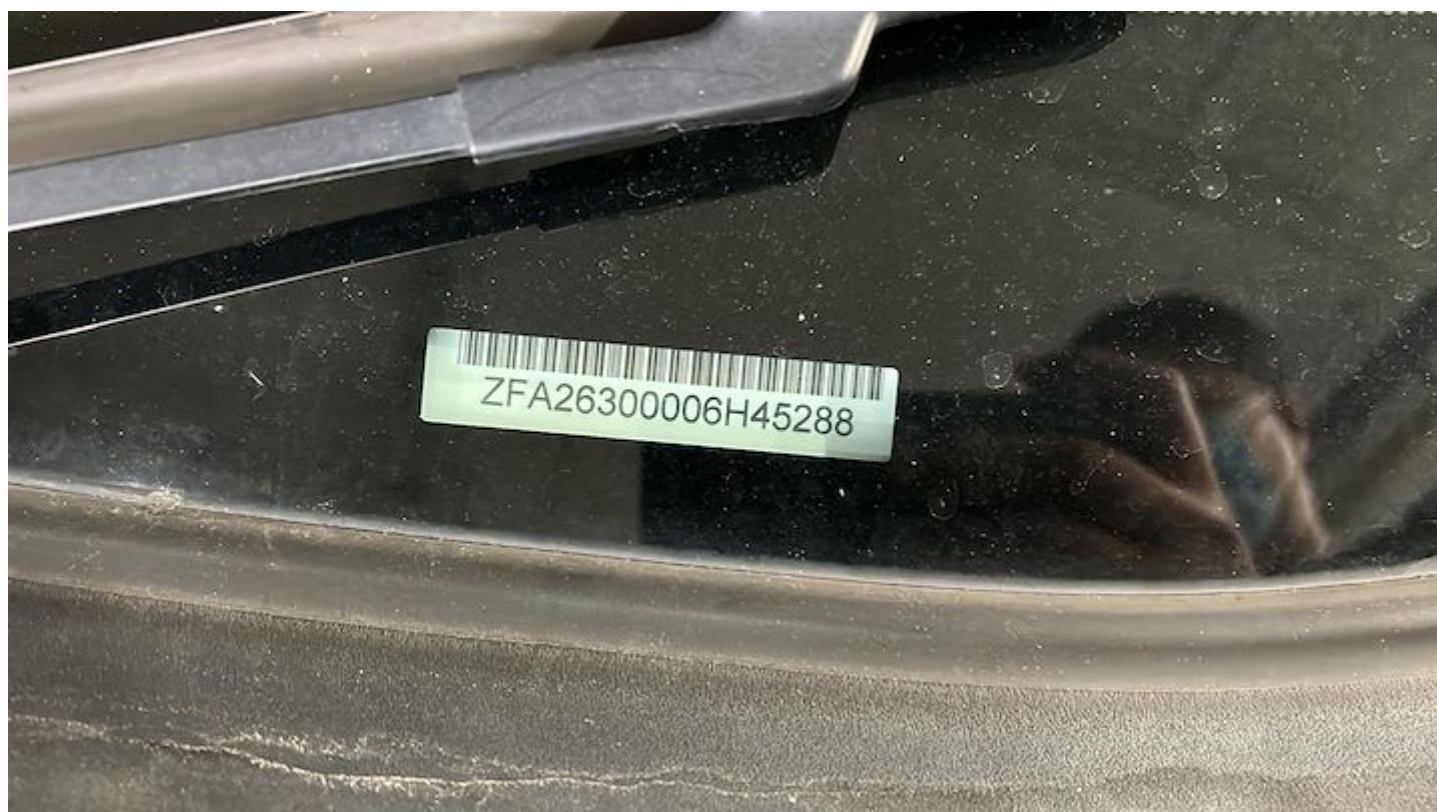



 Driver's Signature (If driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel













SINGAPORE
POLICE FORCE



T/20220125/2050

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529882
Tel No: 1800-5871999

Report No. T/20220125/2050

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
G/
Sr Staff Sgt MUHAMMAD AZFAR
BIN ALI

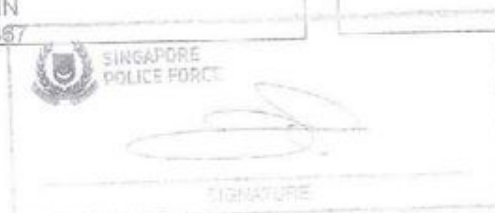
Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/01/2022 12:31

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD SYARIFUDDIN
MUHAMMAD AJMAIN
Contact No.: 65476367

Classification Of Case:





SINGAPORE
POLICE FORCE



T/20220125/2050

2 of 3

Report No: T/20220125/2050

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Brief Details.

On the 24/01/2022 at about 1745hrs, I was driving my vehicle reg no GBJ274C along SLE towards Woodlands. The incident happened before the Upper Thomson Road exit. The traffic volume at that point of time was heavy congested and I was on the extreme right lane travelling at a slow speed. Suddenly an impact hit from the rear of my vehicle. I stopped and alighted from my vehicle to make a check. It was a motorcycle reg no FBM4292E have collided to the rear of my vehicle. Ambulance and traffic police were called down to the scene. The rider was conveyed to the hospital and I do not have the details of the said rider.



**SINGAPORE
POLICE FORCE**



T/20220125/2050

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20220125/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2022 12:31		Vide Report No.: F/20220124/0136		Station Diary No.: 53
Informant's Particulars				
Name of Informant: QUINNIE SEETOH LAI KUIN		Address: APT BLK 296C CHOA CHU KANG AVENUE 2 #06-38 SINGAPORE 683296		
ID Type / ID No.: NRIC NO / S70409731		Contact No.: Home/Office:		Mobile: 90473500
Nationality: SINGAPORE CITIZEN		Email: quinnieeetoh@yahoo.com.sg		
Sex: Female	Age: 51	Date of Birth: 07/11/1970		Type of Informant: Driver
Race: Chinese		Language: English		Institution / School Name:
Occupation: SALES EXECUTIVE		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/01/2022 17:45	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Lamp Post Number: 169F				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4292E	Motorcycle				Seriously Damaged	0
GBJ2742C	Van	FIAT		Silver	Seriously Damaged	0