

## 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 .....	26/04/2022 11:37 (SGT)
Date of Accident .....	25/04/2022 17:53 (SGT)
Exact Location of Accident .....	Near Opp Blk 953, Singapore
Additional Location Information .....	Yio Chu Kang Road
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMF7919T
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ANG HAO @HONG HAO
NRIC No .....	SXXXX779Z
Email Address .....	ahclaire@yahoo.com
Mobile Phone No .....	(Phone) +65-93637138
Alternative Phone No .....	+65-85688652

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Note
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1198

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00231892101
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	Lim Song Gee
NRIC No .....	SXXXX565E

Date Of Birth .....	21/06/1965
Occupation .....	Indoor
Date Of Driving Pass .....	06/07/1988
Driving experience .....	33 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85688652
Alt. Phone Number .....	-
Email Address .....	Isonggee@yahoo.com
Address .....	Blk 406B Fernvale Road, #06-49
Address complement .....	-
Postcode .....	792406
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Chain 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 .....	3
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 .....	Lim Wei Kian
Gender .....	Male

#### 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

Refer attachment.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC1659H
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Taxi

Name of Driver .....	Low Chuen Meng
NRIC No .....	SXXXX342J
Contact Number .....	(Phone) +65-81339605
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJR2433H
Vehicle Manufacturer .....	Kia
Vehicle Model .....	Cerato
Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Private car
Name of Driver .....	Wong Teck Sen
NRIC No .....	SXXXX070J
Contact Number .....	(Phone) +65-82007202
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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

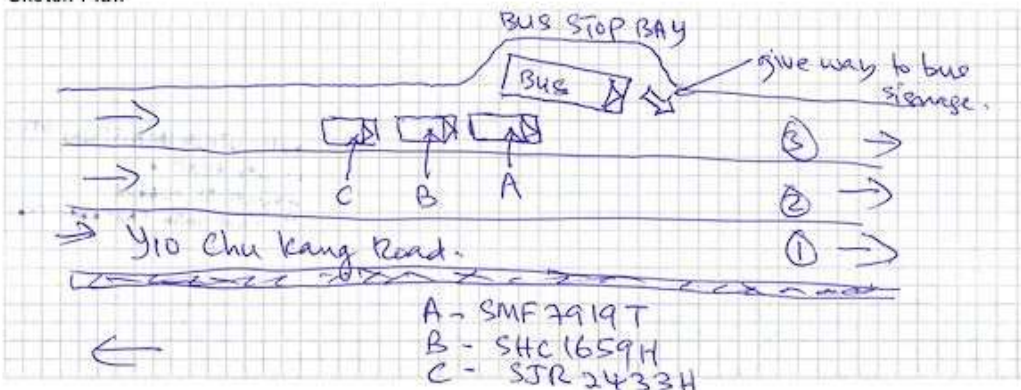
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

**AUTOLUTION INDUSTRIAL PTE LTD**  
**19 UST ROAD 4**  
**SINGAPORE 408623**  
**TEL: 6490 9656 FAX: 6846 7483**

Policyholder's Signature / Date & Time: [Signature] 26/4/22 11:30 am

Driver's Signature (If driver is not the policyholder) / Date & Time: [Signature] 26/4/22 11:30 am

Witnessed by Reporting Centre Personnel: [Signature]

**Sketch Plan**


**Describe Circumstances of the Accident**


I was driving my vehicle 'A' SMF7919T along lane 3 of Yio Chu Kang Road.  
 Upon nearing the bus stop, I noticed a bus was moving out of the bus bay. I stopped my vehicle 'A' to give way to the bus. At this moment, vehicle 'B' SHC1659H collided into the back of my vehicle 'A'.  
 Another vehicle 'C' SJR2433H collided into the back of vehicle 'B' SHC1659H.

**Declaration**

We declare the foregoing particulars are true in every respect.

**AUTOLUTION INDUSTRIAL PTE LTD**  
 1, URI ROAD 4  
 SINGAPORE 408623  
 TEL: 6490 9666 FAX: 6846 7483

Policyholder's Signature / Date & Time  
  
 26/4/22  
 11.30 am

Driver's Signature (If driver is not the policyholder) / Date & Time  
  
 26/4/22  
 11.30 am

Witnessed by Reporting Centre Personnel  












































































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

Motor Private Car

MX1F

R SN

AN0215A

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.	DMPCSNW00231692101	Engine No.: HR12232415J	Cha. No.: JN1TAAE1220982396
1. Index Mark and Registration Number of Vehicle	SMF7819T		
2. Name of Policy Holder	ANG HONG @ HONG HAO		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26/11/2021 (00 00:00)	Named Drivers Ex Sect. I	\$5500.00
4. Date of Expiry of Insurance	25/11/2022	Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$53,000.00
		Ex Sect. I - Age >= 26	\$5500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	\$5100.00
5. Persons or Classes of Persons entitled to drive*	<p>(a) The Policyholder.</p> <p>(b) Any other person who is driving on the Policyholder's order or with his permission.</p> <p>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.</p>		
6. Limitations as to use*	<p>Use for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p>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.</p> <p>Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.</p> <p>One time Waiver of Excess for the first \$5500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.</p>		
<p>HIRE PURCHASE CO., DBS BANK LTD</p> <p>* Limitations rendered inoperative by Section 6 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</p>			

**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: SEAGULL AGENCY  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

**IMPORTANT NOTICE**

**If you sell your motor vehicle this NOTICE is IMPORTANT  
And MUST be complied with**

with (reading this Notice) is sold to transfer the Motor Vehicle's Third Party Public and Commercial Liability Insurance Cover to the purchaser. For any further information please contact your broker or call a broker who is not a party to the policy or who is not a party to the policy.

When purchasing an insured vehicle, the purchaser must ensure that the vehicle is covered by the Third Party Public and Commercial Liability Insurance Policy to the satisfaction of the purchaser. If the Certificate of Insurance has been issued for the vehicle, the purchaser must ensure that the vehicle is covered by the Third Party Public and Commercial Liability Insurance Policy to the satisfaction of the purchaser.

The policy will cover the vehicle from the date of the sale of the vehicle to the purchaser. The policy will cover the vehicle from the date of the sale of the vehicle to the purchaser. The policy will cover the vehicle from the date of the sale of the vehicle to the purchaser. The policy will cover the vehicle from the date of the sale of the vehicle to the purchaser.

**重要通知**

如欲購買已投保之車輛，買家必須確保該車輛已獲第三方公眾及商業責任保險（即第三者保險）之保障。買家必須確保該車輛已獲第三方公眾及商業責任保險（即第三者保險）之保障。買家必須確保該車輛已獲第三方公眾及商業責任保險（即第三者保險）之保障。

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**PAYMENT BEFORE COVER WARRANTY (For Vehicles Registered Under Personal Name)**

1. The policyholder must ensure that the vehicle is covered by the Third Party Public and Commercial Liability Insurance Policy to the satisfaction of the purchaser. The policyholder must ensure that the vehicle is covered by the Third Party Public and Commercial Liability Insurance Policy to the satisfaction of the purchaser. The policyholder must ensure that the vehicle is covered by the Third Party Public and Commercial Liability Insurance Policy to the satisfaction of the purchaser.
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**PREMIUM PAYMENT WARRANTY (For Vehicles Registered Under Company's Name)**

1. The policyholder must ensure that the vehicle is covered by the Third Party Public and Commercial Liability Insurance Policy to the satisfaction of the purchaser. The policyholder must ensure that the vehicle is covered by the Third Party Public and Commercial Liability Insurance Policy to the satisfaction of the purchaser. The policyholder must ensure that the vehicle is covered by the Third Party Public and Commercial Liability Insurance Policy to the satisfaction of the purchaser.
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