

# 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 .....	27/05/2022 17:27 (SGT)
Date of Accident .....	27/04/2022 08:45 (SGT)
Exact Location of Accident .....	Nicoll Hwy, Singapore
Additional Location Information .....	NICOLL HIGHWAY TO CITY.
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGU2641T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHEW CHIEN WAY
NRIC No .....	S8232660Z
Email Address .....	chien.way@gmail.com
Mobile Phone No .....	(Phone) +65-98304491
Alternative Phone No .....	+65-98304491

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Accord
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1997

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	DMPCSNW00173742100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LIN WEIXIONG, JEREMY
NRIC No .....	S8731966J

Date Of Birth .....	30/09/1987
Occupation .....	Indoor
Date Of Driving Pass .....	12/09/2006
Driving experience .....	15 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93822857
Alt. Phone Number .....	-
Email Address .....	J.lin.w.x@gmail.com
Address .....	790 MOUNTBATTEN ROAD SINGAPORE
Address complement .....	-
Postcode .....	437788
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Relative
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 .....	No 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? .....	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

REFER TO THE 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 .....	SHC7672D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	UNKNOWN
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****IMPORTANT NOTICE**

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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

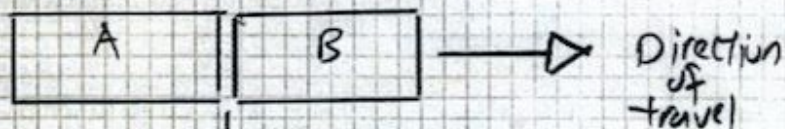
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*Chen Wei* x  
Policyholder's Signature / Date &  
Time 27/5/22 3pm  
Sketch Plan

*Teong Hin* x  
Driver's Signature (If driver is not the policyholder) / Date  
& Time 27/05/2022 4pm

*S. M. S.*  
Witnessed by Reporting Centre  
Personnel

NICOLL HIGHWAY TOWARDS CITY



Vehicle A = SGU 2641 T  
Vehicle B (Taxi) = SHC 7672 D



## Describe Circumstances of the Accident

- 1) On the 27<sup>th</sup> April 2022, at approximately 0845hrs Vehicle A (SGU 2641 T) was travelling along Nicoll Highway
- 2) Traffic was normal and there was dry weather.
- 3) As all vehicles were moving slowly, both vehicle A and Vehicle B (SHC 7672 D) had to make a stop close to each other as a result of start-stop traffic.
- 4) In spite of stopping close to each other, there was NO collision, NO damage whatsoever to both vehicle A and vehicle B.
- 5) Please refer to attached photos & proof that clearly document no damage to both vehicles.
- 6) It is surprising to afterwards receive a third party claim against Vehicle A.

## Declaration

We declare the foregoing particulars are true in every respect.

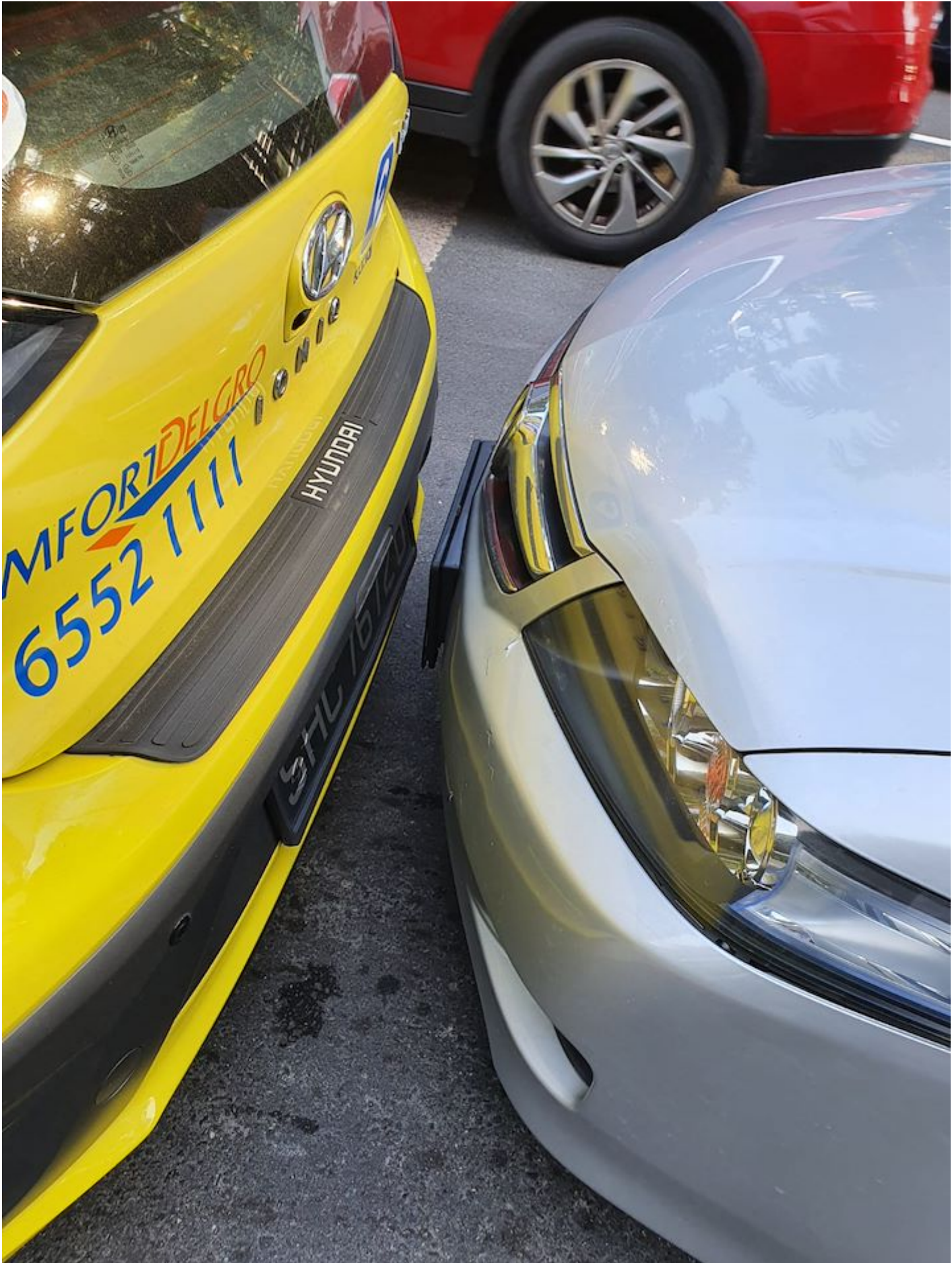
ChedWay x  
 Policyholder's Signature / Date &  
 Time 27/5/22 3pm

Jeronglan x  
 Driver's Signature (if driver is not the policyholder) / Date  
 & Time 27/05/2022 4pm

[Signature]  
 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

MX1

N SN

AN0005A

Cov. Type: T

**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.

DMPCSNW00173742100

Engine No.: K20A6051428

Chs. No.: CL73301254

1. Index Mark and Registration  
Number of Vehicle

SGU2841T

2. Name of Policy Holder

CHEW CHIEN WAY(ZHOU QIAN WEI)

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

25/08/2021  
(00:00:00)

4. Date of Expiry of Insurance

30/04/2022

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

(a) The Policyholder.

(b) Any other 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.

\* 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



Issued By:

ALFA CREDIT PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

*杨亚美*

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





## Thank You!

You have successfully initiated the transfer of vehicle **SGU2641T**. The next owner has to confirm the transfer by **30 Apr 2022**.

<i>Vehicle To Be Transferred</i>	<i>Chassis No.</i>	<i>Make/Model</i>
<b>SGU2641T</b>	<b>CL73301254</b>	<b>HONDA/ACCORD 2.0 A</b>

Business Transaction Ref. No.:  
**20220429193047181990**

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